PROGRAM REPORT

NOVEMBER 2021

Sanofi Mental Health Program (FAST – Fight Against STigma) – Mali

Sanofi

Submitted as part of Access Accelerated

Access Observatory

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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: Sanofi, Fight Against STigma (FAST) — Mali (2021), Access Observatory Boston, US 2021 (online) available from www.accessobservatory.org

Program Description

Program Overview

1 Program Name

Sanofi Mental Health Program (FAST – Fight Against STigma) – Mali

2 Diseases program aims to address

- Mental & Neurological Disorders: Depression, Schizophrenia, Bipolar, Addictions, Behavioral Disorders

3 Beneficiary population

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

4 Countries

- Mali

5 Program start date

July 1, 2018

6 Anticipated program completion date

July 1, 2021

7 Contact person

[No response provided]

8 Program summary

This two-year program is a partnership with Santé Sud, a French international NGO, which mission is to strengthen healthcare workers capacity in developing countries to provide vulnerable populations with access to sustainable and quality health care. Santé Sud has started working in Mali in 1989 and has since developed a network of 150 rural Community General Practitioners (Médecins Généralistes Communautaires – MGC or GPs).

The aim of this partnership is to improve access to mental health care for the rural population in six regions (Kayes, Koulikoro, Mopti, Ségou, Sikasso and Tombouctou) via developing a rural GP Mental Health Network and raising awareness amongst the general population.

The objective is, for the GPs who will be trained, to diagnose and manage 15% of patients with severe mental disorders in the 6 regions covered. Over the 2 year duration of the program, this would represent approximately 1600 patients based on prevalence estimates from WHO.

Specific activities and targets include:

a- Training (face to face workshops and training supervision) of 18 GPs to diagnose and manage mental disorders and to train other GPs .

b- Information / public awareness activities, via GPs and 216 local community representatives, and through the use of Behaviour Change Communication materials (flipchart, brochures, radio broadcast messages, etc.) to reach a total of approximately 9 million people.

c- The collection and processing of activity data (number of new patients diagnosed, monthly consultations, etc.) in order to be able to evaluate the project outputs and outcomes.

This program has been endorsed by the Malian Ministry of Health and in addition to Santé Sud and Sanofi, it also involves representatives from the Ministry of Health, local psychiatrists from the Bamako Point G Hospital, the local head of the rural GP association (Association des Médecins de Campagne – AMC), as well as international partners such as the World Association of Social Psychiatry.

Program Strategies & Activities

9 Strategies and activities

Strategy 1: Community Awareness and Linkage to Care

ACTIVITY	DESCRIPTION
Communication	Developing and disseminating mental health-related information and Behavior Change Communication materials adapted to local context, via: 1. Information meetings held by GPs, community representatives such as community health workers, community leaders, traditional healers, etc. 2. Radio campaigns. 3. Psychoeducation sessions with people with mental disorders and their families.

Strategy 2: Health Service Strengthening

ACTIVITY	DESCRIPTION
Training	• Initial 10 day training sessions including theoretical training, case studies and 3 days of psychiatric consultations at Point G Hospital in Bamako. • Year 2 training session (6 days) will include 3 day of theoretical training and 3 days of psychiatric consultations. •Training supervisions of the trained GPs conducted in each region by local psychiatrists from Bamako Point G Hospital in 2nd, 3rd and 4th quarter of each year. • Assessing knowledge prior and after training of GPs.

10 Strategy by country

STRATEGY	COUNTRY
Community Awareness and Linkage to Care	Mali
Health Service Strengthening	Mali

Companies, Partners & Stakeholders

11 Company roles

COMPANY	ROLE
Sanofi	• Assists Santé Sud with the development, planning, monitoring and evaluation of the program. • Provides training materials (slide kits and training documents) which are to be locally adapted and used to train healthcare professionals on mental health. • Provides Information, Education and Communication (IEC)/Behavior Change Communication (BCC) materials which are to be locally adapted to raise awareness among the population and educate families and patients (posters, brochures, flipcharts, and comic book). • Provides funding for the various activities of the program in accordance with the agreement and the budget.

12 Funding and implementing partners

PARTNER	ROLE/URL	SECTOR
Santé Sud	• Develops, plans, monitors and evaluates the program in collaboration with other partners. • Sets up a Steering Committee, in which all partners involved in the project will be represented. • Appoints local project manager to coordinate the program under the supervision of Santé Sud France. • Identifies and recruit necessary stakeholders to participate in the program: Specialists, GPs , Community Representatives… • Supervises the development/adaptation of training materials. • Drives the development/adaptation of Information Education Communication (IEC)/ Behavior Change Communication (BCC) materials to raise awareness among the public, educate patients and families. • Organizes training sessions for the various program stakeholders • Sets up a monitoring system. • Provides logistic and administration support. • Provide regular activity and financial report. http://www.santesud.org/	Voluntary

Companies, Partners & Stakeholders

13 Funding and implementing partners by country

PARTNER	COUNTRY
Santé Sud	Mali

14 Stakeholders

STAKEHOLDER	DESCRIPTION OF ENGAGEMENT	REQUESTED OR RECEIVED FROM STAKEHOLDER
Government	Santé Sud has received from the Ministry of Health its full endorsement and support regarding the program. The Ministry of Health will also guarantee that adequate supply of medicines will be available, at an affordable cost, via national and regional procurement systems. Ministry of Health communication unit is involved in adaptation and validation of BCC material and radio campaign.	Infrastructure: No Human Resources: Yes Funding: No Monitoring or Oversight: Yes Other resource: No
Local Hospitals/ Health Facilities	Specialist from Point G University Hospital houses the country's leading psychiatric ward and is involved in the training and follow up of trained GPS.	Infrastructure: Yes Human Resources: Yes Funding: No Monitoring or Oversight: Yes Other resource: No

Local Context, Equity & Sustainability

15 Local health needs addressed by program

Globally, the WHO estimates that 1 out of 4 people will be affected by a mental disorder at some point in their lives.[1] Data for Mali published in 2017 suggest a prevalence of 3.6% for depressive disorders and 2.6% for anxiety disorders, although reports from local experts highlight that the ongoing insecurity and political-military crisis have further worsened the situation.[2]

Despite a high prevalence, the management of mental disorders remains limited to large cities and mainly to Bamako, with University Hospital Point G housing the main psychiatry department in the country. As a result, in a country where more than 60% of the population lives in rural areas, the majority of people with mental disorders do not have access to local specialized care.

In addition, for a large part of the population, who lives according to a system of traditional values, representations of the causes and treatment of mental illness very often involve a supernatural interpretation, which further limits the use of medical care.

a How needs were assessed

Based on literature review and interviews with local stakeholders.

b Formal needs assessment conducted

No.

16 Social inequity addressed

By training healthcare professionals in six rural regions where there is lack of specialized psychiatric resources (mental health professionals as well as mental health facilities), the program aims to tackle geographical inequalities in mental health care availability across the country.

Furthermore, considering the high stigma associated with mental disorders, people suffering from mental illness are frequently discriminated against. By raising awareness among the general public to improve communities' and individuals' behaviors around these issues, this program aims to reduce the stigma that people with mental disorders face. In turn, it is expected this could further amplify the increased access to care achieved through the program, as people with these disorders feel more confident in seeking help.

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	When designing the program with Santé Sud we took into consideration that: • There is a stand-alone policy /plan for mental health in Mali since 2012 however it is not implemented and there are no laws for mental health in existence. • There is are currently limited mental health resources, mainly focused on inpatient care. Essentially, psychiatric care is still exclusively provided in specialized mental health institutions, and mainly via the psychiatry department of Bamako Point G University Hospital.
Procurement procedures	No	N/A.
Standard treatment guidelines	Yes	Training material is developed in line with national or WHO treatment guidelines.
Quality and safety requirements	No	N/A.
Remuneration scales and hiring practices	No	N/A.
Other, please specify	Yes	This program was developed in line with World Health Organization (WHO) recommendations and guidelines regarding mental health care in emerging countries[3], such as: • Strengthening effective leadership and governance for mental health. • Providing comprehensive, integrated and responsive mental health and social care services in community-based settings. • Implementing strategies for promotion and prevention in mental health. • Strengthening information systems, evidence and research for mental health. By integrating mental health care into primary care through the training of GPs and the creation of a solid network of providers, the pro¬grams promotes leadership in local care centers by GPs acting as stewards of care. Additionally, with the various strategies for community awareness and education, this program relates to the WHO recommendations described above.

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.

Local Context, Equity & Sustainability

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

Training courses will be accredited as part of a continuous professional development program for GPs. The 18 GPs will also be trained to become trainers for other GPs of the network.

Based on the outcome and impact of this program, we will work with Santé Sud to develop a national program that will integrate a transition plan.

Additional Program Information

24 Additional program information

The results of the first two years of this program have been published in the Pan African Medical Journal: Poudiougou O, Bruand P-E, Mounkoro PP, Gaglione J-M, Nimaga K, Sy M, et al. Mental health capacity building in Mali by training rural general practitioners and raising community awareness. Pan African Medical Journal. 2021;38:389. https://www.panafrican-med-journal.com/content/article/38/389/full/

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.

Resources

1. World Health Organization. Mental Health Action Plan 2013-2020 (2013). Retrieved from https://www.who.int/publications/i/item/9789241506021.

2. World Health Organization. Depression and Other Common Mental Disorders – Global Health Estimates (2017). Retrieved from https://apps.who.int/iris/bitstream/handle/10665/254610/WHO-MSD-MER-2017.2-eng.pdf

Program Indicators

PROGRAM NAME

FAST – Fight Against STigma – Mali

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

	INDICATOR	TYPE	STRATEGY	2018	2019	2020
1	Population exposed by community awareness campaign out of total target population	Output	Community Awareness and Linkage to Care	0%	---	73%
2	Staff time	Input	All Program Strategies	0.31 FTE	0.31 FTE	0.31 FTE
3	Value of resources	Input	All Program Strategies	$81,790	$109,138	$ 52,340
4	Communication materials in use	Output	Community Awareness and Linkage to Care	0 tools	3 tools	1 tool
5	Number of users receiving tools	Output	Community Awareness and Linkage to Care	0 people	199 people	16 people
6	Number of people trained	Output	Health Service Strengthening	19 people	24 people	16 people
7	Percentage of professionals trained out of total number targeted	Output	Health Service Strengthening	106%	89%	89%
8	Health provider knowledge	Outcome	Health Service Strengthening	79%	94%	100%
9	Number of patients diagnosed	Outcome	Health Service Strengthening	700 people	1,181 people	1,066 people
10	Population exposed to media communication activities	Output	Community Awareness and Linkage to Care	0 people	---	314,740 people
11	Population exposed to oral communication activities	Output	Community Awareness and Linkage to Care	0 people	70,619 people	50,386 people
12	Health provider knowledge change	Outcome	Health Service Strengthening	172%	39%	---

INDICATOR

Population exposed by community awareness campaign out of total target population

1

STRATEGY COMMUNITY AWARENESS AND LINKAGE TO CARE

ITEM	DESCRIPTION
Definition	Percentage of population reached through a community awareness campaign out of total population targeted
Method of measurement	Counting of participants that attend campaign meetings or reached by media messaged disseminated and number of people in the target population Calculation: Sum of people/participants in the target audience segment participated/attended the community awareness campaign recorded divided by the number of people targeted by the campaign
Data source	Routine program data
Frequency of reporting	Once per year

		RESPONSIBLE	DESCRIPTION	FREQUENCY
30	Data collection	Santé Sud	Counting of participants that attend campaign meetings by GPs or community health workers, and estimated population reached by media dissemination based on radio network audience estimates.	Ongoing
31	Data processing	Santé Sud	A member of the local Team (implementing partner) will consolidate the total number of people exposed to awareness meetings and to radio broadcast messages, and will divide the total by the number of people targeted by these activities. The number of people targeted by these activities are based on the actual population of the health areas covered by each GP. The data has been provided by the implementing partners.	Ongoing
32	Data validation		We do not conduct any further validation of these data.	

33 Challenges in data collection and steps to address challenges

[No response provided]

	INDICATOR	2018	2019	2020
1	Population exposed by community awareness campaign out of total target population	0%	---	73%

Comments: 2018: Awareness activities have not started yet: should be 0%. 2020: There were radio broadcasts 4 times a week through 13 community radio stations, and 3 times a week through 2 regional stations. In total there were 336 broadcasts through these radio stations allowing to reach an estimated 314,740 people out of a population of 430,554 people.

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: $\frac{\text{Sum of the number of paid hours per year}}{\text{Total number of working hours per year}}$
28 Data source	Routine program data
29 Frequency of reporting	Once per year

	RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30 Data collection	Sanofi	Our company's staff working on this project track the number of hours they spend on the project.	Every three months
31 Data processing	Sanofi	Time spent on the program by company staff is evaluated on a quarterly basis, so that data can be consolidated and annual Full Time Equivalent (FTE) estimated.	Once per year
32 Data validation		We do not conduct any further validation of our internal human resources records.	

33 Challenges in data collection and steps to address challenges

[No response provided]

INDICATOR	2018	2019	2020
2 Staff time	0.31 FTE	0.31 FTE	0.31 FTE

Comments: 2018, 2019, 2020: Ratio:129:416 Numerator:516 Denominator: 1664.

INDICATOR **Value of resources**

STRATEGY ALL PROGRAM STRATEGIES

3

	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	Santé Sud	A member of the local Project Team (implementing partner) submits invoices to finance and accounting to be paid. Finance makes the payments and keeps records of payments.	Ongoing
31	Data processing	Santé Sud	A member of the local Project Team (implementing partner) produces a financial report based on the Program administrative and accounting records. This report is produced every 6 months.	Every 6 months
32	Data validation		Random audits of invoices might be conducted to validate financial records.	

33 Challenges in data collection and steps to address challenges

[No response provided]

INDICATOR		2018	2019	2020
3	Value of resources	$81,790	$ 109,138	$ 52,340

Comments: 2018: Based on reported expenditure until end of November, extrapolated until the end ofNovember,extrapolated until the end of the year. Annual exchange rate: EUR 1 = USD 1.18. 2019: Annual exchange rate: EUR 1 = USD 1.12. 2020: Annual exchange rate: EUR 1 = USD 1.2271.

INDICATOR

Communication materials in use

STRATEGY COMMUNITY AWARENESS AND LINKAGE TO CARE

4

ITEM	DESCRIPTION
Definition	Number of communication materials introduced and in use by the progra
Method of measurement	Counting the number of communication materials created and in use by the program Calculation: Sum of communication materials created by the program
28 Data source	Routine program data
29 Frequency of reporting	Once per year

	RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30 Data collection	Santé Sud	A member of the local Team (implementing partner) reports on any new Behavior Change Communication materials developed for the program and provides a copy of the final tool.	Ongoing
31 Data processing	Sanofi	A member of my company consolidates the information provided by local team (implementing partner).	Ongoing
32 Data validation		We do not conduct any further validation of these data.	

33 Challenges in data collection and steps to address challenges

[No response provided]

INDICATOR	2018	2019	2020
4 Communication materials in use	0 tools	3 tools	1 tool

Comments: 2018: Awareness activities have not started yet. 2019: 1 flipchart, 1 radio annoucement, 1 radio program. 2020: 1 new awareness poster developed.

INDICATOR

Number of users receiving tools

5

STRATEGY COMMUNITY AWARENESS AND LINKAGE TO CARE

	ITEM	DESCRIPTION
	Definition	Number of users that received the tools produced and/or distributed by the program
	Method of measurement	Calculation: Sum of number of users that received the tools produced and/or distributed by the program
28	Data source	Routine program data
29	Frequency of reporting	Once per year

		RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30	Data collection	Santé Sud	Implementing Partner keeps record of the number of users receiving Behavior Change Communication tools / materials.	Ongoing
31	Data processing	Santé Sud	A member of the implementing team sums the number of users receiving tools.	Every 6 months
32	Data validation		We do not conduct any further validation of these data.	

33 Challenges in data collection and steps to address challenges

[No response provided]

	INDICATOR	2018	2019	2020
5	Number of users receiving tools	0 people	199 people	16 people

Comments: 2018: Awareness activities have not started yet. 2019: 183 community workers (represents 85% of objective) and 16 GPs. 2020: 16 GPs received new poster.

INDICATOR

Number of people trained

STRATEGY HEALTH SERVICE STRENGTHENING

6

	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	Santé Sud	A member of the local team (implementing partner) asks each Healthcare Professional attending a training session to sign their name on an attendance form. Data are collected at the time of each training session.	Ongoing
31	Data processing	Santé Sud	A member of the local team of the implementing partner reviews the number of attendees per training session and consolidates the data from each session into the total number of people having attended the training for each type of training.	Ongoing
32	Data validation	Sanofi	A company member might attend some training sessions and oversee data collection and processing.	

33 Challenges in data collection and steps to address challenges

[No response provided]

	INDICATOR	2018	2019	2020
6	Number of people trained	19 people	24 people	16 people

Comments: 2018: 19 GPs from rural areas. 2019: GPs part of the Mental Health network. 2020: 16 remaining GPs benefited from individual follow-up supervision and mentoring sessions in June 2020.

INDICATOR

Percentage of professionals trained out of total number targeted

7

STRATEGY HEALTH SERVICE STRENGTHENING

	ITEM	DESCRIPTION
	Definition	Percentage of professionals that completed the required requisites of the training out of total number of professionals targeted
	Method of measurement	Sum of professionals who completed all training requirements divided by the total number of professionals targeted by the program to be trained Calculation: Number of professionals trained in a defined period / Total number of professionals targeted by the program to be trained
28	Data source	Routine program data
29	Frequency of reporting	Once per year

		RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30	Data collection	Santé Sud	A member of the local team (implementing partner) asks each health provider attending a training session to sign their name on an attendance form. Data are collected at the time of each training session. Data on the number of health providers we initially planned to train is from our program plan records.	Ongoing
31	Data processing	Santé Sud	For each type of training, the total number of health providers who have attended any training session (indicator "Number of people trained") will be divided by the number of health providers targeted by the program for each type of training.	Ongoing
32	Data validation	Sanofi	A company member might attend some training sessions, oversee data collection and check for any mismatch with observed training sessions.	

33 Challenges in data collection and steps to address challenges

[No response provided]

INDICATOR		2018	2019	2020
7	Percentage of professionals trained out of total number targeted	106%	89%	89%

Comments: 2018: Numerator: 19, denominator: 18. 2019: Numerator: 16, denominator: 18. 1 GP died in a car accident. 2 GPs left network. 2020: Numerator:16 Denominator: 18.

INDICATOR

Health provider knowledge

STRATEGY HEALTH SERVICE STRENGTHENING

8

	ITEM	DESCRIPTION
	Definition	Percentage of providers that pass the assessment examining their skills or knowledge. The exam should be designed to assess the possession of the skills and knowledge to be able to comply with predefined standards.
	Method of measurement	The assessment of possession of skills and knowledge occurs through a written, oral, or observational assessment that all providers have to undergo Calculation: $\frac{\text{Number of providers who pass the assessment}}{\text{Number of providers trained}}$
28	Data source	Non-routine program data
29	Frequency of reporting	Once per year

		RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30	Data collection	Santé Sud	A knowledge questionnaire is completed before and after each training session for each health provider attending the training. The questionnaires are marked by a member of the local team based on the correct answers provided by the specialists, and a score is given to each questionnaire.	Ongoing
31	Data processing	Santé Sud	A member of the implementing partner reviews the post-training survey scores and notes the number of participants who scored above a pre-determined pass mark. The proportion of participants who scored above the pass mark is then calculated.	Ongoing
32	Data validation	Sanofi	All the information is combined in a excel document that Sanofi checks. We do not conduct any further validation of these data.	

33 Challenges in data collection and steps to address challenges

[No response provided]

	INDICATOR	2018	2019	2020
8	Health provider knowledge	79%	94%	100%

Comments: 2018: 15/19 (79%) of trainees passed the test at the end of the training. 2019: 15/16 (94%) of trainees passed the test after the training. 2020: Numerator:16 Denominator: 16. All HCPs passed follow-up training assessment.

INDICATOR

Number of patients diagnosed

STRATEGY HEALTH SERVICE STRENGTHENING

9

	ITEM	DESCRIPTION
	Definition	Number of patients that were diagnosed with disease through the program
	Method of measurement	Counting of people who were diagnosed with disease through the program Calculation: Sum of the number of people diagnosed with disease
28	Data source	Routine program data
29	Frequency of reporting	Once per year

		RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30	Data collection	Santé Sud	Every time a doctor diagnoses a patient or confirms the diagnosis of a patient, they record it in their file and send the total monthly number of new patients diagnosed (by disease) via WhatsApp to a member of the local implementing partner.	Every month
31	Data processing	Santé Sud	A member of the local team (implementing partner) consolidates the number of new patients diagnosed, by disease, sent by each doctor via WhatsApp. The diseases the program is targeting include: Psychotic Disorders; Depression, Bipolar Disorder; Addictions (alcohol / drugs); Autism; Dementia; Post Traumatic Syndrome.	Every month
32	Data validation		A psychiatrist is part of the WhatsApp group, reviews the data and might raise questions.	

33 Challenges in data collection and steps to address challenges

[No response provided]

INDICATOR	2018	2019	2020
9 Number of patients diagnosed	700 people	1,181 people	1,066 people

Comments: 2018: June to end of December data. 2019: New patients with mental disorders diagnosed and treated. 2020: 1066 new patients were diagnosed and managed for mental disorders by the 16 trained GPs between 1 Jan and 31 Dec 2020.

INDICATOR

Population exposed to media communication activities 10

STRATEGY COMMUNITY AWARENESS AND LINKAGE TO CARE

	ITEM	DESCRIPTION
	Definition	Number of population reached through media awareness campaign
	Method of measurement	Counting of participants reached by media message disseminated Calculation: Number of people in the target audience reached by disseminated media message in a given period of time
28	Data source	Routine program data
29	Frequency of reporting	Once per year

		RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30	Data collection	Santé Sud	The local team (the implementing partner) calculates the estimated media reach based on the number of broadcasts and the audience rates provided by the radio stations.	Ongoing
31	Data processing	Santé Sud	A member of the team of the implementing partner calculates on an ongoing basis the media reach for each broadcast. This allows consolidating at the end of one calendar year the total number of people exposed to media communication activities. It is the sum of the people reached in each region by the relevant radio station.	Ongoing
32	Data validation		We do not conduct any further validation of these data.	

33 Challenges in data collection and steps to address challenges

[No response provided]

	INDICATOR	2018	2019	2020
10	Population exposed to media communication activities	0 people	---	314,740 people

Comments: 2018: Awareness activities have not started yet.

INDICATOR

Population exposed to oral communication activities

11

STRATEGY COMMUNITY AWARENESS AND LINKAGE TO CARE

	ITEM	DESCRIPTION
	Definition	Number of population reached through a community awareness campaign
	Method of measurement	Counting of participants that attend campaign meetings Calculation: Number of people/participants in the target audience segment that participated/attended the community awareness campaign recorded in a given period of time
28	Data source	Routine program data
29	Frequency of reporting	Once per year

		RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30	Data collection	Santé Sud	GPs and Community Health Workers count the number of attendees per information session and the number of sessions held. Data is recorded on an ongoing basis when sessions occur and reported on a monthly basis.	Ongoing
31	Data processing	Santé Sud	The project manager of the implementing partner consolidates on an ongoing basis the number of community members attending these sessions. This allows to know the total number of people exposed at the end of one calendar year.	Ongoing
32	Data validation		We do not conduct any further validation of these data.	

33 Challenges in data collection and steps to address challenges

[No response provided]

	INDICATOR	2018	2019	2020
11	Population exposed to oral communication activities	0 people	70,619 people	50,386 people

Comments: 2018: Awareness activities have not started yet. 2019: Includes people reached via GPs and Community Workers awareness sessions. Does not include people reached by radio announcements and programs since coverage estimates are not yet availalble. There have been 336 radio broadcasts in 2019.

INDICATOR **Health provider knowledge change**

STRATEGY HEALTH SERVICE STRENGTHENING

12

ITEM	DESCRIPTION
Definition	The percentage change in providers' knowledge after training. The assessment should be designed to assess the possession of the skills and knowledge to be able to comply with predefined standards
Method of measurement	The assessment of provider skills and knowledge occurs through a written, oral, or observational assessment that providers have to undergo before and after the training. The percentage change in score after the training is calculated Calculation: $\frac{\text{Change in score X 100}}{\text{Pre-training score}}$
28 Data source	Routine program data
29 Frequency of reporting	Once per year

	RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30 Data collection	Santé Sud	A knowledge questionnaire is completed before and after each training session by each health provider attending the training. The questionnaires are marked by a member of the local team (implementing partner) based on the correct answers provided by the specialists, and a score is given to each questionnaire.	Ongoing
31 Data processing	Santé Sud	For each training, the individual knowledge changes (post vs pre-training) have been averaged, allowing to see the change in knowledge resulting from the training.	Ongoing
32 Data validation		Percentage changes in score calculated by local team are re-calculated independently by a second member.	

33 Challenges in data collection and steps to address challenges

There is no challenge to report for this indicator.

INDICATOR	2018	2019	2020
12 Health provider knowledge change	172%	39%	---

Comments: 2018: Average of % change of knowledge per participant, based on questionnaires used before and after the training sessions. 2019: Average knowledge score increased by +39%, based on questionnaire used before and after the training sessions.

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

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.

Resources

1. World Health Organization. Mental Health Action Plan 2013-2020 (2013). Retrieved from https://www.who.int/publications/i/item/9789241506021.

2. World Health Organization. Depression and Other Common Mental Disorders – Global Health Estimates (2017). Retrieved from https://apps.who.int/iris/bitstream/handle/10665/254610/WHO-MSD-MER-2017.2-eng.pdf