AUGUST 2021

EMPOWER, Kenya

Roche

Submitted as part of Access Accelerated

Access Observatory

Contents

Program Description

Program Overview

1 Program Name

Empower, Kenya

2 Diseases program aims to address

• Cancer (Breast, Cervivcal, Colorectal)

3 Beneficiary population

• Gender: All genders
• Age: Adults aged 15-64
•Special populations: People with low income, Rural populations, Urban populations

4 Countries

• Kenya

5 Program start date

July 12, 2019

6 Anticipated program completion date

December 31, 2022

7 Contact person

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8 Program summary

EMPOWER stands for Enabling and Motivating Partnerships Owned by Women who Engage & Reclaim their lives. The aim is to advocate for the education, prevention, early detection, and treatment with standard of care for breast, cervical cancer, and colorectal cancer.

The program is a new decentralized approach developed with the First Ladies of 8 Kenyan counties which entirely provides awareness, system capacity, screening, diagnosis, treatment, and post-treatment empowerment for the Kenyan population. Today, the program's success attracted more than 20 First Ladies which will enable the scale-up of the program. Program components include: 1) Increase awareness on breast, cervical and colorectal cancer; 2) increasing and strengthening healthcare capacity, and 3) Provide a pricing scheme that enables the standard of care. 4) Create evidence generation for policy change. Each of these is further explained on the next page.

Program Overview

8 Program summary, cont.

1. Increase awareness and linkage to care: "Empower" increases awareness of the disease through media and the network of the first ladies of the different counties. Moreover, it advocates for cancer patients on early detection, patient navigation for timely access to treatment, and post-treatment reintegration of survivors into communities. Women 4 Cancer creates activities to support post-treatment empowerment. They initiate activities to support the establishment of income-generating programs for survivors. Ultimately, they also provide knowledge and skills on cancer prevention in order to become ambassadors.

2. Increasing and strengthening healthcare capacity: Roche together with its partners creates one clinic in each county participating in the program providing testing, diagnosis, and treatment. Each clinic is equipped by Roche and hires 6 blind and deaf women from the community of workers who are selected and trained to screen patients in the clinics, events, or vans. Already by 2021, the project built 8 clinics for each county participating and it aims to implement in other counties.

3. Provide a pricing scheme that enables the standard of care: Roche is committed to providing 9 vials for free per 9 vials provided by the national hospital in order to complete the treatment of 18 vials and achieve the standard of care. In the long run, Roche aims to provide evidence on the decrease in mortality rate and include the full treatment in the National Health Insurance.

4. Create evidence generation for policy change: Roche together with the International Cancer Institute is creating a registry per county and aims to provide real-world data to affect policy change.

In summary, the project is principally carried out by Roche which provides 9 vials of medicines for every 9 vials given by the national health insurance, provides the equipment for each clinic, owns the special training for blind and deaf women, and enhances the collection of real-world data. Together with the County's first ladies Association which allows networking with the county and is the voice of the project. Moreover, other partners are fundamental for the different activities of the project, Amref provides training to 100 women, International Cancer Institute supports the implementation of the project and builds the county registries, Africa Cancer Foundation, and Women 4 Cancer which enable patient awareness, resource mobilization, and patients advocacy. [1, 2, 3, 4]

Program Strategies & Activities

9 Strategies and activities

Strategy 1: Community Awareness and Linkage to Care

ACTIVITY	DESCRIPTION
Communication	Women 4 Cancer empowers Cancer Advocates at County Level to create champions awareness and outreach the population awareness. They also promote prevention programs at county level on behavior change communication in the early screening for cervical cancer. Moreover, the project created 20 clips on national channels for cancer awareness.
Mobilization	Women 4 Cancer, facilitates access to affordable treatment of cervical cancer patients. They connect patients to a network of patient care and support for increase accuracy, patients guidance and navigation to the access of services.
Funding	Women 4 Cancer creates activities to support post treatment empowerment. They initiate activities to support the establishment of income generating programs for survivors. Ultimately, they also provide knowledge and skills on cancer prevention in order to become ambassadors.

Strategy 2: Health Service Strenghtening

ACTIVITY	DESCRIPTION
Planning	Roche together with its partners planned to hire and train blind and deaf women from community of workers to screen patients in the clinics, events or vans. Moreover, it is planned to create 8 clinic for each county participating in the program by 2022 and implement it in the other counties.
Training	The County First Ladies Association provides training opportunities for capacity building of the County First Ladies Association and selected cancer advocates at Country Level. Moreover, Amref select women blind and deaf from the community of workers and train them.and train them.
Infrastructure	Each county provides the infrastructure to create the clinic while Roche provides the equipment.
Technology	Roche provides a software to collect real world data and useful to create counties' registries.

Strategy 3: Health Service Delivery

ACTIVITY	DESCRIPTION
Screening	Empower make cancer screening in the clinic built in each county and during first event created at the opening of the clinic.Women 4 Cancer provides facilitation of screening in accordance with the national MOH; cervical cancer screening guidelines and high quality follow on care, Moreover, the project aim to use the van provided by the First Lady per county in order to deliver in remote areas.
Diagnosis	The County First Ladies Association provides direct support to vulnerable groups and offers direct assistance

Program Strategies & Activities

9 Strategies and activities, cont.

Treatment	The program provided standard of care with the formula 9+9 cycles for treatment.

Strategy 4: Regulation & Legislation

ACTIVITY	DESCRIPTION
Advocacy	The County First Ladies Association (CFLA) promotes health and improvement of living conditions of members
Infrastructure	International Cancer Institute builds county registries according to the government guidelines.

Strategy 5: Price Scheme

ACTIVITY	DESCRIPTION
Pricing	To achieve standard of care the program offers 9+9 cycles. 9 cycles are offered by the National Insurance while the other 9 are offered by Roche.

10 Strategy by country

STRATEGY	COUNTRY
Community Awareness and Linkage to Care	Kenya
Health Service Strengthening	Kenya
Health Service Delivery	Kenya
Regulation & Legislation	Kenya
Price Scheme	Kenya

Companies, Partners & Stakeholders

11 Company roles

COMPANY	ROLE
Roche	Roche is the initiator and coordinator of the project. It provides 9 vials for free, equipment for the creation of the counties' clinics, provide support for the entire capacity building of the project, and software to collect real-world data and create counties' registries. Roche collaborates with the Ministry of Health to strengthen the healthcare system by mobilizing and decentralizing a referral pathway for treatment in the counties, supporting the implementation of policies for breast and cervical cancer screening and treatment, improving access to early detection, diagnosis, and treatment with standard of care, supporting data management systems for ensuring automation of the information collected in the clinics to inform policy decision-making by improving real-world data.

12 Funding and implementing partners

PARTNER	ROLE/URL	SECTOR
Women 4 Cancer	Women 4 Cancer Early Detection and Treatment (Women4Cancer) is a registered Kenyan NGO formed to address the stigma associated with cancer through Educative Communication Campaigns, Encouraging Early Testing, and Improving Access to Cervical Cancer Treatment. They raise awareness on the benefits of early testing and facilitate early detection and treatment, post-economic empowerment for rehabilitation of cancer survivors. Within the scope of the collaboration between partners for the collaborative project EMPOWER, they provide: training opportunities for capacity building of CFLA and selected cancer advocates at County Level, Empower County Cancer Advocates as champions to carry out cancer awareness activities at the community level, Support in visibility and capacity building of CFLA, Utilize Women 4 Cancer networks for access to patient navigation, Empower County First Ladies to take up the Women 4 Cancer, innovative activities as opportunities to raise funds for increasing cancer awareness among the general population, Running of the EMPOWER Centers in select target counties, awareness including providing information and other resources for individuals and communities about breast, cervical, and prostate cancers to empower them to be proactive in prevention. Efficiency in ensuring early and regular screening to identify individuals who have results suspicious for cancer, but do not have symptoms yet. https://women4cancer.org/	Voluntary
Africa Cancer Foundation	Africa Cancer Foundation (ACF) is a charitable trust that was launched on July 12, 2011, in Nairobi, Kenya. The Foundation creates awareness on the prevention, management, and treatment of cancer in Africa. The foundation's vision is a Cancer-free Africa through cancer education, prevention, and early detection, strengthen ACF's communication and visibility, and increasing the value and impact of ACF's work by leveraging strategic and value-added partnerships. Within the scope of the collaboration between partners for the collaborative project EMPOWER, they provide community awareness, education, and mobilization through civil society and at the grassroots level, Cancer outreach activities including screening and referral service provision, Running of the EMPOWER Clinics in select target counties. https://www.africacancerfoundation.org/	Voluntary

Companies, Partners & Stakeholders

12 Funding and implementing partners, cont.

PARTNER	ROLE/URL	SECTOR
Amref	Work across Kenya with a diverse range of communities from urban slums in Nairobi, remote rural areas in the north-east and south, to lake regions in the west and coastal region in the east. With an annual average budget of US$ 35 million, they focus on Community Health Systems Strengthening. In this project they mainly select and train blind and deaf women from community of workers. https://amref.org/kenya	Voluntary
The County First ladies Association (CFLA)	The County first ladies Association(CFLA) is an organization for the first ladies across the 47 counties in Kenya formed in 2014. It is a non-political, non-religious association whose requirement is to be a female spouse of a sitting governor. It seeks to advocate for a promote economical, social, health, and cultural rights and programs in the countries. They develop a strategic action to improve the welfare of citizens based on advocacy, direct service provision, and networking, and Collaboration. Within the scope of the collaboration between partners for the collaborative project EMPOWER, they Implement joint cancer awareness initiatives at the county and national level, provide oversight in running the County EMPOWER Centers, Advocacy to prioritize cancer and other Non-Communicable Diseases as a development issue at the County level, Advocate for the EMPOWER Project to be anchored in the Health Care System, jointly carry out strategic fundraising and resource mobilization activities that ensure the sustainability of the EMPOWER Project. https://www.facebook.com/CFLAkenya/	Voluntary
International Cancer Institute (ICI)	The International Cancer Institute (ICI) is a Non-governmental organization who expand education and training opportunities in cancer care and research across sub-Saharan Africa. In "Empower" it is in charge of the creation of the county registry, help where needed with training, diagnosis and screenings and providing support with the implementation of the project. https://elearning.intercancer.com/	Voluntary

13 Funding and implementing partners by country

PARTNER	COUNTRY
Women 4 Cancer	Kenya
Africa Cancer Foundation	Kenya
The County first ladies Association	Kenya
Amref	Kenya
International Cancer Institute	Kenya

Companies, Partners & Stakeholders

14 Stakeholders

STAKEHOLDER	DESCRIPTION OF ENGAGEMENT	REQUESTED OR RECEIVED FROM STAKE HOLDER
Non-government organization (NGO)	The County First Ladies Association is an organization for the first ladies across the 47 counties in Kenya formed in 2014. It is a non-political, non-religious association whose requirement is to be a female spouse of a sitting governor. It seeks to advocate for a promote economical, social, health and cultural rights and programmes in the countries. They develop a strategic action to improve the welfare of citizens based on advocacy, direct service provision and networking and collaboration.	Infrastructure: Yes Human Resources: [No response provided] Funding: Yes Monitoring or Oversight: Yes Other resource: [No response provided]
Other	Each county participating in the program provides as infrastructure a room for the creation of the clinic.	

Local Context, Equity & Sustainability

15 Local health needs addressed by program

Cancer is the 3rd leading cause of morbidity in Kenya and breast cancer is the 2nd most common type of cancer. 80% of cancer patients are diagnosed with late-to-end stage disease. While the disease burden is very high, systemic challenges limit patient access to early diagnosis and treatments, such as, the lack of diagnostic capabilities, poor human capacity, infrastructure, and funding. With a novel biologic treatment for breast cancer and awareness of the challenges in Kenya for appropriate and quality care, Roche pursued a step-by-step approach with the government. This primarily required understanding challenges from the lens of local stakeholders, and to develop comprehensive and sustainable solutions together. This partnership, which included commitments from both the Ministry of Health as well as Roche, was built on a foundation of trust and incorporated sustainable solutions for the macro-level health system. It was important that the approach consisted of a comprehensive package of solutions, not a pre-fabricated response.

In order to address the systemic access issues and constraints, such as the lack of trained healthcare professionals and diagnostic capabilities, the program was designed to improve the capacity of medical oncologists, oncology nurses, trained pathologists and immunohistochemistry technicians. For this, Roche provided, all the funding for the training and capacity development of these health personnel. Through the partnership, Roche is also committing to improve diagnostic capacities in the two national referral hospitals by providing tissue testing machines and reagents free of charge, thus enabling free access to HER2 diagnostic testings for breast cancer patients.

The efforts have resulted in a positive healthcare system impact, far beyond breast cancer – including a strengthened healthcare system (better standardization of care, facilitation of evidence-based diagnosis and testing, increased access to the latest medical research and information) and increased access to more affordable, quality, and safe medicines (greater end-to-end supply chain ownership, control and visibility, optimizing cold chain and safety management, fewer middle-men and markups leading to a net price reduction)[1, 5].

a How needs were assessed

It has been conducted based on the learnings of the previous program, Breast Cancer National Access Program, Kenya. People could not access the standard of care as they cannot complete the 18 vials for cancer cure. The Government in the previous program could not sustain to provide 40% of the vials so Roche conducted a Strength, Weakness, Opportunity, and Threat (SWOT) and Political, Economic, Social, Technological, Environmental and Legal (PESTEL) analysis to find an innovative solution to the problem. The analysis showed that there is an unused amount of resources in each county. For example, they have a van that is not utilized therefore the program aims to use it, provide new jobs and deliver also in remote area.

b Formal needs assessment conducted

Yes

Local Context, Equity & Sustainability

16 Social inequity addressed

The program addresses social inequity and the inherent unfairness in the healthcare system by improving the chances of survival for women with breast cancer in Kenya. The project especially address gender and social inequality empowering women from each county and giving a specialized training to blind and deaf women. Lastly, it provides access to standard of care regardless gender, ethnicity, geographical location and religion, operating in different counties. Roche's project addresses the systematic failure of the healthcare environment in Kenya in providing appropriate standard of care for breast cancer patients. The program also seeks to address the gaps in care between those who are able to afford access to the private healthcare system in Kenya versus those accessing care in the public arena[5, 6, 7].

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

POLICY, PRACTICE, LAW	APPLICABLE TO PROGRAM	DESCRIPTION OF HOW IT WAS TAKEN INTO CONSIDERATION
National regulations	Yes	2015-2020 National Strategy for the Prevention and Control of Non-Communicable Diseases Health Africa in Kenya's Strategic Plan (2018-2022)
Standard treatment guidelines	Yes	National Treatment Protocols[8]
Other	Yes	National Cancer Screening Guidelines[9] Kenya National Specimen Handling Guidelines[10]

18 How program avoids diverting resources from public health priorities.

The program avoids diverting resources away from other public health priorities, training new human resources i.e blind and deaf women from the community of workers who are selected and trained to screen patients in the clinics, events or vans.

Local Context, Equity & Sustainability

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

Yes

TYPE	COMMERCIAL NAME	INTERNATIONAL NON-PROPRIETARY NAME
Medicine	Herceptin	Trastuzumab
Medicine	Xeloda	Capecitabine
Medicine	Mabthera	Rituximab

20 Health technologies are part of local standard treatment guidelines

Yes, all of them

21 Health technologies are covered by local health insurance schemes

Yes, all of them.

22 Program provides medicines listed on the National Essential Medicines List

Yes, all of them.

23 Sustainability plan

We aim to scale the program already built in 8 counties, to other counties and provide a standard of care in Kenya. Roche Kenya together with the International Cancer Institute is working to provide evidence to the Government in order to cover all the 18 vials for treatment. The program is planning to be sustainable with the maintenance of the clinics by each county and the vials provided by National Health Insurance. Moreover, Roche will provide special training materials for the blind and deaf for the community of workers.

Additional Program Information

24 Additional program information

[No response provided]

> **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. Ministry of Health, Kenya. Kenya National Strategy for the Prevention and Control of Non-Communicable Diseases 2015-2020. Nairobi, Kenya, 2015: http://www.who.int/nmh/ncd-task-force/kenya-strategy-ncds-2015-2020.pdf

2. International Cancer Control Partnership. Kenya launches National Cancer Control Stratey 2017-2022. July 14, 2017. http://www.iccp-portal.org/news/kenya-launches-national-cancer-control-strategy-2017-2022

3. Minstry of Health, Kenya, National Cancer Control Strategy 2017-2022, Nairobi, Kenya, June 2017. http://www.iccp-portal.org/system/files/plans/KENYA%20NATIONAL%20CANCER%20CONTROL%20STRATEGY%202017-2022_1.pdf

5. Website: Kenyan Network of Cancer Organizations: https://kenyacancernetwork.wordpress.com/kenya-cancer-facts/

6. World Health Organization. Essential Medicines and Health Products Information Portal. Kenya National Essential Medicines List. 2016: http://apps.who.int/medicinedocs/documents/s23035en/s23035en.pdf

7. Mendes D. et al. The benefit of HER2-targeted therapies on overall survival of patients with metastatic HER2- positive breast cancer – a systematic review. Breast Cancer Research. 2015; 17:140. https://breast-cancer- research.biomedcentral.com/articles/10.1186/s13058-015-0648-2

8. Ministry of Health, Kenya. Kenya National Treatment Protocols. Nairobi, Kenya, July 2019. https://www.health.go.ke/wp-content/uploads/2019/09/National-treatment-Protocols-2019.pdf

9. Ministry of Health, Kenya. National Cancer Screening Guidelines. Nairobi, Kenya, November 2018. National Cancer Screening Guidelines: https://www.health.go.ke/wp-content/uploads/2019/02/NATIONAL-CANCER-SCREENING-GUIDELINES-launched-.pdf

10. Ministry of Health, Kenya. National Cancer Specimen Handling Guidelines: Nairobi, Kenya, 2020. https://www.health.go.ke/wp-content/uploads/2021/04/NATIONAL-CANCER-SPECIMEN-HANDLING-GUIDELINES-2020.pdf

Program Indicators

Empower, Kenya

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

INDICATOR	TYPE	STRATEGY	2019	2020
1 Communication materials in use	Output	Community awareness and linkage to care	20 video clips	---
2 Number of patients tested	Outcome	Health service strengthening	488 people	---
3 Number of patients diagnosed	Outcome	Health service strengthening	24 people	---
4 Tools in use	Output	Health service strengthening	1 tool	1 tool
5 Buildings in use	Output	Health service strengthening	1 building	5 buildings
6 Number of people trained	Output	Health service strengthening	100 people	11 people
7 Population screened	Output	Health service delivery	---	25,502 people

Communication materials in use

STRATEGY   COMMUNITY AWARENESS AND LINKAGE TO CARE

	ITEM	DESCRIPTION
	Definition	Number of communication materials introduced and in use by the program
	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	Roche	Roche's local team uses routine program data to collect information on the number of informational television clips that were created and used in Kenya to spread cancer awareness.	Less than once per year
31	Data processing	Roche	Roche sums the total number of cancer awareness raising TV clips created and in use over the course of the year.	Less than once per year
32	Data validation	Roche	Roche ultimately validates the data.	

33 Challenges in data collection and steps to address challenges

There are many challenges in the process to collect the data. Often there are inconsistencies in the data collected because in the clinics some HCPs prefer to write on paper and might forger to register the information on the computer. Moreover, officially all public documents are still on paper. To mitigate the problem Roche is collaborating with the Government to try to link one information system countrywide in order to avoid inconsistency and improve the national information system.

INDICATOR	2019	2020
1 Communication materials in use	20 video clips	---

Comments: N/A.

ITEM	DESCRIPTION
Definition	Number of individuals screened for disease as a result of the screening test or procedure being provided by the program. Screening activities could include any screening procedures (mammogram, cholesterol measurement, colonoscopy, etc.) delivered directly to a specified population, by the program. Screening activities are often preventive in nature and aim to look for diseases or conditions prior to symptoms developing.
Method of measurement	Counting of people who were screened for disease in the program Calculation: Sum of the number of people screened
28 Data source	Routine program data
29 Frequency of reporting	Once per year

	RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30 Data collection	Africa Cancer Foundation	Africa Cancer Foundation provides a count of the number of patients screened as part of the program tracking during the event created in collaboration with 1 volunteer doctor, 1 fourth-year medical student from the University of Nairobi, 1 fifth year and 1 fourth-year medical student from Mount Kenya University.	Every month
31 Data processing	Africa Cancer Foundation	Africa Cancer Foundation processes the number of people tested for breast, cervical, and colorectal cancer and provides a summary report with the total aggregate value to Roche.	Every month
32 Data validation	Roche	Roche provides a computer with an information system where to register all the data. Each clinic needs to register the patients in the information system and refer them to the referral hospital and ultimately to the International Cancer Institute(ICI). ICI provides a quarterly report to Roche. Roche ultimately validates the data. When provided with aggregate information from a local partner, Roche will perform basic triangulation and data validation to ensure that the number of patients diagnosed will then receive the treatment.	

33 Challenges in data collection and steps to address challenges

There are many challenges in the process to collect the data. Often there are inconsistencies in the data collected because in the clinics some HCPs prefer to write on paper and might forger to register the information on the computer. Moreover, officially all public documents are still on paper. To mitigate the problem Roche is collaborating with the Government to try to link the information system countrywide in order to avoid inconsistency and improve the national information system.

INDICATOR	2020
2 Population screened	25,502 people

Comments: 25,502 people were screened across 11 counties. 13,192 screened for breast cancer with 97 abnormal findings identified; 10,349 screened for cervical cancer with 200 abnormal cervical screenings identified and 1,664 screened for prostate cancer with 32 abnormal findings. In addition, an integrated approach in Non-Communicable Disease (NCD) care, diabetes, and hypertension screening were also conducted alongside cancer screening; 4,298 screened for diabetes and 6,116 screened for hypertension.

Number of patients diagnosed

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	Africa Cancer Foundation	Africa Cancer Foundation provides a count of the number of patients diagnosed as part of the program tracking during the event created in collaboration with 1 volunteer doctor, 1 fourth-year medical student from the University of Nairobi, 1 fifth year and 1 fourth-year medical student from Mount Kenya University.	Every month
31 Data processing	Africa Cancer Foundation	Africa Cancer Foundation processes the number of patients diagnosed with cervical, breast, or colorectal cancer through the program and provides a summary report with the total aggregate value to Roche.	Every month
32 Data validation	Roche	Roche provides a computer with an information system where to register all the data. Each clinic needs to register the patients in the information system and refer them to the referral hospital and ultimately to the International Cancer Institute (ICI). ICI provides a quarterly report to Roche. Roche ultimately validates the data. When provided with aggregate information from a local partner, Roche will perform basic triangulation and data validation to ensure that the number of patients	

33 **Challenges in data collection and steps to address challenges**

There are many challenges in the process to collect the data. Often there are inconsistencies in the data collected because in the clinics some HCPs prefer to write on paper and might forger to register the information on the computer. Moreover, officially all public documents are still on paper. To mitigate the problem Roche is collaborating with the Government to try to link the information system countrywide in order to avoid inconsistency and improve the national information system.

INDICATOR		2019	2020
3 Number of patients diagnosed		24 people	-

Comments: N/A.

Tools in use

4

ITEM	DESCRIPTION
Definition	Number of tools (e.g., mHealth, EMR, etc.) introduced and in use by the program
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	Roche	Roche uses routine program data to report on the number of software tools created and provided to counties to support their use of real-world data in national registries.	One-time event
31	Data processing	Roche	Roche provides a computer with an information system where to register all the data. Each clinic needs to register the patients in the information system and refer them to the referral hospital and ultimately to the International Cancer Institute(ICI). ICI provides a quarterly report to Roche. Roche ultimately validates the data.	Once per year
32	Data validation	Roche	Data is ultimately validated by Roche global yearly.	

33 Challenges in data collection and steps to address challenges

There are many challenges in the process to collect the data. Often there are inconsistencies in the data collected because in the clinics some HCPs prefer to write on paper and might forger to register the information on the computer. Moreover, officially all public documents are still on paper. To mitigate the problem Roche is collaborating with the Government to try to link the information system countrywide in order to avoid inconsistency and improve the national information system.

INDICATOR	2019	2020
4 Tools in use	1 tool	1 tool

Comments: Ventana machines. Preliminary data from 01/01/2021 to 03/31/2021: 1 Tool [Cobas HPV DNA Testing].

ITEM	DESCRIPTION
Definition	Number of buildings finalized and in use
Method of measurement	The number of facilities or infrastructure units which were constructed and in use and where services are offered. Calculation: Sum of the numerical count of facilities or infrastructure units constructed and in use.
28 Data source	Routine program data
29 Frequency of reporting	Once per year

	RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30 Data collection	Roche	At the end of the year, Roche sums the total number of county health clinics that were constructed with equipment provided through the program.	Once per year
31 Data processing	Roche	At the end of the year, Roche sums the total number of county health clinics that were constructed with equipment provided through the program.	Less than once per year (e.g. biannually)
32 Data validation		Roche Global validate the data once a year supporting the local team.	Once per year

33 Challenges in data collection and steps to address challenges

There are many challenges in the process to collect the data. Often there are inconsistencies in the data collected because in the clinics some HCPs prefer to write on paper and might forger to register the information on the computer. Moreover, officially all public documents are still on paper. To mitigate the problem Roche is collaborating with the Government to try to link the information system countrywide in order to avoid inconsistency and improve the national information system.

INDICATOR	2019	2020
5 Buildings in use	1 building	5 buildings

Comments: Preliminary data from 01/01/2021 to 03/31/2021: 3 Buildings.

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	Amref	The implementing partner Amref uses attendance sheets to track the number of blind and deaf women that are selected from the community and complete all training requirements for duties related to screening of patients.	Once per year
31 Data processing	Amref; Roche	Amref provides the training data to Roche, who aggregates the total number of women trained to screen patients by summing the values collected over the reporting year.	Once per year
32 Data validation		Data is verified once the people trained are able to perform screening and diagnosis in the clinics and events.	

33 Challenges in data collection and steps to address challenges

There are many challenges in the process to collect the data. Often there are inconsistencies in the data collected because in the clinics some HCPs prefer to write on paper and might forger to register the information on the computer. Moreover, officially all public documents are still on paper. To mitigate the problem Roche is collaborating with the Government to try to link the information system countrywide in order to avoid inconsistency and improve the national information system.

INDICATOR	2019	2020
6 Number of people trained	100 people	11 people

Comments: Delays due to pandemic, trained 5 oncologists, 6 oncology nurses, and additional surgical preceptorships to improve biopsy techniques.

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).
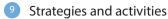
5 Program Start Date

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 program avoids diverting resources from public health priorities.

How does the program avoid 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.