PROGRAM REPORT

NOVEMBER 2021

Instrumental Access Program (IAP) : Building Research Capacity in LMICs

Takeda

Submitted as part of Access Accelerated

Access Observatory

Contents

The information in this report has been submitted by the company concerned to the Access Observatory at Boston University. The information will be updated regularly. For more information about the Observatory go to www.accessobservatory.org

Program Description

Program Overview

1 Program Name

Instrumental Access Program (IAP): Building Research Capacity in LMICs

2 Diseases program aims to address

General non-communicable disease care: Non-communicable disease care; Other: Our partner Seeding Labs coordinate with local healthcare stakeholders to identify unmet needs and gaps in research capacity requiring equipment and training/mentoring.

3 Beneficiary population

- Age: All ages
- Gender: All genders
- Special Populations: N/A

4 Countries

- Cameroon
- Dominican Republic
- South Africa
- Tanzania
- Zambia
- Ukraine
- Vietnam
- Zimbabwe
- Benin
- India
- Liberia
- Malawi
- Namibia
- Nigeria
- Peru

5 Program start date

April 1, 2017

6 Anticipated program completion date

March 31, 2021

7 Contact person

Chris Reddick: chris.reddick@takeda.com

8 Program summary

Scientific talent is everywhere, but unfortunately for most LMICs the resources are not. Access to the right, tools, resources and lab equipment training for scientists in developing countries is essential to further their research career, build sustainable healthcare capacity and accelerate scientific innovation and discovery. Helping to catalyze basic research and early translational medicine can have an enormous positive impact on strengthening the overall healthcare infrastructure in these countries.

In 2017, Takeda established a partnership with NGO, Seeding Labs with a commitment to provide underutilized equipment and instruments from across Takeda to research institutions in LMICs, to help them grow and advance their research capabilities. The pioneering Instrumental Access Program (IAP), uses Seeding Labs' existing processes and platform for distributing the donated scientific equipment to almost 20 LMICs across Africa, the Caribbean, Europe, and Southeast Asia.

Through the partnership, Takeda assisted in establishing a more sustainable and efficient connection between corporations/pharmaceutical companies and Seeding Labs that would enable the most critical lab equipment for LMICs Universities to be identified and provided on an ongoing basis.

(continued on next page)

Program Overview

8 Program summary, cont.

The program requires and involves an innovative process and system for matching scientific equipment from corporations with qualified applicants from LMICs countries.

1. Local universities in these countries submit requests for equipment to support their local research programs through the Seeding Labs online portal.

2. Using an online platform and process, applicants are able to communicate the need for specific equipment and the potential impact and outcomes of their work. In this way, the research supported is directly aligned with the local needs of the LMICs countries and universities.

3. The universities/researchers must demonstrate through their online application and interviews with Seeding Labs' review board that the equipment will be used to achieve specific research goals and that their research is supported within the institution to ensure they are able to use and maintain the equipment over the long-term.

4. After this rigorous review process requestors can then use the platform to select from an array of available instrumentation that has been provided by Takeda and other companies.

What is special about the IAP is that Takeda remains a partner with the universities concerned after the equipment has been delivered. Local medical professionals are trained in how to operate and get the best use out of the equipment through both hands on and virtual mentorship which allows the medical professionals to stay connected, ask questions and share experiences. Through the IAP, Takeda has hosted scientists from several LMIC countries at its research sites in the US as an opportunity for knowledge-sharing and exchange.

The initiatives achievements are measured through the number of instruments provided, number of LMICs affected, number of universities in LMICs receiving equipment, the impact of equipment on local capacity building/research funding. To date, the Instrumental Access Programs has:

• Retained scientific talent, supported attainment of research grant funding, and facilitated the completion and publication of research.

• Opened the program up to additional partners through a new Global Health Corporate Consortium which has helped Seeding Labs amplify the impact of the IAP.

No one is better placed to solve the local challenges that societies face than medical and research professionals that live in LMICs, who have been brought up there and have a vested interest in solving the unique challenges impacting their country. However, without scientific equipment and the right support, training and expertise it would be almost impossible for them to do this. Through the IAP, local medical professionals and researchers in LMICs will have the skills required to enable them to secure research funding themselves in the long-term and the resources, tools and training they need to continue to address the unmet medical, scientific and healthcare needs of their communities.

Program Strategies & Activities

9 Strategies and activities

Strategy 1: Product Development Research

ACTIVITY	DESCRIPTION
Planning	Program development and planning is managed in partnership with Seeding Labs, who work with Takeda to identify equipment needs and Takeda scientists to serve as trainers/mentors. Seeding Labs coordinate with local healthcare stakeholders to identify unmet needs and gaps in research capacity requiring equipment and training/mentoring.
Training	The program provides researchers in LMICs with the equipment and training they need to address local healthcare challenges, participate in the fight against global diseases and teach the next generation of local scientists. Beyond the equipment that is provided, Takeda provides training and mentoring through knowledge sharing approaches both virtual and live with local scientists who have received equipment and instrumentation through the program to support local research projects in LMICs.
Infrastructure	The program is based on the premise of knowledge sharing. Takeda scientists train/mentor scientists in LMICs so that they can progress in their own research and are empowered to train the next generation of researchers in the LMICs. To date, through the IAP Takeda has placed over 540 pieces of equipment and supplies, with a fair market value of more than $926,000 to 35 research universities in 20 LMICs. Thousands of talented researchers from Africa, the Caribbean, Europe, and Southeast Asia now have access to the tools they need to fully realize their potential.
Funding	Funding for the program is provided by Takeda to the coordinating NGO (Seeding Labs) who manage the IAP.

Program Strategies & Activities

10 Strategy by country

STRATEGY	COUNTRY
Product Development Research	Cameroon
Product Development Research	Dominican Republic
Product Development Research	South Africa
Product Development Research	Tanzania
Product Development Research	Zambia
Product Development Research	Ukraine
Product Development Research	Vietnam
Product Development Research	Zimbabwe
Product Development Research	Benin
Product Development Research	india
Product Development Research	Liberia
Product Development Research	Malawi
Product Development Research	Namibia
Product Development Research	Nigeria
Product Development Research	Peru

Companies, Partners & Stakeholders

11 Company roles

COMPANY	ROLE
Takeda	Planning support, equipment and funding to the coordinating NGO (Seeding Labs) to manage the Instrumental Access Program. In addition, Takeda R&D employees share their scientific and technical expertise with scientists who have received equipment and instrumentation through the Instrumental Access program to support local research projects in LMICs.

12 Funding and implementing partners

PARTNER	ROLE/URL	SECTOR
Seeding Labs	Takeda has a long standing partnership with Seeding Labs. They manage the overall operations the program, including the on-line application process and the vetting and selection of investigators/universities that will receive donated equipment. They also coordinate the virtual training and mentorship component of the program between labs in LMICs that have received equipment and Takeda R&D scientists; track and capture impact measurements for the overall program as well as at the local university level. www.seedinglabs.org	Voluntary

13 Funding and implementing partners by country

[No response provided]

Companies, Partners & Stakeholders

14 Stakeholders

STAKEHOLDER	DESCRIPTION OF ENGAGEMENT	REQUESTED OR RECEIVED FROM STAKEHOLD-
Non-governmental organization (NGO)	Takeda R&D provides funding to the coordinating NGO (Seeding Labs) to manage the Instrumental Access Program • Takeda R&D provides surplus scientific and medical equipment/instruments to Seeding Labs based on specific unmet needs and research priorities identified in LMICs • Takeda R&D employees share their scientific and technical expertise with scientists who have received equipment and instrumentation through the Instrumental Access program to support local research projects in LMICs • Takeda hosts recipients of the Instrumental Access program at its R&D headquarters in Boston each year where investigators present findings from their research, interact with Takeda scientists and receive training on new techniques and approaches relevant to their areas of research.	Infrastructure: No Human Resources: Yes Funding: Yes Monitoring or Oversight: Yes Other resource: No
Local universities	Through the IAP, we are providing scientists with the resources and training they need to address local healthcare problems, participate in the fight against global diseases and teach the next generation of local scientists. What is special about the IAP is that Takeda remains a partner with the universities concerned after the equipment has been delivered. Once we have connected tools and talent, we make sure those scientists have the infrastructure, training, manuals, journals, and information to get the highest and best use out of the equipment. This is done though a virtual mentorship program which allows scientists at Takeda and in AtM countries to share best practices and approaches and stay connected. Through the IAP, Takeda has hosted scientists from several AtM countries at its research sites in Boston and California. In this way, not only is equipment transferred but value continues to be provided in the form of expertise and knowledge-sharing between Takeda and beneficiaries.	Infrastructure: No Human Resources: No Funding: No Monitoring or Oversight: No Other resource: No

Local Context, Equity & Sustainability

15 Local health needs addressed by program

Scientific talent is everywhere, but the majority of LMICs do not have the resources or the funding for skills development and training. Access to the right tools and training for scientists in LMICs is essential to build sustainable healthcare capacity and accelerate scientific innovation and discovery. Helping to catalyze basic research and early translational medicine can have an enormous positive impact on strengthening the overall healthcare infrastructure in LMICs. Scientific equipment and expertise is essential to securing research funding, which in turn leads to retention of critical medical and scientific talent in LMICs. Through the program, local scientists are obtaining the resources, tools and training they need to address the unmet medical and scientific needs of their communities, play a critical role in the fight against global diseases and teach the next generation of local scientists.

a How needs were assessed

IAP involves an innovative process and system for matching scientific equipment needs. Local universities in LMICs countries submit requests for equipment to support their local research programs through the Seeding Labs online portal. Using an online platform and process, applicants are able to communicate the need for specific equipment and the potential impact and outcomes of their work.

b Formal needs assessment conducted

Yes

16 Social inequity addressed

[No response provided]

17 Local policies, practices, and laws considered during program

POLICY, PRACTICE, LAW	APPLICABLE TO PROGRAM	DESCRIPTION OF HOW IT WAS TAKEN INTO CONSIDERATION
National regulations	Yes	NGO partner (Seeding Labs) coordinates with local healthcare stakeholders to ensure local practices are adhered for the donation of equipment and training/mentoring program.
Procurement procedures	Yes	Seeding Labs oversees an independent review board that reviews the requests for equipment, conducts interviews with the local researchers and selects recipients of equipment. Takeda does not play a role in selecting recipients for the program to prevent conflicts of interest.

Local Context, Equity & Sustainability

18 How diversion of resources from other public health priorities are avoided

[No response provided.]

19 Program provides health technologies (medical devices, medicines, and vaccines)

No

20 Health technology(ies) are part of local standard treatment guidelines

N/A

21 Health technologies are covered by local health insurance schemes

N/A

22 Program provides medicines listed on the National Essential Medicines List

N/A

23 Sustainability plan

The IAP is unique in that Takeda remains a partner with the universities concerned after the equipment has been delivered. Once we have connected tools and talent, we make sure those scientists have the infrastructure, training, manuals, journals, and information to get the highest and best use out of the equipment. This is done though a virtual mentorship program which allows scientists at Takeda and in the LMICs to share best practices and approaches and stay connected. Through the IAP, Takeda has hosted scientists from several LMICs at its research sites in Boston and California. In this way, not only is equipment transferred but value continues to be provided in the form of expertise and knowledge-sharing between Takeda and beneficiaries.

Additional Program Information

24 Additional program information

We have partnered with Seeding Labs, who in turn manage this program.

a Potential conflict of interest discussed with government entity

No

25 Access Accelerated Initiative participant

Yes

26 International Federation of Pharmaceutical Manufacturers & Associations (IFPMA) membership

Yes

Program Indicators

PROGRAM NAME

Instrumental Access Program (IAP): Building Research Capacity in LMICs

27 List of indicator data to be reported into Access Observatory database

	INDICATOR	TYPE	STRATEGY	2019	2020
1	Value of resources	Input	All program strategies	---	---
2	Staff time	Input	All program strategies	---	---
3	Number of Monitoring, Evaluation and Quality (MEQ) staff trained	Output	Health Service Strengthening	---	---
4	Number of people trained	Output	Health Service Strengthening	---	---
5	Equipment in use	Output	Health Service Strengthening	---	---
6	Tools in use	Output	Health Service Strengthening	---	---
7	Management procedures in use	Output	Health Service Strengthening	---	---
8	Value of funding provided	Output	Health Service Strengthening	---	---

INDICATOR **Value of resources**

STRATEGY ALL PROGRAM STRATEGIES

1

	ITEM	DESCRIPTION
	Definition	Total expenditure by company to operate program, including all expenditures that can reasonably be defined as necessary to operate the program
	Method of measurement	Program administrative records or accounting or tax records provide details in the expenditures on the program in a defined period of time Calculation: Sum of expenditures (e.g., staff, materials) on program in US$
28	Data source	Routine program data
29	Frequency of reporting	Once per year

		RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30	Data collection	Seeding Labs	Takeda does not collect financial data related to the specific sites that receive instrumentation through the IAP program. The partner organization collects and reports on all financial information related to individual sites receiving instrumentation. Takeda collects and reports financials related to payments to the partner to run and administer the overall IAP program.	Ongoing
31	Data processing	Seeding Labs	Data is reviewed and confirmed by the implementing partner. Information is then consolidated and reviewed by Takeda's Access to Medicines Research and Development team.	Ongoing
32	Data validation	Takeda	Takeda validates the data set through interactions a number of ways: 1) monthly calls with the implementing partner, 2)monthly calls with sites receiving instrumentation (as part of the mentoring and training component of the program), 3) site representatives visit Takeda annually to present on how they are using the donated equipment and on the progress of their research and 4)visits to sites every 2 years.	

33 Challenges in data collection and steps to address challenges

[No response provided]

INDICATOR **Value of resources**

STRATEGY ALL PROGRAM STRATEGIES

1

33 Challenges in data collection and steps to address challenges

[No response provided]

INDICATOR	2019	2020
1 Value of resources	---	---

Comments:

INDICATOR **Staff time**

STRATEGY ALL PROGRAM STRATEGIES

2

	ITEM	DESCRIPTION
	Definition	The ratio of the total number of paid hours during a year by the number of working hours in that period. This indicator excludes the time of volunteers or staff time for external partners
	Method of measurement	The ratio is also called Full Time Equivalent (FTE) Calculation: Sum of the number of paid hours per year/ Total number of working hours per year
28	Data source	Routine Program Data
	Frequency of reporting	Once per year

		RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30	Data collection	Seeding Labs	Our implementing partner, an independent, external third party organization keep record of staff and volunteer time.	Ongoing
31	Data processing	Seeding Labs	Data is reviewed and confirmed by the implementing partner. Information is then consolidated and reviewed by Takeda's Access to Medicines Research and Development team.	Ongoing
32	Data validation		A review of our implementing partner is performed annually / every two years.	

33 Challenges in data collection and steps to address challenges

[No response provided]

INDICATOR	2019	2020
2 Staff time	---	---

Comments: N/A

INDICATOR

Number of Monitoring, Evaluation and Quality (MEQ) staff trained

3

STRATEGY HEALTH SERVICE STRENGTHENING

	ITEM	DESCRIPTION
	Definition	Number of monitoring, evaluation, and quality staff trained through program activities
	Method of measurement	Calculation: Sum of the number of monitoring, evaluation, and quality staff trained through program activities
28	Data source	Routine program data
29	Frequency of reporting	Once per year

		RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30	Data collection	Seeding Labs	Our implementing partner, an independent, external third party organization keep record of the number of MEQ staff.	Ongoing
31	Data processing	Seeding Labs	Data is reviewed by each of the implementing partners. Information is then consolidated and reviewed by Takeda's Access to Medicines Research and Development team.	Ongoing
32	Data validation		A review of our implementing partner is performed annually / every two years.	

33 Challenges in data collection and steps to address challenges.

[No response provided]

INDICATOR	2019	2020
3 Number of MEQ staff trained	---	---

Comments: N/A.

INDICATOR **Number of people trained**

STRATEGY HEALTH SERVICE STRENGTHENING

4

	ITEM	DESCRIPTION
	Definition	Number of trainees
	Method of measurement	Counting of people who completed all training requirements Calculation: Sum of the number of people trained
28	Data source	Routine program data
29	Frequency of reporting	Once per year

		RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30	Data collection	Seeding Labs	Our implementing partner, an independent, external third party organization keep record of the number of people	Ongoing
31	Data processing	Seeding Labs	Data is reviewed and confirmed by the implementing partner. Information is then consolidated and reviewed by Takeda's Access to Medicines Research and Development team.	Ongoing
32	Data validation	Takeda	The implementing partner is responsible for data collection and reporting annually based on information received from the individual sites receiving instrumentation, mentoring and training from Takeda Takeda validates the data set through a number of ways: 1) monthly calls with the implementing partner, 2)monthly calls with sites receiving instrumentation (as part of the mentoring and training component of the program), 3) site representatives visit Takeda annually to present on how they are using the donated equipment and on the progress of their research and 4)visits to sites every 2 years.	

33 Challenges in data collection and steps to address challenges.

[No response provided]

INDICATOR Number of people trained

STRATEGY HEALTH SERVICE STRENGTHENING

4

33 Challenges in data collection and steps to address challenges.

[No response provided]

INDICATOR	2019	2020
4 Number of people trained	---	---

Comments: N/A.

INDICATOR **Equipment in use**

STRATEGY HEALTH SERVICE STRENGTHENING

5

	ITEM	DESCRIPTION
	Definition	Number of equipment donated or supplied and in use
	Method of measurement	The number of equipment which are in use Calculation: Sum of the numerical count of equipment in use
28	Data source	Routine program data
29	Frequency of reporting	Once per year

		RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30	Data collection	Seeding Labs	Our implementing partner, an independent, external third party organization keep record of the equipment in use.	Ongoing
31	Data processing	Seeding Labs	Data is reviewed by each of the implementing partners. Information is then consolidated and reviewed by Takeda's Access to Medicines Research and Development team.	Ongoing
32	Data validation		A review of our implementing partner is performed annually / every two years.	

33 Challenges in data collection and steps to address challenges.

[No response provided]

INDICATOR	2019	2020
5 Equipment in use	---	---

Comments: N/A.

INDICATOR **Tools in use**

STRATEGY HEALTH SERVICE STRENGTHENING

6

	ITEM	DESCRIPTION
	Definition	Number of tools (e.g., mHealth, EMR, etc.) introduced and in use by the program (please distinguish from "Management Procedures in Use" indicator)
	Method of measurement	Counting the number of tools created and in use by the program Calculation: Sum of number of tools created by the program
28	Data source	Routine program data
29	Frequency of reporting	Once per year

		RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30	Data collection	Seeding Labs	Our implementing partner, an independent, external third party organization keep record of the tools in use.	Ongoing
31	Data processing	Seeding Labs	Data is reviewed by each of the implementing partners. Information is then consolidated and reviewed by Takeda's Access to Medicines Research and Development team.	Ongoing
32	Data validation		A review of our implementing partner is performed annually / every two years.	

33 Challenges in data collection and steps to address challenges.

[No response provided]

INDICATOR	2019	2020
6 Tools in use	---	---

Comments: N/A.

INDICATOR **Management procedures in use**

STRATEGY HEALTH SERVICE STRENGTHENING

7

	ITEM	DESCRIPTION
	Definition	Number of management procedures development and implemented through the program activity e.g. appointment systems for patients (please distinguish from "Tools in Use" indicator)
	Method of measurement	Counting of the number of management procedures in use that have been developed and implemented through the program activity. The management procedures in use can be obtained from the facility supervisor or documents on standard operating procedures Calculation: Sum of the number of management procedures in use that have been developed and implemented through the program activity
28	Data source	Routine program data
29	Frequency of reporting	Once per year

		RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30	Data collection	Seeding Labs	Our implementing partner, an independent, external third party organization keep record of the management procedures in use.	Ongoing
31	Data processing	Seeding Labs	Data is reviewed by each of the implementing partners. Information is then consolidated and reviewed by Takeda's Access to Medicines Research and Development team.	Ongoing
32	Data validation		A review of our implementing partner is performed annually / every two years.	

33 Challenges in data collection and steps to address challenges.

[No response provided]

INDICATOR	2019	2020
7 Management procedures in use	---	---

Comments: N/A.

INDICATOR **Value of funding provided**

STRATEGY HEALTH SERVICE STRENGTHENING

8

	ITEM	DESCRIPTION
	Definition	Total amount of awards disbursed by the company for a specific activity which form part of the program. This is distinct from the total amount invested in the program (see Input Expenditure)
	Method of measurement	Total amount of money disbursed through funding activities Calculation: Sum of the total amount of money disbursed to implementing partner
28	Data source	Routine program data
29	Frequency of reporting	Once per year

		RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30	Data collection	Seeding Labs	Takeda collects and reports data for the 'total amount of awards disbursed by the company for a specific activity which form part of the program.	Ongoing
31	Data processing	Seeding Labs	Data is reviewed by each of the implementing partners. Information is then consolidated and reviewed by Takeda's Access to Medicines Research and Development team.	Ongoing
32	Data validation		[No response provided]	

33 Challenges in data collection and steps to address challenges.

[No response provided]

INDICATOR	2019	2020
8 Value of funding provided	---	---

Comments: N/A.

Appendix

This program report is based on the information gathered from the Access Observatory questionnaire below.

Program Description

PROGRAM OVERVIEW

1 Program Name

2 Diseases program aims to address:

Please identify the disease(s) that your program aims to address (select all that apply).

3 Beneficiary population

Please identify the beneficiary population of this program (select all that apply).

4 Countries

Please select all countries that this program is being implemented in (select all that apply).

5 Program Start Date

6 Anticipated Program Completion Date

7 Contact person

On the public profile for this program, if you would like to display a contact person for this program, please list the name and email address here (i.e. someone from the public could email with questions about this program profile and data).

8 Program summary

Please provide a brief summary of your program including program objectives (e.g., the intended purposes and expected results of the program; if a pilot program, please note this). Please provide a URL, if available. Please limit replies to 750 words.

PROGRAM STRATEGIES & ACTIVITIES

9 Strategies and activities

Based on the BUSPH Taxonomy of Strategies, which strategy or strategies apply to your program (please select all that apply)?

10 Strategy by country

If you have registered one program for multiple countries, this question allows you to provide a bit more specificity about each country (e.g. some countries have different strategies, diseases, partners, etc.). Please complete these tables as applicable.
For each portion you have you selected from above (program strategies), please identify which country/countries these apply.

COMPANIES, PARTNERS AND STAKEHOLDERS

11 Company roles

Please identify all pharmaceutical companies, including yours, who are collaborating on this program:

What role does each company play in the implementation of your program?

12 Funding and implementing partners

Please identify all funding and implementing partners who are supporting the implementation of this program (Implementing partners is defined as either an associate government or non-government entity or agency that supplements the works of a larger organization or agency by helping to carry out institutional arrangements in line with the larger organization's goals and objectives.)

a. What role does each partner play in the implementation of your program? Please give background on the organization and describe the nature of the relationship between the organization and your company. Describe the local team's responsibilities
for the program, with reference to the program strategies and activities. (response required for each partner selected).

b. For each partner, please categorize them as either a

Public Sector, Private Sector, or Voluntary Sector partner. (Public Sector is defined as government; Private Sector is defined as A business unit established, owned, and operated by private individuals for profit, instead of by or for any government or
its agencies. Generation and return of profit to its owners or shareholders is emphasized; Voluntary Sector is defined as Organizations whose purpose is to benefit and enrich society, often without profit as a motive and with little or no government intervention. Unlike the private sector where the generation
and return of profit to its owners is emphasized, money raised or earned by an organization in the voluntary sector is usually invested back into the community or the organization itself (ex. Charities, foundations, advocacy groups etc.))

c. Please provide the URL to the partner organizations' webpages

13 Funding and implementing partners by country

If you have registered one program for multiple countries, this question allows you to provide a bit more specificity about each country (e.g., some countries have different strategies, diseases, partners, etc.). Please complete these tables as applicable. For each portion you have you selected from above (funding and implementing partners), please identify which country/countries these apply.

14 Stakeholders

Please describe how you have engaged with any of these local stakeholders in the planning and/or implementation of this program. (Stakeholders defined as individuals or entities who are involved in or affected by the execution or outcome of a project and may have influence and authority to dictate whether a project is a success or not (ex. Ministry of Health, NGO, Faith-based organization, etc.). Select all that apply.

- Government, please explain
- Non-Government Organization (NGO), please explain
- Faith-based organization, please explain
- Commercial sector, please explain
- Local hospitals/health facilities, please explain
- Local universities, please explain
- Other, please explain

LOCAL CONTEXT, EQUITY & SUSTAINABILITY

15 Local health needs addressed by program

Please describe how your program is responsive to local health needs and challenges (e.g., how you decided and worked together with local partners to determine that this program was appropriate for this context)?

a. How were needs assessed

b. Was a formal need assessment conducted

(Yes/No) If yes, please upload file or provide URL.

16 Social inequity addressed

Does your program aim to address social inequity in any way (if yes, please explain). (Inequity is defined as lack of fairness or justice. Sometime 'social disparities,' 'structural barriers' and 'oppression and discrimination' are used to describe the same phenomenon. In social sciences and public health social inequities refer to the systematic lack of fairness or justice related to gender, ethnicity, geographical location and religion. These unequal social relations and structures of power operate to produce experiences of inequitable health outcomes, treatment and access to care. Health and social programs are often designed with the aim to address the lack of fairness and adjust for these systematic failures of systems or policies.*)

*Reference: The definition was adapted from Ingram R et al. Social Inequities and Mental Health: A Scoping Review. Vancouver: Study for Gender Inequities and Mental Health, 2013.

17 Local policies, practices, and laws considered during program design

How have local policies, practices, and laws (e.g., infrastructure development regulations, education requirements, etc.) been taken into consideration when designing the program?

18 How diversion of resources from other public health priorities is avoided

Please explain how the program avoids diverting resources away from other public health priorities? (e.g. local human resources involved in program implementation diverted from other programs or activities).

19 Program provides health technologies

Does your program include health technologies (health technologies include medical devices, medicines, and vaccines developed to solve a health problem and improve quality of lives)? (Yes/No)

20 Health technology(ies) are part of local standard treatment guidelines

Are the health technology(ies) which are part of your program part of local standard treatment guidelines? (Yes/No) If not, what was the local need for these technologies?

21 Health technologies are covered by local health insurance schemes

Does your program include health technologies that are covered by local health insurance schemes? (Yes/No) If not, what are the local needs for these technologies?

22 Program provides medicines listed on the National Essential Medicines List

Does your program include medicines that are listed on the National Essential Medicines List? (Yes/No) If not, what was the local need for these technologies?

23 Sustainability plan

If applicable, please describe how you have planned for sustainability of the implementation of your program (ex. Creating a transition plan from your company to the local government during the development of the program).

ADDITIONAL PROGRAM INFORMATION

24 Additional program information

Is there any additional information that you would like to add about your program that has not been collected in other sections of the form?

a Potential conflict of interest discussed with government entity

Have you discussed with governmental entity potential conflicts of interest between the social aims of your program and your business activities? (Yes/No) If yes, please provide more details and the name of the government entity.

25 Access Accelerated Initiative participant

Is this program part of the Access Accelerated Initiative? (Yes/No)

26 International Federation of Pharmaceutical Manufacturers & Associations (IFPMA) membership

Is your company a member of the International Federation of Pharmaceutical Manufacturers & Associations (IFPMA)? (Yes/No)

Program Indicators

INDICATOR DESCRIPTION

27 List of indicator data to be reported into Access Observatory database

For this program, activities, please select all inputs and impacts for which you plan to collect and report data into this database.

28 Data source

For this indicator, please select the data source(s) you will rely on.

29 Frequency of reporting

Indicate the frequency with which data for this indicator can be submitted to the Observatory.

30 Data collection

a. Responsible party: For this indicator, please indicate the party/parties responsible for data collection.

b. Data collection — Description: Please briefly describe the data source and collection procedure in detail.

c. Data collection — Frequency: For this indicator, please indicate the frequency of data collection.

31 Data processing

a. Responsible party: Please indicate all parties that conduct any processing of this data.

b. Data processing— Description: Please briefly describe all processing procedures the data go through. Be explicit in describing the procedures, who enacts them, and the frequency of processing.

c. Data processing — Frequency: What is the frequency with which this data is processed?

32 Data validation

Description: Describe the process (if any) your company uses to validate the quality of the data sent from the local team.

33 Challenges in data collection and steps to address challenges

Please indicate any challenges that you have in collecting data for this indicator and what you are doing to address those challenges.