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Merck Capacity Advancement Program

Merck Foundation, Darmstadt, Germany

Submitted as part of Access Accelerated

Access Observatory

Contents

Program Description

Program Overview

1 Program Name

Merck Capacity Advancement
Program

2 Diseases program aims to address

• Cancer (General)

• Non-Communicable Disease Care
(General)

3 Beneficiary population

• General population

4 Countries

• United Arab Emirates
• India
• Indonesia
• Kenya
• Uganda
• Tanzania
• Mozambique
• Angola
• South Africa
• Zambia
• Zimbabwe
• Rwanda
• Ghana
• Nigeria
• Sierra Leone
• Ethiopia
• Congo
• Senegal
• Cte d'Ivoire
• Liberia
• Cameroon
• Central African Republic
• Mali
• Malawi
• Equatorial Guinea
• Sri Lanka
• Nepal
• Cambodia
• Bangladesh
• Myanmar

5 Program start date

January 1, 2012

6 Anticipated program completion date

Completion date not specified

7 Contact person

Yasmine Rouai (Yasmine.rouai@emdserono.com)

8 Program summary

Merck's Capacity Advancement Program (CAP) is a collaboration with Ministries of Health, universities, and local associations across Sub-Saharan Africa and Asia. The aim of the program is to expand professional capacity in the areas of research and development, medical education, and community awareness of diabetes, cancer and other non-communicable diseases (NCD). By educating and training medical students and healthcare providers from the start, the program strengthens local capacities and enhances clinical management processes. The ultimate goal is to raise awareness for these health conditions as well as to support healthcare systems with the measures to prevent, diagnose, and manage cancer, diabetes, and other NCDs effectively.

Merck has engaged with a wide range of relevant local stakeholders in order to inform the approach to program initiatives, which includes identifying learning and capacity gaps, tailoring the learning materials to suit the local environment, implementing and following programs, and managing performance and sustainability.The program has helped to develop structured, country-specific and partnership-based program initiatives that are aligned with countries' national strategies.

Activities under CAP include the following:

•   Training of healthcare providers, medical students, new graduates and community health workers

•   Community awareness campaigns

•   Patient screening through medical camps

•   Development of a diabetes awareness SMS campaign[1,2]

Program Strategies & Activities

9 Strategies and activities

Strategy 1: Community Awareness and Linkage to Care

ACTIVITY	DESCRIPTION
Communication	Conduct community awareness campaigns

Strategy 2: Health Service Strengthening

ACTIVITY	DESCRIPTION
Training	Provide in-country training

Strategy 3: Health Service Delivery

ACTIVITY	DESCRIPTION
Screening	Community screening for diabetes in medical camps

10 Strategy by country

STRATEGY	COUNTRY
Community Awareness and Linkage to Care	[No response provided]
Health Service Strengthening	[No response provided]
Health Service Delivery	[No response provided]

Companies, Partners & Stakeholders

11 Company roles

COMPANY	ROLE
Merck & Co., Inc.	Funding and providing materials for the training for healthcare provider and medical students education and awareness; support for health systems by building local capacity and strengthening clinical management processes.

12 Funding and implementing partners

PARTNER	ROLE/URL	SECTOR
Ministries of Health	Ministries of health to assist in developing and implementing comprehensive cancer prevention and control programs and to educate medical students and healthcare providers about cancer early detection and prevention.	Public
Local Universities	Design and implementation of medical curriculum and training, according to local need areas.	Public
Medical/pharmaceutical associations	Support implementation of the diverse activities depending on the specific context and local partnerships.	Voluntary

Companies, Partners & Stakeholders

13 Funding and implementing partners by country

PARTNER	COUNTRY
Local universities	[No response provided]
Medical/pharmaceutical associations	[No response provided]
Ministries of Health	[No response provided]

14 Stakeholders

STAKEHOLDER	DESCRIPTION OF ENGAGEMENT
Government	Engage with Ministries of Health in developing and implementing comprehensive cancer prevention and control programs and to educate medical students and healthcare providers about cancer early detection and prevention.
Local Universities	Engage with local universities in the design and implementation of medical curriculum and training, according to local need areas.

Local Context, Equity & Sustainability

15 Local health needs addressed by program

There has been a rapid rise in disability and premature death due to non-communicable diseases (NCDs) in low and middle income countries in recent years.[3] Africa has been hit the hardest, with NCD related death rates rising faster than the rest of the world.[3] Health systems in low income countries are often not equipped to respond to these illnesses.[4] To combat this growing epidemic, Merck aims to increase capacity in these health systems by providing training to medical students and health care providers in under-resourced areas.

a How needs were assessed

[No response provided]

b Formal needs assessment conducted

[No response provided]

16 Social inequity addressed

Merck's Capacity Advancement Program (CAP) aims to expand professional capacity in the areas of research and development, medical education, and community awareness of diabetes, cancer and other non-communicable diseases (NCD) in Sub-Saharan Africa and Asia. This program will help reduce the global inequity in diabetes, cancer and NCDs awareness, diagnosis and management between Africa, Asia, and high income countries.

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

Merck's Capacity Advancement Program (CAP) addresses deficiencies in education among healthcare professionals (HCPs) related to cancer and other non-communicable disease (NCD) care management. By training medical students and healthcare providers in best practices, the program contributes to building local capacity. CAP works directly with universities in several regions around the world to design trainings in chronic diseases management that suit the local environment and medical needs of developing nations. By establishing close collaboration with Ministries of Health in the respective countries, contextually competent initiatives are designed, which respond to national strategic plans and are built upon pre-existing progress.

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 response provided]

20 Health technologies are part of local standard treatment guidelines

N/A.

21 Health technologies are covered by local health insurance schemes

N/A.

Local Context, Equity & Sustainability

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

[No response provided.]

20 Health technologies 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

No.

23 Sustainability plan

[No response provided.]

Additional Program Information

24 Additional program information

[No response provided.]

25 Access Accelerated Initiative participant

Yes.

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

Yes.

Resources

1. Merck Foundation. Merck Capacity Advancement Program. https://www.merck-foundation.com/MF_Ourprograms?id=a2tw0000000N-DxRAAW

2. IFPMA. Capacity Advancement Program (CAP). http://partnerships.ifpma.org/partnership/capacity-advancement-program-cap

3. World Health Organization. Background Paper: Non-communicable Diseases in Low and Middle Income Countries. Tehran: World Health Organization; 2010.

4. Sharmily Roy. CDC Launces New Noncommunicable Disease Training for Field Epidemiologists. Centers for Disease Control and Prevention; 2013.

Program Indicators

PROGRAM NAME

Merck Capacity Advancement Program

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

	INDICATOR	TYPE	STRATEGY	2016-2018	2019	2020
1	Population exposed to oral communication activities	Output	Community Awareness and Linkage to Care	30,000 people	---	---

Population exposed to oral communication activities

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	Merck KGaA	My company makes a headcount of people that attend the community communication events. Community communication activities are ongoing and data are collected at the time of these events.	Once per year
31	Data processing	Merck KGaA	Once a year, a member of the local team sums the number of people reached with oral communication activities based on our records.	Once per year
32	Data validation		[No response provided]	

33 Challenges in data collection and steps to address challenges

[No response provided.]

INDICATOR	2016-2018	2019	2020
1 Population exposed to oral communication activities	30,000 people	---	---

Comments: N/A

Appendix

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

Program Description

PROGRAM OVERVIEW

1 Program Name

2 Diseases program aims to address:

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

3 Beneficiary population

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

4 Countries

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

5 Program Start Date

6 Anticipated Program Completion Date

7 Contact person

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

8 Program summary

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

PROGRAM STRATEGIES & ACTIVITIES

9 Strategies and activities

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

10 Strategy by country

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

COMPANIES, PARTNERS AND STAKEHOLDERS

11 Company roles

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

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

12 Funding and implementing partners

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

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

b. For each partner, please categorize them as either a Public Sector, Private Sector, or Voluntary Sector partner. (Public Sector is defined as government; Private Sector is defined

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

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

13 Funding and implementing partners by country

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

14 Stakeholders

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

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

LOCAL CONTEXT, EQUITY & SUSTAINABILITY

15 Local health needs addressed by program

Please describe how your program is responsive to local health needs and challenges (e.g., how you decided and worked to-gether 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, treat-ment 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.