

PROGRAM ENDED - NO END DATE PROVIDED

AMPATH Oncology Preceptorships & Telemedicine Program

Takeda

Submitted as part of Access Accelerated

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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

The information contained in this report is in the public domain and should be cited as: Takeda, AMPATH Oncology Preceptorships & Telemedicine Program (2020), Boston, US 2020 (online) available from www.accessobservatory.org

Program Description

Program Overview

1 Program Name

AMPATH Oncology Preceptorships & Telemedicine Program

2 Diseases program aims to address

- Cancer (General)

3 Beneficiary population

- Age Group: All ages
- Gender: All genders
- Special Populations: Rural, urban

4 Countries

- Kenya
- Rwanda
- Uganda
- Tanzania

5 Program start date

October 1, 2017

6 Anticipated program completion date

Completion date not specified.

7 Contact person

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8 Program summary

To address the disease burden and the significant shortage of oncology professionals in selected countries within East Africa, Takeda is working to strengthen the health system, by supporting the development of healthcare leaders and oncology specialists.

Through a consortium comprising AMPATH, Moi University, Moi Teaching and Referral Hospital, as well as a host of North American academic centres led by Indiana University, the project is focused on upskilling expertise in clinical and academic settings as well as the development of regional partnerships to develop training curricula, protocols and continuing education to empower the next generation of health leaders in East Africa.

The initiative aims to help improve the quality of cancer care in the region through:

i) the development and implementation of formal training programs for all cadres of healthcare professionals

ii) the establishment of telemedicine to provide and improve diagnostic capabilities, as well as providing ongoing mentoring and training to medical teams, and weekly virtual tumour boards that regularly enable healthcare professionals at multiple sites to reach more patients who typically wouldn't have access to this care

iii) awarding grants to eligible healthcare professionals to participate in continuous medical education (CME) training programs, postgraduate courses, workshops and conferences that build their research capacity, and iv) developing patient information/education materials on cancer management.

Oncology training curricula, which covers the oncology continuum of care from cancer prevention, screening, early diagnostics, optimal treatment, palliative and survivorship care, is delivered both in-person, and through a telemedicine platform, coordinated and led by the AMPATH Oncology Institute. AMPATH faculty also provide mentorship to trainees including Palliative care specialists, Gynecologist Oncologists, Oncology Nurses, Oncology Clinical Officers, Medical Oncologists, Medical Officers, Oncology Pharmacists.

8 Program summary cont.

Telemedicine is an innovative method of capacity building for healthcare professionals by using information and communication technologies to support diagnosis, treatment and prevention of cancers, as part of continued education.

Telemedicine is crucial in delivering clinical expertise and care for patients living in rural areas who find it particularly challenging to reach healthcare facilities. The program facilitates one-on-one consultations with doctors in healthcare facilities outside of urban areas on these platforms and via video calls where possible, enabling patients to receive immediate and high-quality access and care.

Telemedicine supports the extension of training courses, so healthcare providers can consult with doctors during real-time visits with patients. The platforms also increase collaborative trainings within the East, Central and Southern Africa community of oncology professionals.

Further, the initiative seeks to establish a centre of excellence for postgraduate training and education in oncology within East, Central & Southern Africa Health Community/College of Health Sciences. The East, Central & Southern Africa College of Oncologists will have two key aims;

i) to advance education, training, standards of practice and research in cancer care and

ii) to establish a common internationally recognized accreditation of oncologists in the East Central Southern Africa region.

As part of the initiative, we will create an online platform with an accessible database of all practicing and registered oncology professionals from East, Central and Southern Africa, which will include classification of services by location, qualifications of oncologists, and healthcare professionals' relevant contact information. The platform will also share standardized curriculum and protocols for cancer treatments, as well as providing patient information on cancer management, which will include nutrition, managing side effects of cancer and locally available patient support resources.

Prior to the start of any activity, our partners are required to align with Ministries of Health and governments to ensure that they align with and support the delivery of existing plans and strategies.

Program Strategies & Activities

9 Strategies and activities

Strategy 1: Health Service Strengthening

| ACTIVITY | DESCRIPTION |
|------------|--|
| Training | <p>The training takes a blended approach -- In person training and the use of Telemedicine for training supports the extension of training courses, so healthcare providers can consult with doctors during real-time visits with patients and also increases collaborative trainings within the East, Central and Southern Africa community of Oncology professionals.</p> |
| Technology | <p>Use of Telemedicine for training supports the extension of training courses, so healthcare providers can consult with doctors during real-time visits with patients and also increases collaborative trainings within the East, Central and Southern Africa community of Oncology professionals.</p> <p>In addition, as part of this program an online platform will be created, that will:</p> <ul style="list-style-type: none"> • Provide an accessible database of all practicing and registered Oncology professionals from East, Central and Southern Africa. Database provides information that includes service geomapped by location, qualifications of oncologists and healthcare professionals relevant contact information. • Support online CMEs and training manuals for use in the Region. |

10 Strategy by country

[No response provided]

Companies, Partners & Stakeholders

11 Company roles

| COMPANY | ROLE |
|---------|---|
| Takeda | Provides funding, in-kind support, and expertise. |

12 Funding and implementing partners

| PARTNER | ROLE/URL | SECTOR |
|--|---|-----------|
| Academic Model Providing Access to Healthcare (AMPATH) | Assesses the unmet needs across different populations and targets under-served vulnerable groups. https://www.ampathkenya.org/ | Voluntary |
| Moi Teaching and Referral Hospital | Development and Implementation of Formal Training Program for all Cadres of healthcare professionals. http://www.mtrh.go.ke/ | Public |
| Indiana University | Lead the host of North American academic centres to develop the AMPATH Oncology Institute as a centre of excellence. https://medicine.iu.edu/ | Public |

13 Funding and implementing partners by country

[No response provided]

Companies, Partners & Stakeholders

14 Stakeholders

| STAKEHOLDER | DESCRIPTION OF ENGAGEMENT | REQUESTED OR RECEIVED FROM STAKEHOLDER |
|---------------------------------------|---|---|
| Government | The consortium has supported the Kenyan Ministry of Health to develop a vision for national healthcare and a clear path to success by establishing a population health model service through a network of rural health clinics. | Infrastructure: No Human Resources: No Funding: No Monitoring or Oversight: No Other resource: No |
| Local Hospitals/ Health Facilities | AMPATH's proven track record has made it a partner of choice for institutions aiming to expand access to NCD services in Kenya. | Infrastructure: Yes Human Resources: Yes Funding: No Monitoring or Oversight: Yes Other resource: Yes |
| Local universities | Multiple North American academic institutions comprise the AMPATH consortium alongside Moi University and the Moi Teaching and Referral Hospital in western Kenya. | Infrastructure: No Human Resources: Yes Funding: No Monitoring or Oversight: No Other resource: Yes |

Local Context, Equity & Sustainability

15 Local health needs addressed by program

Unmet need:

- All Takeda Access to Medicines initiatives are based on addressing significant local unmet medical needs and gaps in healthcare capacity. We work together with our NGO partners and local clinicians, researchers, healthcare workers and Ministries of Health to identify these gaps and the unmet need. This ensures that resources are focused on public health priorities
- AMPATH assesses the unmet needs across different populations and targets underserved vulnerable groups.
- It is estimated that deaths from cancer in low- to middle-income countries (LMICs) such as Kenya, will increase by 60% in the next decade.
- The rural population in East Africa often live many miles from the nearest Healthcare facility, meaning that it can often be weeks, or longer, before those in need are able to see an oncologist / doctor
- Geographic access to care is one element, the other is the shortage of oncologists.
- A lack of suitable training courses delivered in a way that is accessible, is a challenge when it come to bolstering this shortage

Approach and implementation:

- Prior to the start of any activity, our partners are required to align with Ministries of Health and Governments to ensure that local policies, practices and laws are adhered to
- AMPATH brings together a consortium of partners, including Government, Universities, Medical Centres and Industry to develop the AMPATH Oncology Institute as a centre of excellence operating within a local teaching hospital.

a How needs were assessed

Through our implementing partner.

b Formal needs assessment conducted

Yes.

16 Social inequity addressed

Yes, Ampath will collaborate with other institutions in the region dealing with cancer care training from screening, prevention, treatment, survivorship care and advocacy to ensure improved cancer care across the region and to the entire population.

Local Context, Equity & Sustainability

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

| POLICY, PRACTICE, LAW | APPLICABLE TO PROGRAM | DESCRIPTION OF HOW IT WAS TAKEN INTO CONSIDERATION |
|-----------------------|-----------------------|---|
| National regulations | Yes | Governance is a key component in all of our initiatives, and Takeda is committed to ensuring clear accountability in all of the activities that we are involved in. As a result, clear governance structures have been put in place, and, along with our partners, we are committed to ensuring good governance. |
| Other, please specify | Yes | <ul style="list-style-type: none"> The program has a steering committee with membership drawn from the AMPATH consortium that represents Moi University, Moi Teaching and Referral Hospital and a host of North American academic centres led by Indiana University who hold monthly meetings to discuss progress of all projects and programs under AMPATH Oncology and Hematology. The overall Principal Investigator for this grant, Fredrick Chite Asirwa MD, will have the overall reporting and execution responsibilities for this grant. The Practicing faculty at AMPATH Consortium will act as preceptors, for training and skills transfer to the preceptors. |

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

This program enhances cancer care in Kenya and across East Africa, which is a public health priority.

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

- A consortium of AMPATH partners, including government, universities, medical centers and industry, support the sustainability of the program.
- Activities are also designed with consideration for feasibility to be sustained and/or scaled-up by local stakeholders.
- Telemedicine enables for cost effective expansion of the program across the region
- This Skill lab collaborates with other institutions in the Region dealing with cancer care from screening, prevention, treatment,

Additional Program Information

24 Additional program information

To measure the quality of the trainees against the best in the world, our partners will establish an exchange program. This will be both regional and internationally. Our partners will scout for highly qualified faculty that can help facilitate some aspects of the training program as per the curricula. This exchange faculty will also form part of the external examiners for the program and will moderate all our end of year examinations.

a Potential conflict of interest discussed with government entity

No.

- Takeda commits to business with fairness, transparency and integrity. Takeda policies and company-wide Compliance programs ultimately foster continuous education for its employees' to adhere to the principle of avoiding conflicts when engaging with third parties.
- Takeda's Global Anti-Corruption Policy requires prior to entering into any agreements with third parties to apply a risk-based approach and the conduct of appropriate due diligence to identify and address potential red flags that pose any actual or potential risks for Takeda
- The provision of monetary or in-kind donations to non-profit organizations, and any forms of charitable donations must be made without any commercial motive, conflict of interest or the appearance thereof.
- Takeda avoids conflicts of interest in its interactions with patient organizations and patients.

25 Access Accelerated Initiative participant

Yes.

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

Yes.

Program Indicators

PROGRAM NAME

AMPATH Oncology Preceptorships & Telemedicine Program

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

| INDICATOR | TYPE | STRATEGY | 2017 | 2018-2019 |
|--|--------|------------------------------|------|-------------|
| 1 Number of people trained | Output | Health Service Strengthening | --- | 556 people |
| 2 Value of resources | Input | All Program Strategies | --- | \$337,000 |
| 3 Number of training materials developed | Output | Health Service Strengthening | --- | 7 materials |

INDICATOR **Number of people trained**

STRATEGY HEALTH SERVICE STRENGTHENING

| 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 | Implementing Partner: Academic Model Providing Access to Healthcare (AMPATH) | AMPATH staff who are responsible for the management of the program maintain an attendance sheet for all training sessions. They record attendee names, health professional cadre, topic of training, length of training, location of training, training dates, etc. | Ongoing |
| 31 Data processing | Implementing Partner: Academic Model Providing Access to Healthcare (AMPATH) | AMPATH staff who are responsible for the management of the program review the number of attendees per training session and sum up the total number of people who attended each type of training over the past one year. The data are also disaggregated into health professional cadre. | Every 3 months |
| 32 Data validation | | We do not conduct any further validation of this indicator data. | |

33 Challenges in data collection and steps to address challenges

None.

| INDICATOR | 2017 | 2018-2019 |
|----------------------------|------|------------|
| 1 Number of people trained | --- | 556 people |

Comments:

2018-2019: Year-specific data not available. Number of people trained is further disaggregated into: Palliative care specialists, Gynecologist Oncologists, Oncology Nurses, Oncology Clinical Officers, Medical/Clinical Oncologists, Physicians, Oncology Pharmacists, Research & Surgical Training Support, Mid-Level Leadership

INDICATOR Value of resources

STRATEGY ALL 11 STRATEGIES

| 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 | Implementing Partner: Academic Model Providing Access to Healthcare (AMPATH) | Data are collected from finance and accounting department expenditure records. A member of the program team submits invoices to finance and accounting to be paid. Finance makes the payments and keeps records of payments. | Ongoing |
| 31 Data processing | Implementing Partner: Academic Model Providing Access to Healthcare (AMPATH) | Staff who are responsible for the management of the program produce a financial report based on the program administrative and accounting records. The expenses for the year are summed at the end of the year and shared with Takeda. | Once per year |
| 32 Data validation | | We do not conduct any further validation of this indicator data. | |

33 Challenges in data collection and steps to address challenges

None.

| INDICATOR | 2017 | 2018-2019 |
|----------------------|------|-----------|
| 2 Value of resources | --- | \$337,000 |

Comments:

2018-2019: Year-specific data not available. This represents funding support from Takeda.

INDICATOR Number of training materials developed

STRATEGY HEALTH SERVICE STRENGTHENING

| ITEM | DESCRIPTION |
|---------------------------|--|
| Definition | Number of training materials developed and in use by the program |
| Method of measurement | Counting of the number of training materials developed and in use by the program |
| 28 Data source | Routine program data |
| 29 Frequency of reporting | Once per year |

| | RESPONSIBLE PARTY | DESCRIPTION | FREQUENCY |
|--------------------|--|---|---------------|
| 30 Data collection | Implementing Partner: Academic Model Providing Access to Healthcare (AMPATH) | AMPATH Staff are responsible for developing Oncology curricula and training materials that are suitable for different healthcare professional cadres. | Once per year |
| 31 Data processing | Implementing Partner: Academic Model Providing Access to Healthcare (AMPATH) | AMPATH Staff are responsible for developing Oncology curricula and training materials that are suitable for various healthcare professional cadres. They keep records of in-house developed training materials that they use to deliver training to various healthcare professional cadres. | Once per year |
| 32 Data validation | | We do not conduct any further validation of this indicator data. | |

33 Challenges in data collection and steps to address challenges

None.

| INDICATOR | 2017 | 2018-2019 |
|--|------|-------------|
| 3 Number of training materials developed | --- | 7 materials |

Comments:

2018-2019: Year-specific data not available. This is data reported by AMPATH. 7 represents the number of training manuals, curricula, and screening protocols developed. Notably subject matter experts were convened for quality assurance of training materials. The outputs may be disaggregated as follows: 2 Training Manuals Training Manual for Oncology Nursing Training. Training Manual for Burkitt's Lymphomas. 3 Curricula HND Medical Oncology Curriculum Review for MTRH Training school. Oncology Pharmacy training curriculum Palliative Care Curriculum 2 Screening protocols Screening protocols for Breast & Cervical Cancer. Screening Protocols for lung cancer.

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 are 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

- Responsible party: For this indicator, please indicate the party/parties responsible for data collection.
- Data collection — Description: Please briefly describe the data source and collection procedure in detail.
- Data collection — Frequency: For this indicator, please indicate the frequency of data collection.

31 Data processing

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

