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My Child Matters Telepathology for Child-hood Cancer Diagnosis

Sanofi

Submitted as part of Access Accelerated

Access Observatory

Contents

Program Description

Program Overview

1 Program Name

Sanofi My Child Matters – Telepathology for Childhood Cancer Diagnosis

2 Diseases program aims to address

• Cancer: Childhood

3 Beneficiary population

• Age Group: Children under 5 years, adolescents (5-14)
• Gender: All genders
• Special Populations: Low income, rural, urban

4 Countries

• Democratic Republic of the Congo
• Benin
• Mali
• Senegal
• Cameroon
• Cote d'Ivoire
• Burkina Faso
• Niger

5 Program start date

July 13, 2017

6 Anticipated program completion date

Completion date not specified.

7 Contact person

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8 Program summary

My Child Matters program was initiated by the Sanofi Espoir Foundation in December 2005 in order to fight childhood cancer and reduce health inequalities worldwide. Beyond funding, My Child Matters also provides full support by mentoring, scientific monitoring, access to international expertise, training sessions and sharing best practices. Scientific communications are also encouraged.

The survival rate of children with cancer is 20% in low and middle-income countries.[1] In industrialized countries, 80% of them can be cured. The reasons of adverse children's outcomes and treatment failure are obvious in low and middle income countries: lack of information, difficult access to care and treatment abandonment, absent, late or incorrect diagnosis. Indeed 20% of childhood cancers are not correctly diagnosed in LMIC whereas all of them are properly diagnosed in developed countries.[1]

In Sub-Saharan Africa, diagnosis can be delayed by the insufficient number of pathologists and their remoteness. Telepathology can be a solution by offering efficient communication between physicians. It consists in the transmission of digital images from a microscope combined with a connected camera to a shared online platform.

The platform called i-Path was developed for telemedicine in 2001 at the University of Basel (Switzerland) and was implemented in Sub-Saharan Africa countries by the AMCC (Alliance Mondiale Contre le Cancer), French branch of the International Network for Cancer Treatment and Research (INCTR) in 2009. My Child Matters supports the childhood cancer diagnosis axis for pre-supported and additional countries since 2017.

The objectives of i-Path platform:
- Equip several centers in Africa by microscope combined with digital camera
- Create network inside Africa and with foreigner pathologists
- Provide a second opinion to improve diagnosis and prescribe the appropriate treatment
- Train young pathologists
- Improve diagnosis quality by organizing thematic meetings with GFAOP to   state on cases according to the SIOP (International Society of Paediatric Oncology) international guidelines
Collaborations for telepathology project are:
- AMCC : Alliance Mondiale contre le cancer
- INCTR : International Network for Cancer Treatment and Research
- GFAOP : Groupe Franco-Africain d'oncologie pédiatrique, French-African Pediatric Oncology Group

Program Strategies & Activities

9 Strategies and activities

Strategy 1: Health Service Strengthening

ACTIVITY	DESCRIPTION
Training	Training of pathologists by delivering second opinion through iPath platform use. GFAOP meeting organization for group training.
Infrastructure	Supply of microscope and digital camera equipment to several centers in Africa.
Technology	Support the use of i-Path software platform for telemedicine.
Management	[No response provided.]
Other: Diagnosis & research communication	Number of patients properly diagnosed after second opinion. Scientific publications and presentations to international congress.

10 Strategy by country

STRATEGY	COUNTRY
Health Service Strengthening	[No response provided.]

Companies, Partners & Stakeholders

11 Company roles

COMPANY	ROLE
Sanofi	Sanofi has created the Sanofi Espoir Foundation in 2010 and My Child Matters is the implemented program to fight against childhood cancer worldwide. Sanofi Espoir Foundation roles: • Initiative and creation of the program • Program management and coordination • Organization of the expert committee • Organization of the scientific overview • Organization of the mentor-mentee program • Organization of the scientific sessions in the international congress highlighting the program • Encouraging the scientific articles on the program • Encouraging sharing of experiences and best practices • Organization of training sessions for the project teams • Encouraging south-south exchanges • Communication • Funding

12 Funding and implementing partners

PARTNER	ROLE/URL	SECTOR
AMCC (Alliance Mondiale Contre le Cancer)	The platform called i-Path was implemented in Sub-Saharan Africa countries by the AMCC (Alliance Mondiale Contre le Cancer), French branch of the International Network for Cancer Treatment and Research (INCTR) in 2009. My Child Matters supports the childhood cancer diagnosis axis for pre-supported and additional countries since 2017. http://cancer-amcc.org/accueil	Voluntary
GFAOP (Groupe Franco-Africain d'oncologie pédiatrique, French-African Pediatric Oncology Group)	The GFAOP (Groupe Franco-Africain d'oncologie pédiatrique, French-African Pediatric Oncology Group) provides support for training physician by organizing meeting and by giving second opinion. http://www.gfaop.org/	Voluntary

Companies, Partners & Stakeholders

13 Funding and implementing partners by country

PARTNER	COUNTRY
AMCC (Alliance Mondiale Contre le Cancer)	[No response provided.]
GFAOP (Groupe Franco-Africain d'oncologie pédiatrique, French-African Pediatric Oncology Group)	[No response provided.]

14 Stakeholders

STAKEHOLDER	DESCRIPTION OF ENGAGEMENT	REQUESTED OR RECEIVED FROM STAKEHOLDER
Non-governmental organization (NGO)	GFAOP.	Infrastructure: [No response provided.] Human Resources: Yes Funding: No Monitoring or Oversight: No Other resource: No
Local Hospitals/Health Facilities	Pathology units in subsaharan Africa.	Infrastructure: Yes Human Resources: Yes Funding: No Monitoring or Oversight: No Other resource: No

Local Context, Equity & Sustainability

15   Local health needs addressed by program

[No response provided.]

    a   How needs were assessed

The 2006 needs assessment of oncology care in ten low- and middle-income countries.[2]

    b   Formal needs assessment conducted

Yes.
https://www.sciencedirect.com/science/article/pii/S1470204508701943

16   Social inequity addressed

[No response provided.]

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

POLICY, PRACTICE, LAW	APPLICABLE TO PROGRAM	DESCRIPTION OF HOW IT WAS TAKEN INTO CONSIDERATION
National regulations	No	N/A
Procurement procedures	No	N/A
Standard treatment guidelines	No	N/A
Quality and safety requirements	No	N/A
Remuneration scales and hiring practices	No	N/A
Other, please specify	No	N/A

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)

Yes. Microscopes and digital cameras.

20   Health technology(ies) are part of local standard treatment guidelines

[No response provided.]

Local Context, Equity & Sustainability

21 Health technologies are covered by local health insurance schemes

No. The pathology units are not usually equipped with such material.

22 Program provides medicines listed on the National Essential Medicines List

No. Drugs are not concerned.

23 Sustainability plan

Several development axes of the program are planned to make the platform used widespread and self-sustainable:
- Extend to all sub-Saharan and English speaking countries
- Extend to all oncologic pathologies (today focus on hematological cancer)
- Improve sharing of diagnosis resources including X-ray radiology
- Increase autonomy capacity of pathology units including immunohistochemistry for diagnosis units, robust web connection for platform use
- Structure database and archives
- Improve data security

Additional Program Information

24 Additional program information

Howard, Scott C., Alia Zaidi, Xueyuan Cao, Olivier Weil, Pierre Bey, Catherine Patte, Angelica Samudio, et al. « The My Child Matters Programme: Effect of Public–Private Partnerships on Paediatric Cancer Care in Low-Income and Middle-Income Countries ». The Lancet Oncology 19, no 5 (1 May 2018): e252 66. https://doi.org/10.1016/S1470-2045(18)30123-2.

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.   Howard Scott C., Alia Zaidi, Xueyuan Cao, Olivier Weil, Pierre Bey, Catherine Patte, Angelica Samudio, et al. « The My Child Matters Programme: Effect of Public–Private Partnerships on Paediatric Cancer Care in Low-Income and Middle-Income Countries ». The Lancet Oncology 19, no 5 (1 May 2018): e252 66. https://doi.org/10.1016/S1470-2045(18)30123-2.

2.   HRibeiro RC, Steliarova-Foucher E, Magrath I, Lemerle J, Eden T, Forget C, Mortara I,   Tabah-Fisch I, Divino JJ, Miklavec T, Howard SC. Baseline status of paediatric oncology care in ten low-income or mid-income countries receiving My Child Matters support: a descriptive study. The Lancet Oncology. 2008 Aug 1; 9(8):721-9.

3.   Howard, Scott C., Alia Zaidi, Xueyuan Cao, Olivier Weil, Pierre Bey, Catherine Patte, Angelica Samudio, et al. « The My Child Matters Programme: Effect of Public–Private Partnerships on Paediatric Cancer Care in Low-Income and Middle-Income Countries ». The Lancet Oncology 19, no 5 (1 May 2018): e252 66. https://doi.org/10.1016/S1470-2045(18)30123-2.

Program Indicators

PROGRAM NAME

My Child Matters – Telepathology for Childhood Cancer Diagnosis

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

INDICATOR	TYPE	STRATEGY	2017	2018
1 Equipment in use	Output	Health Service Strengthening	---	4
2 Tools in use	Output	Health Service Strengthening	---	4 tools
3 Sites in use	Output	Health Service Strengthening	---	4 hospitals
4 Value of resources	Input	All Program Strategies	---	30,000 euro
5 Number of research communications	Outcome	Health Service Strengthening	---	1 publication 1 meeting
6 Number of training sessions	Output	Health Service Strengthening	---	1 meeting
7 Number of children impacted by second opinion diagnosis	Outcome	Health Service Strengthening	7 people	38 people
8 Number of people trained	Output	Health Service Strengthening	---	4 people

ITEM	DESCRIPTION
Definition	Number of equipment donated or supplied and in use.
Method of measurement	The number of equipment which are in use. CALCULATION Sum of the numerical count of equipment in use.
28 Data source	Routine program data.
29 Frequency of reporting	Once per year.

	RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30 Data collection	Implementing partner: AMCC (Alliance Mondiale Contre le Cancer)	A member of AMCC collects the data from the involved sites.	Once per year
31 Data processing	Local hospitals	A member of the local hospital team counts the number of installed microscope.	Once per year
32 Data validation		---	

33 Challenges in data collection and steps to address challenges

[No response provided.]

INDICATOR	2017	2018
1 Equipment in use	---	4

Comments: N/A

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	Implementing partner: AMCC (Alliance Mondiale Contre le Cancer)	A member of AMCC collects the data from the involved sites.	Once per year
31 Data processing	Implementing partner: AMCC (Alliance Mondiale Contre le Cancer)	A member of AMCC team counts the number of fully operational platform.	Once per year
32 Data validation		---	

33 Challenges in data collection and steps to address challenges

[No response provided.]

INDICATOR	2017	2018
2 Tools in use	---	4 tools

Comments: 4 online fully operational Platform (iPath).

ITEM	DESCRIPTION
Definition	Number of facilities or infrastructural units where program services are offered. The facilities were not constructed by the program.
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 reporting	Once per year.

	RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30 Data collection	Implementing partner: AMCC (Alliance Mondiale Contre le Cancer)	A member of AMCC reports the data from the project implementation.	Once per year
31 Data processing	Implementing partner: AMCC (Alliance Mondiale Contre le Cancer)	A member of AMCC counts the number involved sites.	Once per year
32 Data validation		---	

33 Challenges in data collection and steps to address challenges

[No response provided.]

INDICATOR	2017	2018
3 Sites in use	---	4 hospitals

Comments: 4 implementation sites for iPath Platform: Ouagadougou (Burkina Faso), Lubumbashi (DRC), Yaoundé (Cameroon) and Tananarive (Madagascar).

	ITEM	DESCRIPTION
	Definition	Total expenditure by company to operate program, including all expenditures that can reasonably be defined as necessary to operate the program.
	Method of measurement	Program administrative records or accounting or tax records provide details in the expenditures on the program in a defined period of time. CALCULATION Sum of expenditures (e.g., staff, materials) on program in US$
28	Data source	Non-routine program data.
29	Frequency of reporting	Once per year.

		RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30	Data collection	Sanofi Espoir Foundation	A member of the Sanofi Espoir Foundation team records the payment of the grant allocated for 1 year.	Once per year
31	Data processing	Sanofi Espoir Foundation	Every year the project progress is then reviewed by the same committee who decide maintaining or readjusting the funding. Then a member of the Sanofi Espoir Foundation keeps records of money distributed for the program for the year.	Once per year
32	Data validation		---	

33 Challenges in data collection and steps to address challenges

[No response provided.]

INDICATOR	2017	2018
4 Value of resources	---	30,000 euro

Comments: N/A

Number of research communications

5

ITEM	DESCRIPTION
Definition	Number of scientific publications and presentations to Congress.
Method of measurement	Counting of the number of communications. CALCULATION Sum of the publications and presentations.
28 Data source	Routine program data.
29 Frequency of reporting	Once per year.

	RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30 Data collection	Implementing partner: AMCC (Alliance Mondiale Contre le Cancer)	A member of AMCC collects all research communication in all countries involved.	Once per year
31 Data processing	Implementing partner: AMCC (Alliance Mondiale Contre le Cancer)	A member of AMCC counts the number of scientific publications and presentations to Congress.	Once per year
32 Data validation		---	

33 Challenges in data collection and steps to address challenges

[No response provided.]

INDICATOR	2017	2018
5 Number of research communications	---	1 publication 1 meeting

Comments: 1 article submitted. First meeting on telepathology in Paris.

ITEM	DESCRIPTION	
Definition	Number of training sessions.	
Method of measurement	Number of organized training reported. CALCULATION Sum of the numerical count of sessions.	
28 Data source	Routine program data.	
29 Frequency of reporting	Once per year.	

	RESPONSIBLE PARTY	DESCRIPTION	
30 Data collection	Implementing partners: AMCC (Alliance Mondiale Contre le Cancer), GFAOP (Groupe Franco-Africain d'oncologie pédiatrique, French-African Pediatric Oncology Group)	A member of AMCC collects the number of training sessions for each year.	Once per year
31 Data processing	Implementing partner: AMCC (Alliance Mondiale Contre le Cancer)	A member of AMCC counts the number of training sessions for each year.	Once per year
32 Data validation		---	

33 Challenges in data collection and steps to address challenges

Unfortunately, it has not been possible to get reliable audience data regarding these local radio / TV programs which would have allowed to estimate the number of people reached.

INDICATOR	2017	2018
6 Number of training sessions	---	1 meeting

Comments: A GFAOP's anatomo-pathologist commitee's meeting for reviewing of cases submitted on iPath Platform.

Number of children impacted by second opinion diagnosis

7

	ITEM	DESCRIPTION
	Definition	Number of cases deposited on iPath platform and reviewed by a second opinion pathologist.
	Method of measurement	Number of cases deposited on iPath platform and reviewed by a second opinion pathologist. CALCULATION Sum of numerical count of second opinion reviewed cases.
28	Data source	[No response provided.]
29	Frequency of reporting	Once per year.

		RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30	Data collection	Implementing partner: AMCC (Alliance Mondiale Contre le Cancer)	A member of AMCC collects the data from i-Path platform.	Once per year
31	Data processing	Implementing partner: AMCC (Alliance Mondiale Contre le Cancer)	A member of AMCC counts the data from i-Path platform.	Once per year
32	Data validation		---	

33 Challenges in data collection and steps to address challenges

[No response provided.]

INDICATOR	2017	2018
7 Number of children impacted by second opinion diagnosis	7 people	38 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.
Data source	Routine program data.
29 Frequency of reporting	Once per year.

	RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30 Data collection	Implementing partners: AMCC (Alliance Mondiale Contre le Cancer), GFAOP (Groupe Franco-Africain d'oncologie pédiatrique, French-African Pediatric Oncology Group)	A member of AMCC collects the data.	Once per year
31 Data processing	Implementing partners: AMCC (Alliance Mondiale Contre le Cancer), GFAOP (Groupe Franco-Africain d'oncologie pédiatrique, French-African Pediatric Oncology Group)	A member of AMCC counts the number of trained people.	Once per year
32 Data validation		---	

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

[No response provided.]

INDICATOR	2017	2018
8 Number of people trained	---	4 people

Comments: 4 pathologists trained.

Appendix

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

Program Description

PROGRAM OVERVIEW

1　Program Name

2　Diseases program aims to address:

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

3　Beneficiary population

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

4　Countries

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

5　Program Start Date

6　Anticipated Program Completion Date

7　Contact person

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

8　Program summary

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

PROGRAM STRATEGIES & ACTIVITIES

9　Strategies and activities

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

10　Strategy by country

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

COMPANIES, PARTNERS AND STAKEHOLDERS

11　Company roles

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

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

12　Funding and implementing partners

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

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

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

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

13 Funding and implementing partners by country

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

14 Stakeholders

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

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

LOCAL CONTEXT, EQUITY & SUSTAINABILITY

15 Local health needs addressed by program

Please describe how your program is responsive to local health needs and challenges (e.g., how you decided and worked together with local partners to determine that this program was appropriate for this context)?

a How were needs assessed

b Was a formal need assessment conducted

(Yes/No) If yes, please upload file or provide URL.

16 Social inequity addressed

Does your program aim to address social inequity in any way (if yes, please explain). (Inequity is defined as lack of fairness or justice. Sometime 'social disparities,' 'structural barriers' and 'oppression and discrimination' are used to describe the same phenomenon. In social sciences and public health social inequities refer to the systematic lack of fairness or justice related to gender, ethnicity, geographical location and religion. These unequal social relations and structures of power operate to produce experiences of inequitable health outcomes, treatment and access to care. Health and social programs are often designed with the aim to address the lack of fairness and adjust for these systematic failures of systems or policies.*)

*Reference: The definition was adapted from Ingram R et al. Social Inequities and Mental Health: A Scoping Review. Vancouver: Study for Gender Inequities and Mental Health, 2013.

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

How have local policies, practices, and laws (e.g., infrastructure development regulations, education requirements, etc.) been taken into consideration when designing the program?

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

Please explain how the program avoids diverting resources away from other public health priorities? (e.g. local human resources involved in program implementation diverted from other programs or activities).

19 Program provides health technologies

Does your program include health technologies (health technologies include medical devices, medicines, and vaccines developed to solve a health problem and improve quality of lives)? (Yes/No)

20 Health technology(ies) are part of local standard treatment guidelines

Are the health technology(ies) which are part of your program part of local standard treatment guidelines? (Yes/No) If not, what was the local need for these technologies?

21 Health technologies are covered by local health insurance schemes

Does your program include health technologies that are covered by local health insurance schemes? (Yes/No) If not, what are the local needs for these technologies?

22 Program provides medicines listed on the National Essential Medicines List

Does your program include medicines that are listed on the National Essential Medicines List? (Yes/No) If not, what was the local need for these technologies?

23 Sustainability plan

If applicable, please describe how you have planned for sustainability of the implementation of your program (ex. Creating a transition plan from your company to the local government during the development of the program).

ADDITIONAL PROGRAM INFORMATION

24 Additional program information

Is there any additional information that you would like to add about your program that has not been collected in other sections of the form?

a Potential conflict of interest discussed with government entity

Have you discussed with governmental entity potential conflicts of interest between the social aims of your program and your business activities? (Yes/No) If yes, please provide more details and the name of the government entity.

25 Access Accelerated Initiative participant

Is this program part of the Access Accelerated Initiative? (Yes/No)

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

Is your company a member of the International Federation of Pharmaceutical Manufacturers & Associations (IFPMA)? (Yes/No)