

NOVEMBER 2021

Remember I Love You

Eisai

Submitted as part of Access Accelerated

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The information in this report has been submitted by the company concerned to the Access Observatory as part of its commitment to Access Accelerated. The information will be updated regularly. For more information about the Access Observatory go to www.accessobservatory.org

The information contained in this report is in the public domain and should be cited as: Eisai, Remember I Love You (2021), Access Observatory Boston, US 2021 (online) available from www.accessobservatory.org

Program Description

Program Overview

1 Program Name

Remember I Love You

2 Diseases program aims to address

- Mental & Neurological Disorders: Dementia

3 Beneficiary population

- Elderly (>65 yrs).
- General population

4 Countries

- China

5 Program start date

September 11, 2015

6 Anticipated program completion date

Completion date not specified

7 Contact person

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8 Program summary

Remember I Love You is a comprehensive initiative creating synergy between various organizations and stakeholders to promote better understanding and early diagnosis of Alzheimer's disease in China. Remember I Love You was initiated in China in 2015 and the objectives of the program include:

- 1) To provide correct information on Alzheimer's disease to the public.
- 2) To collaborate with local partners to raise the public's awareness of Alzheimer's Disease.
- 3) To reduce the social burden of Alzheimer disease by promoting early diagnosis.

The services provided by the program include community activities, home visits, media seminars and a social media platform called "Yellow Wristband", which was co-established by Eisai China Inc. and China Population Welfare Foundation. The "Yellow Wristband" social media platform targets the general population including the elderly. On the platform, articles on dementia self-assessment, drug compliance and a memory clinic list are published regularly and patients can apply for yellow wristband, a wristband with GPS function to track dementia patients. The yellow wristband also contains information on dementia patients which could be used to find their home and/or be in touch with their contacts if they are wandering. Furthermore, Eisai supports China Population Welfare Foundation hosted booths in communities, which provide information on Alzheimer's disease and conduct simple cognitive assessments for the public. Additionally, Eisai China promotes the integration of cognitive assessment such as Montreal Cognitive Assessment (MoCA), Mini-Mental State Examination (MMSE), and "Eight-item Interview to Differentiate Aging and Dementia" (AD8), into the evaluation of the elderly in community hospitals (grade 1 hospitals), to ensure early diagnosis and intervention for Alzheimer patients.

Eisai's corporate philosophy includes the realization of human health care (hhc). Based on a clear understanding that patients as well as their families and consumers are the key players in healthcare, we seek to have a sense of pride in providing benefits to such persons (<http://www.eisai.com/corporatemission/hhc/index.html>). The Eisai Group recommends that all of its employees spend 1% of their working hours with patients. Employees in China visits elder people's home and nursing house to have a clear insight of Alzheimer's disease patients, their families and healthcare providers.

In 2015 and 2017, Eisai invited neurologists and healthcare givers to give media lectures on China Alzheimer's disease burden and share their experiences on Alzheimer's disease care.

Program Strategies & Activities

9 Strategies and activities

Strategy 1: Community Awareness and Linkage to Care

ACTIVITY	DESCRIPTION
Communication	Eisai China Inc. hosted media seminars in 2015 and 2017, home visits and outreach activities at community centers. E-posters were delivered on Chinese social media. Eisai also provides information on Alzheimer disease and a list of clinics where people can be screened for Alzheimer disease on its Yellow-wristband online platform.
Planning	Before conducting home visits, community activities and media seminar, we held internal meetings and hold both internal and external meetings with partners.
Technology	Eisai China Inc. supported China Population Welfare Foundation to establish a social media platform called "Yellow-Wristband", which is targeting the general population, including the elderly. On the platform, articles on dementia are published regularly, and patients can also apply for a yellow wristband. The wristband has a GPS function to track dementia patients' movements and whereabouts. Eisai China Inc. keeps updating our yellow-wristband online platform.

Strategy 2: Health Service Delivery

ACTIVITY	DESCRIPTION
Screening	Eisai China promotes the integration of cognitive assessment into the evaluation of the elderly in the community hospitals. Eisai also provides cognitive self-assessment tools on the Yellow-wrist band online platform which the public can use for cognitive self-assessment.

10 Strategy by country

STRATEGY	COUNTRY
Community Awareness and Linkage to Care	China
Health Service Delivery	China

Companies, Partners & Stakeholders

11 Company roles

COMPANY	ROLE
Eisai	Eisai is in charge of corporate communication and public affairs with IFPMA, Access Accelerated etc.
Eisai China Inc.	<ol style="list-style-type: none"> 1. Eisai China Inc. has been engaging closely with multi-stakeholders including Health Care Providers (HCP), patients, academic organizations, business partners, media outlet and the public. Through a widespread use of multimedia platforms centered on social media, we are striving for conveying scientific-based Alzheimer's Disease management mindset to target audience, and offering them treatment guidance with visually-engaging, interactive and emotional communication content. 2. Eisai China also established an integrated project platform and devise a unified key visual for the project: to communicate early symptoms of Alzheimer's Disease and correct treatment information in a systematic and comprehensive manner. 3. Cooperate with experts and Alzheimer's Disease Chinese, to enhance the philanthropic nature of the project, and boost the authority and credibility of communication messages of the project. 4. Create engaging social content themed on kinship and family love: to arouse widespread emotional resonance and interest

12 Funding and implementing partners

PARTNER	ROLE/URL	SECTOR
Alzheimer's Disease Chinese	<p>Alzheimer's Disease Chinese (ADC) is the only official member of Alzheimer's Disease International in China, governed by Ministry of Health PRC. Eisai China Inc. partners with ADC to host media seminar for delivering correct understanding of Alzheimer's Disease.</p> <p>[No URL provided]</p>	Public
China Population Welfare Foundation (CPWF)	<p>China Population Welfare Foundation was founded in 1987, which is a NPO governed by National Health and Family Planning Commission of the People's Republic of China. CPWF has a wide range of projects covering reproductive health, care for aging population, nutrition for children, maternal and child health, etc. CPWF has a project called "Yellow Wristband" that delivering yellow wristband to Alzheimer's patients. Eisai China Inc. co-established a social media platform with CPWF.</p> <p>CPWF: http://www.cpwf.org.cn/</p>	Public

Companies, Partners & Stakeholders

13 Funding and implementing partners by country

PARTNER	COUNTRY
Alzheimer's Disease Chinese	China
China Population Welfare Foundation	China

14 Stakeholders

STAKEHOLDER	DESCRIPTION OF ENGAGEMENT
Non-governmental organization (NGO)	Alzheimer's Disease China provides advice on Alzheimer's disease including appropriate communication message, disease screening and referral procedures. We work with China Population Welfare Foundation to implement community activities, establish yellow-wristband platform, etc.

Local Context, Equity & Sustainability

15 Local health needs addressed by program

The age structure of the population is changing rapidly in the People's Republic of China (P.R.C). It was estimated by the Ministry of Civil Affairs of the PRC (2014) that 212 million people were aged 60 years and over in 2014, a number equivalent to the combined population of Germany, France and the U.K. Despite the huge number of older people and dementia patients, very little is known about dementia and appropriate care. People think dementia is a natural aging phenomena rather than a disease that could benefit from intervention or control measures. In PRC, only 21% of the estimated dementia patients get a standard diagnosis, and among those patients only 19.6% are taking appropriate treatments.¹

- a How needs were assessed
[No response provided]
- b Formal needs assessment conducted
[No response provided]

16 Social inequity addressed

[No response provided]

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

[No response provided]

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

[No response provided]

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

No

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

N/A

21 Health technologies are covered by local health insurance schemes

N/A

22 Program provides medicines listed on the National Essential Medicines List

No

23 Sustainability plan

Eisai China reviews and evaluates the output of each activity under Remember I Love You. Activities will be adjusted from Fiscal Year 2018, and Eisai and partners will continuously implement Remember I Love You.

Additional Program Information

24 Additional program information

[No response provided]

a Potential conflict of interest discussed with government entity

[No response provided]

25 Access Accelerated Initiative participant

Yes

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

Yes

Resources

1. Guideline on Dementia and cognitive impairment in P.R.C (English translation done by Eisai from Chinese). Chinese Journal of Neurology, Volume 46, Number 1

Program Indicators

PROGRAM NAME

Remember I Love You

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

INDICATOR	TYPE	STRATEGY	2017	2018	2019	2020
1 Population exposed to community communication activities	Output	Community Awareness and Linkage to Care	1,765 people	3,195 people	3,452 people	187 people
2 Population with access to screening tool	Output	Health Service Delivery	14,364 people	15,145 people	13,031 people	75,921 people

INDICATOR **Population exposed to community 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 or reached by media messaged disseminated. Calculation: Number of people/participants in the target audience segment 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	China Population Welfare Foundation	Regarding the “population exposed” to community communication activities and social media platform called “Yellow Wristband”, China Population Welfare Foundation keeps record of the number of visitors to the “Yellow Wristband” platform and number of people reached through the community communication activities. Regarding the population exposed to communication activities through home visits, a member of local team in Eisai China keeps record after each home visit. Regarding the population exposed to media seminars and any other activities related to media, China Population Welfare Foundation estimates the number of people reached through the media activities.	Ongoing
31 Data processing	China Population Welfare Foundation	Eisai China sums up the population exposed to communication activities through the “Yellow Wristband” platform and home visits every six months. Once per year, all the data on the population exposed to communication activities are summed up by Eisai China team, and sent to Eisai Headquarters.	Once per year
32 Data validation		A member of Eisai HQ visits the local team once per year to verify the data collection and management procedures.	

33 Challenges in data collection and steps to address challenges

Some data are estimated. For example, the population reached through media activities, and population attending community activities are estimations.

INDICATOR	2017	2018	2019	2020
1 Population exposed to community communication activities	1,765 people	3,195 people	3,452 people	187 people

Comments: N/A

ITEM	DESCRIPTION
Definition	Number of individuals that have access to the self-screening tool being provided by the program.
Method of measurement	Counting of people who have access to the self-screening tool. Calculation: Sum of the number of people who have access to the self-screening tool.
28 Data source	Routine program data.
29 Frequency of reporting	Once per year.

	RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30 Data collection	China Population Welfare Foundation	Regarding to the population with access to online screening tool, China Population Welfare Foundation takes and manages data record.	Ongoing
31 Data processing	China Population Welfare Foundation.	A member of the local team in Eisai China requires the specific data from implementing partner: China Population Welfare Foundation, every 6 months. Every 6 months, data will be summed up by Eisai China team, then sent to Eisai Headquarters.	Every 6 months
32 Data validation		A member of Eisai Headquarters visits the local team once per year to verify the data collection and management procedures.	

33 Challenges in data collection and steps to address challenges

[No response provided]

INDICATOR	2017	2018	2019	2020
2 Population with access to screening tool	14,364 people	15,145 people	13,031 people	75,921 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 selected from above (funding and implementing partners), please identify which country/countries these apply.

14 Stakeholders

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

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

LOCAL CONTEXT, EQUITY & SUSTAINABILITY

15 Local health needs addressed by program

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

a How were needs assessed

b Was a formal need assessment conducted

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

16 Social inequity addressed

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

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

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

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

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

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

19 Program provides health technologies

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

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

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

21 Health technologies are covered by local health insurance schemes

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

22 Program provides medicines listed on the National Essential Medicines List

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

23 Sustainability plan

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

ADDITIONAL PROGRAM INFORMATION

24 Additional program information

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

a Potential conflict of interest discussed with government entity

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

25 Access Accelerated Initiative participant

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

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

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

Program Indicators

INDICATOR DESCRIPTION

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

For this program, activities, please select all inputs and impacts for which you plan to collect and report data into this database.

28 Data source

For this indicator, please select the data source(s) you will rely on.

29 Frequency of reporting

Indicate the frequency with which data for this indicator can be submitted to the Observatory.

30 Data collection

- Responsible party: For this indicator, please indicate the party/parties responsible for data collection.
- Data collection — Description: Please briefly describe the data source and collection procedure in detail.
- Data collection — Frequency: For this indicator, please indicate the frequency of data collection.

31 Data processing

- Responsible party: Please indicate all parties that conduct any processing of this data.
- 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.
- 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.

