AUGUST 2021

Pink Consulting Room

Roche

Submitted as part of Access Accelerated

Access Observatory

Contents

Program Description

Program Overview

1 Program Name

Pink Consulting Room

2 Diseases program
aims to address

• Cancer (Breast)

3 Beneficiary population

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

4 Countries

• Colombia

5 Program start date

January 1, 2013

6 Anticipated program completion date

Completion date not specified

7 Contact person

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8 Program summary

Focused on breast cancer, Roche hoped to change the way people thought and treated breast cancer in the health system to reduce times between suspected diagnosis, confirmed diagnosis, and treatment. The "Pink Consulting Rooms" enable practices with physicians who have been trained in early detection of the pathology and standardized methods for medical care. Through a referral, the program also helps to identify patients at risk or with suspected cancer. In 2020 there are approximately 153 Pink Consulting Rooms in 53 cities supported by Roche Colombia.

As part of the strategy behind this initiative, some aspects ensure the achievement of the objective, such as: ensure the continuity in the activities of early detection of women's cancer, measurement of indicators of early detection, induced demand to the program, and training to the healthcare professionals in women´s cancer.

Program Overview

⑧ Program summary, cont.

There are four stages to implement Colombian health system capacity:

1) Improve community awareness on the disease:

Since 2013, Roche has worked with different stakeholders to raise awareness about early detection of the disease.

2) Training of health care professionals:

The program aims to provide training in pathology to all professionals involved in the patient's care journey; the Colombian Mastology Association leads the training by guaranteeing certification of each professional in clinical breast examination, signs and symptoms, early diagnosis, and treatment of breast cancer. Additionally, the Colombian Radiology Association joins this program to train professionals in radiology and specialize them in breast imaging.

To date, 41.973 health professionals have been trained under the program.3) Decrease system fragmentation: The project aims to become a one-stop-shop for insurers. Moreover, in the future implementation of the program, Roche also aims to create a one-stop / one day / one medical crew for the diagnosis of the patient.

3) Decrease system fragmentation:

The program aims to align the insurers, HCO, HCP, and patients involved in the care route, to optimize time in the patient journey and guarantee timely diagnosis and treatment.

4) Improve System efficiency: The program created a data Information tool to decrease time and process along the patient journey.

This project has become a gateway for many women to be diagnosed early with breast cancer, through greater coverage for a vulnerable population. It has given priority, integrity, and quality, by health professionals trained and sensitized on the pathology, within an optimal patient journey. The program is endorsed by the Mastology Colombian Association and Roche and also implemented by the Radiology Colombia Association, Local hospitals, and health facilities[1].

Program Strategies & Activities

9 Strategies and activities

Strategy 1: Community Awareness and Linkage to Care

ACTIVITY	DESCRIPTION
Communication	The program provides material regarding breast cancer in order to increase the early diagnosis.

Strategy 2: Health Service Strenghtening

ACTIVITY	DESCRIPTION
Planning	The Roche team observes current clinical practice guidelines (Guidelines of the Colombian Mastology Association) for the planning and implementation of Pink
Training	Mastology Colombian Association helps to support training for HCP and the Radiology Colombian Association provides education to the association members on the topic of breast cancer in order to increase and specialize breast cancer knowledge. Inclusion of health institutions in charge of the pathology, strengthening the quality of the sample analysis and immunohistochemistry.
Technology	It is a developed and data information tool to provide efficiency in the process.
Management	Promote different locations for the care of women. Encourage the use of information systems to guarantee the monitoring and the support of patients throughout the entire journey. Continuous articulation between the insurer and its providers to reduce barriers to care.
Recruitment	Call to action to healthcare professionals from the basic to specialized level, supporting educational programs.

Strategy 3: Health Service Delivery

ACTIVITY	DESCRIPTION
Screening	General practitioners and nurses certified by the Colombian Association of Mastology in clinical breast examination. Quality improvement in taking and reading mammograms with the support of the Colombian Radiology Asso-
Diagnosis	The Radiology Colombian association provides the diagnosis of the patients. The program Incentivizes a one-stop-clinic strategy. Efficiency in health services.

Program Strategies & Activities

9 Strategies and activities (cont'd)

Strategy 4: Regulation & Legislation

ACTIVITY	DESCRIPTION
Advocacy	The Pink Rooms aim to develop and provide evidence to authorities in order to implement the regulatory and health care guidelines

10 Strategy by country

STRATEGY	COUNTRY
Community Awareness and Linkage to Care	Colombia
Health Service Strengthening	Colombia
Health Service Delivery	Colombia
Regulation & Legislation	Colombia

Companies, Partners & Stakeholders

11 Company roles

COMPANY	ROLE
Roche	Support the whole strategy to promote the early diagnosis and the right treatment Sustainability. It carries the long term vision of the project to decrease Breast cancer mortality in Colombia. Ultimately, it supports and connect all the stakeholders in the program.

12 Funding and implementing partners

PARTNER	ROLE/URL	SECTOR
Radiology Colombian Association	The Radiology Colombian Association is a no-profit organization which deliver diagnostic services in Colombia. Their role in the project is to screen the patients and provide further trainings to healthcare professionals. http://www.acronline.org/Home/Acerca- de-nosotros	Voluntary
Mastology Colombian Association	Mastology Colombian Association, has embraced this strategy, and supports creating and monitoring the guidelines necessary to create new pink consulting rooms in Colombia. They are in charge of the trainings to healthcare professionals, necessary to improve the health care cancer standards. https://www.mastologiacolombia.com/	Voluntary

13 Funding and implementing partners by country

PARTNER	COUNTRY
Radiology Colombian Association	Colombia
Mastology Colombian Association	Colombia

Companies, Partners & Stakeholders

14 Stakeholders

STAKEHOLDER	DESCRIPTION OF ENGAGEMENT	REQUESTED OR RECEIVED FROM STAKE-
Government	The outcome of The Pink Consulting Rooms will ultimately help to shape government decisions on healthcare	Infrastructure: No Human Resources: No Funding: No Monitoring or Oversight: Yes Other resource: No
Local hospitals/ Health facilities	Pink consulting rooms are hosted in hospital facilities. They are in charge to host awareness activities on women's healthcare. They increase the national cancer commitment.	Infrastructure: Yes Human Resources: Yes Funding: No Monitoring or Oversight: No Other resource: No
Other	Scientific Associations: Scientific associations provide training and education spaces for health professionals involved in the pink consulting rooms. All HCPs are certified by the Colombian Mastology Association or the National Cancer Institute. The Colombian Mastology Association recognizes and certifies pink consulting rooms according to its guidelines. Insurers:The insurance providers' institutions are involved in the strategy to guarantee the reduction of care barriers through the pink consulting rooms.	Infrastructure: No Human Resources: Yes Funding: No Monitoring or Oversight: Yes Other resource: No. Infrastructure: No Human Resources: Yes Funding: Yes Monitoring or Oversight: Yes Other resource: No

Local Context, Equity & Sustainability

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15   Local health needs addressed by program

Colombia invests 7% of its GDP on healthcare, providing coverage to approximately 95% of its 49 million residents. , The country's citizens receive insurance through two main national healthcare plans: The Contribution Plan, which covers a wide assortment of technologies and diagnostic tests, and the Subsidised Plan, which primarily ensures coverage of the low-income population.

Cancer is the third most frequent cause of death in Colombia, with about 64 new cancer cases per 100.000 people each year and an annual mortality of 37.894 cases, and its incidence is on the rise. Oncology services are concentrated in the country's major urban centers, causing 20% of the population located in remote and rural areas to have little access to these services. Therefore, many rural patients are diagnosed in advanced stages of their disease, making access to treatment and its overall effectiveness challenging. In response, Colombia has prioritized oncology in its healthcare conversations about providing better drug prices, reducing access barriers, creating financial stability within healthcare infrastructure and managing biotechnological measures.

The government created the Decennial Cancer Plan 2012-2021(Plan Decenal del Cancer), that prioritize the necessities of cancer healthcare attention. This plan has the framework to implement strategies and actions that will improve the cancer healthcare indicators. The pink consulting rooms project is aligned within the plan and helps assurers and providers to strengthen the data collection capacity, related to the patient journey, improve the capacity knowledge of healthcare professionals and increase the awareness of patients.

To assess the breast cancer diagnosis process and detect challenges and opportunities for improvement, as well as evaluate the quality of results, Roche worked with the High-Cost Account (CAC) fund to analyze processes in two large insurers in the country. A total of 242 cases were evaluated, which demonstrated the need to include HER2 testing in the diagnostic guidelines. The initiative resulted in the establishment of new guidelines for diagnostic processes in Colombia and also served to promote the creation of a group of government entities that monitor and implement changes in public policy to improve these processes[2,3,4].

a   How needs were assessed

Needs were assessed using historical results related to late disease detection, as a consequence of lack of knowledge, low capacity to access information and bad information to the patient. The days between diagnosis and treatment were over prolonged in relation to the law.

b   Formal needs assessment conducted

No.

Local Context, Equity & Sustainability

16 Social inequity addressed

This project aims to improve the equity in the access to healthcare attention, from the diagnostic to treatment. It is implemented in urban and rural places and improves the way a patient can access information and some healthcare professionals assume their role with the patient. It addresses gender and location inequalities as it is focused on women's care and the Pink Consulting rooms are 153 in 53 cities across the country.

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	Decennial Cancer Plan 2012-2021 (Plan Decenal del Cancer)
Procurement Procedures	No	
Standard treatment guideliens	Yes	Ministerio de Salud y Protección Social (Ministry of Health and Social Protection) – COLCIENCIAS Clinical Practice Guide (CPG) Early detection, comprehensive treatment, monitoring, and rehabilitation of breast cancer. Resolution 3280 of 2018. Route of care in breast cancer.
Quality and safety requirements	Yes	Priority indicators for the measurement, evaluation, and monitoring of breast cancer of the high-cost account.
Remuneration scales and hiring practices	No	

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

The pink consulting rooms promote the efficiency and the optimization of the resources thanks to the early detection disease (cancer). Following, the healthcare institutions are saving money and improving its processes.

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

No.

Local Context, Equity & Sustainability

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

N/A

23 Sustainability plan

The alliances with the Mastology Association have become the best way to guarantee the sustainability of the program. All the healthcare professional associated into the organization support the implementation of new consulting rooms and have created plans to increase the expertise in the woman cancer diseases. The plan is to integrate the training programs into the official curriculums by creating new alliances with the academy. Roche will sign agreements with new scientific associations and will increase the empowerment of local hospitals responsible.

Pink consulting Rooms want to implement a new strategy:" the Impulsano One Stop Clinic" to implement the diagnosis for cancer patients. This is a new step of the program focused on the creation of a unique Consulting site, with one complete medical crew, where the diagnosis for the patient will be completed in one day.

The current world health situation due to Covid-19 changed the priorities by focusing on strengthening HCOs services and putting aside health promotion and prevention activities. The pandemic affected the Pink Consulting Rooms by leading to the temporary closure of some of the rooms and the reduction of the provision of the service in others, which is evidenced in an 84% reduction in 2020 in the number of mammograms compared to the immediately previous years. It also led to the relocation of human resources that, according to new needs, were transferred to other Covid services, putting the continuity of the project on hold.

The pandemic has directly impacted the early diagnosis of patients, making the future of cancer a challenge. Following, the Pink Consulting Rooms need to focus on innovatively strengthening the health system to reach more women within the new normality.

Currently, the number of pink consulting rooms in operation is uncertain, and our current challenge is to map the real impact of the pandemic on the project, being able to conclude which "pink rooms" closures are definitive, which are temporary, and how many manage to adapt to the new healthcare needs. The challenge for the patients as well as for health professionals and insurers is to regain the confidence to return to the healthcare facilities, that the clinical examination of the breast and the necessary diagnostic tests are carried out with all biosafety measures and thus achieve early diagnoses with timely access to treatments.[5]

Our next step is to restart the work in a strategic alliance with the Colombian Mastology Association to strengthen the clinics with the use of ICTs that allows expanding coverage, have an optimal follow-up, and improve access while empowering the women in their self-recognition of early signs of breast lesions.

Additional Program Information

24 Additional program information

No.

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. Anon.Annual Report 2017. Roche (2017). Retrieved from https://www.roche.com/investors/annualreport17.htm

2. Anon. WHO Colombia Country Profile (2020). Retrieved from: https://www.who.int/countries/col/en/

3. Anon. Colombia Fact Sheet. Global Cancer Observatory(2021). Retrieved from: https://gco.iarc.fr/today/data/factsheets/popula-tions/170-colombia-fact-sheets.pdf

4. Anon. Rural population (% of total population) - Colombia. The World Bank (2018). Retrieved from https://data.worldbank.org/indica-tor/SP.RUR.TOTL.ZS?end=2018&locations=CO&name_desc=false&start=2011.

5. Polo V. La reapertura es indispensable: el impacto del covid-19 en el diagnóstico y atención del cáncer. (Internet) Publicado el 7 de octubre de 2020. consultado el 16 de marzo de 2020. Retrieved from: https://consultorsalud.com/covid-19-y-el-diagnostico-del-cancer/

Program Indicators

Pink Consulting Room

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

INDICATOR	TYPE	STRATEGY	2013-2015	2016	2017	2018	2019	2020
1 Number of patients on treatment	Outcome	Health service strengthening	3,876 people	2,267 people	2,641 people	2,871 people	2,060 people	889 people
2 Number of people trained	Output	Health service strengthening	5,356 people	6,545 people	9.202 people	11,891 people	4.376 peoople	4.603 people
3 Tools in use	Output	Health service strengthening	---	1 tool	1 tool	1 tool	1 tool	1 tool
4 Number of patients diagnosed	Outcome	Health service strengthening	3,876 people	2,267 people	2,641 people	2,871 people	2,060 people	889 people
5 Sites in use	Output	Health service strengthening	98 sites	128 sites	130 sites	132 sites	149 sites	153 sites
6 Population Screened	Output	Health Service Delivery	54,067 people	176,817 people	377,367 people	259,681 people	172,464 people	4,027 people

	ITEM	DESCRIPTION
	Definition	Number of people that received treatment through the program.
	Method of measurement	Counting of people who received treatment through the program Calculation: Sum of the number of people treated
28	Data source	Routine program data
29	Frequency of reporting	Once per year

		RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30	Data collection	Pink Consulting Rooms	Each pink consulting room office generates the patient care record during the measurement period. a member of Roche periodically visits each pink consulting room to collect the information quarterly.	Ongoing
31	Data processing	Roche	Roche adds the total number of patients that received treatment through the program reported by each pink consulting room	Once per year
32	Data validation	Roche	A consolidation of the entire strategy and its indicators is carried out once a year by Roche.	Once per year

33 Challenges in data collection and steps to address challenges

Challenges: 1. The Covid-19 pandemic has led to a readjustment by the institutions in the Pink Consulting Room Project, which has not given continuity to the updated measurement of indicators.   2. The measures taken by the government due to the pandemic have led Roche to a virtual way to follow up on the program, which has limited interaction with the pink consulting rooms. 3. Roche's global and local transformation has produced a reduction in human resources dedicated to relationships with pink consulting rooms, restructuring areas, and roles so monitoring was paused since the last quarter of 2020. Solutions: 4.In 2021 it is expected to strengthen the accompaniment by the Mastology Association to the project implementing institutions, certifying all the existing pink consulting rooms as well as the new ones. 5. Strengthening of the collaborative work between the Colombian Association of Mastology and the Colombian Association of Radiology. 6. To adapt the pink consulting rooms' project to the new needs due to pandemic and the new way of interacting with patients. 7. Roche's internal changes adaptation and strengthening of the relationship with pink consulting rooms.

INDICATOR	2013-2015	2016	2017	2018	2019	2020
1 Number of patients on treatment	3,876 people	2,267 people	2,641 people	2,871 people	2,060 people	889 people

Comments: N/A.

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	Mastology Colombian Association and Radiology Colombian Association	In conjunction with the Colombian Mastology Association and the Colombian Radiology Association, Roche maintains the registry of trained and certified professionals.	Once per year
31 Data processing	Roche	Roche sum the total number of individuals completing all breast cancer support training requirements and report the aggregate value.	Once per year
32 Data validation	Roche	Once a year, a consolidation of the entire strategy and its indicators is carried out by Roche.	Once per year

33 Challenges in data collection and steps to address challenges

Challenges: 1. The Covid-19 pandemic has led to a readjustment by the institutions in the Pink Consulting Room Project, which has not given continuity to the updated measurement of indicators.   2. The measures taken by the government due to the pandemic have led Roche to a virtual way to follow up on the program, which has limited interaction with the pink consulting rooms. 3. Roche's global and local transformation has produced a reduction in human resources dedicated to relationships with pink consulting rooms, restructuring areas, and roles so monitoring was paused since the last quarter of 2020. Solutions: 4.In 2021 it is expected to strengthen the accompaniment by the Mastology Association to the project implementing institutions, certifying all the existing pink consulting rooms as well as the new ones. 5. Strengthening of the collaborative work between the Colombian Association of Mastology and the Colombian Association of Radiology. 6. To adapt the pink consulting rooms' project to the new needs due to pandemic and the new way of interacting with patients. 7. Roche's internal changes adaptation and strengthening of the relationship with pink consulting rooms.

INDICATOR	2013-2015	2016	2017	2018	2019	2020
2 Number of people trained	5,356 people	6,545 people	9.202 people	11,891 people	4.376 peoople	4.603 people

Comments: N/A.

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

		RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30	Data collection	Roche	The data is collected by Roche once the information technology system is provided to the project.	Once per year
31	Data processing	Roche	Roche sums and reports the total number of data information tools that are created for and in use by the project.	Once per year
32	Data validation	Roche Global	A member from Roche Global, yearly monitor and provide support to the affiliate.	

33 Challenges in data collection and steps to address challenges

Challenges: 1. The Covid-19 pandemic has led to a readjustment by the institutions in the Pink Consulting Room Project, which has not given continuity to the updated measurement of indicators.   2. The measures taken by the government due to the pandemic have led Roche to a virtual way to follow up on the program, which has limited interaction with the pink consulting rooms. 3. Roche's global and local transformation has produced a reduction in human resources dedicated to relationships with pink consulting rooms, restructuring areas, and roles so monitoring was paused since the last quarter of 2020. Solutions: 4.In 2021 it is expected to strengthen the accompaniment by the Mastology Association to the project implementing institutions, certifying all the existing pink consulting rooms as well as the new ones. 5. Strengthening of the collaborative work between the Colombian Association of Mastology and the Colombian Association of Radiology. 6. To adapt the pink consulting rooms' project to the new needs due to pandemic and the new way of interacting with patients. 7. Roche's internal changes adaptation and strengthening of the relationship with pink consulting rooms.

INDICATOR	2013-2020
3 Tools in use	1 tool

Comments: No year-specific data available.

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	Pink Consulting Room; Roche	Each pink consulting room office generates the patient care record during the measurement period.	Ongoing
31 Data processing	Roche	Roche sums the total number of patients that were diagnosed with disease through the program reported by each pink consulting room.	Once per year
32 Data validation	Roche	Once a year, a consolidation of the entire strategy and its indicators is carried out by Roche.	Once per year

33 Challenges in data collection and steps to address challenges

Challenges: 1. The Covid-19 pandemic has led to a readjustment by the institutions in the Pink Consulting Room Project, which has not given continuity to the updated measurement of indicators.   2. The measures taken by the government due to the pandemic have led Roche to a virtual way to follow up on the program, which has limited interaction with the pink consulting rooms. 3. Roche's global and local transformation has produced a reduction in human resources dedicated to relationships with pink consulting rooms, restructuring areas, and roles so monitoring was paused since the last quarter of 2020. Solutions: 4.In 2021 it is expected to strengthen the accompaniment by the Mastology Association to the project implementing institutions, certifying all the existing pink consulting rooms as well as the new ones. 5. Strengthening of the collaborative work between the Colombian Association of Mastology and the Colombian Association of Radiology. 6. To adapt the pink consulting rooms' project to the new needs due to pandemic and the new way of interacting with patients. 7. Roche's internal changes adaptation and strengthening of the relationship with pink consulting rooms.

INDICATOR	2013-2015	2016	2017	2018	2019	2020
4 Number of patients diagnosed	3,876 people	2,267 people	2,641 people	2,871 people	2,060 people	889 people

Comments: N/A.

ITEM	DESCRIPTION
Definition	Number of facilities or infrastructural units where program services are offered. The facilities were not constructed by the program (see buildings in use)
Method of measurement	The number of facilities or infrastructure units where program services are offered Calculation: Sum of the numerical count of facilities or infrastructure units where program services are offered
28 Data source	Routine program data
29 Frequency of	Once per year

	RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30 Data collection	Roche	Roche records the information of the rooms implemented nationwide.	Ongoing
31 Data processing	Roche	Roche sums the total number of 'pink consulting rooms' that were supported and/or constructed over the course of the year.	Once per year
32 Data validation	Roche	Once a year, a consolidation of the entire strategy and its indicators is carried out by Roche.	Once per year

33 Challenges in data collection and steps to address challenges

Challenges: 1. The Covid-19 pandemic has led to a readjustment by the institutions in the Pink Consulting Room Project, which has not given continuity to the updated measurement of indicators.   2. The measures taken by the government due to the pandemic have led Roche to a virtual way to follow up on the program, which has limited interaction with the pink consulting rooms. 3. Roche's global and local transformation has produced a reduction in human resources dedicated to relationships with pink consulting rooms, restructuring areas, and roles so monitoring was paused since the last quarter of 2020. Solutions: 4.In 2021 it is expected to strengthen the accompaniment by the Mastology Association to the project implementing institutions, certifying all the existing pink consulting rooms as well as the new ones. 5. Strengthening of the collaborative work between the Colombian Association of Mastology and the Colombian Association of Radiology. 6. To adapt the pink consulting rooms' project to the new needs due to pandemic and the new way of interacting with patients. 7. Roche's internal changes adaptation and strengthening of the relationship with pink consulting rooms.

INDICATOR	2013-2015	2016	2017	2018	2019	2020
5 Sites in use	98 sites	128 sites	130 sites	132 sites	149 sites	153 sites

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	Pink Consulting Rooms; Roche	Each pink consulting room office generates the patient care record during the measurement period. a member of Roche periodically visits each pink consulting room to collect the information quarterly.	Ongoing
31	Data processing	Roche	Roche sums the total number of patients screened reported by each pink consulting room, for cancer through program activities by summing and aggregating the numbers of patients screened.	Every three months
32	Data validation	Roche	Once a year, a consolidation of the entire strategy and its indicators is carried out by Roche.	Once per year

33   Challenges in data collection and steps to address challenges

Challenges: 1. The Covid-19 pandemic has led to a readjustment by the institutions in the Pink Consulting Room Project, which has not given continuity to the updated measurement of indicators.   2. The measures taken by the government due to the pandemic have led Roche to a virtual way to follow up on the program, which has limited interaction with the pink consulting rooms. 3. Roche's global and local transformation has produced a reduction in human resources dedicated to relationships with pink consulting rooms, restructuring areas, and roles so monitoring was paused since the last quarter of 2020. Solutions: 4.In 2021 it is expected to strengthen the accompaniment by the Mastology Association to the project implementing institutions, certifying all the existing pink consulting rooms as well as the new ones. 5. Strengthening of the collaborative work between the Colombian Association of Mastology and the Colombian Association of Radiology. 6. To adapt the pink consulting rooms' project to the new needs due to pandemic and the new way of interacting with patients. 7. Roche's internal changes adaptation and strengthening of the relationship with pink consulting rooms.

INDICATOR	2013-2015	2016	2017	2018	2019	2020
6 Population Screened	54,067 people	176,817 people	377,367 people	259,681 people	172,464 people	4,027 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 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,

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.