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Cuomo Pediatric Cardiology Center

Servier

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: Servier, Cuomo Pediatric Cardiology Center (2021), Access Observatory Boston, US 2021 (online) available from www.accessobservatory.org

Program Description

Program Overview

1 Program Name

Cuomo Pediatric Cardiology Center

2 Diseases program aims to address

- Pediatric cardiac disease

3 Beneficiary population

- Age groups: Children (under 5 yrs), Adolescents (5-14 yrs)
- Genders: All genders
- Special populations: People with low income, Rural populations, Urban populations

4 Countries

- Senegal

5 Program start date

January 1, 2016

6 Anticipated program completion date

Completion date not specified.

7 Contact person

Corinne Massin, corinne.massin@servier.com.

8 Program summary

In Africa, 30,000 children have serious heart disease and nearly 1,000 children are born each year with congenital heart disease requiring specialized treatment. To address the lack of suitable healthcare for children with heart problems in the region, Servier partnered with various stakeholders (La Chaîne de l'Espoir, Hospital Fann in Dakar, Cuomo Foundation, Heart Institute in Ho Chi Minh) to fund the training of local medical and administrative staff of the Dakar Cuomo Cardiopaediatric Centre, which opened in January 2017 in Senegal. The Cuomo Centre not only extends cardiological treatment and heart surgery to children in Senegal, but also throughout West Africa which, up until now, has been totally devoid of this type of facility.

The Senegalese healthcare professionals received six-month of comprehensive training in open heart surgery in children, at the Heart Institute in Ho Chi Minh City, a center of excellence in Vietnam and the world. This South-South cooperation allowed the Senegalese team to receive training in a facility which shares similar infrastructure as the Cuomo Centre.

This six-month training resulted in Senegalese teams becoming completely autonomous during their paediatric surgeries. Additionally, administrative teams were trained to manage the Centre with the aim of achieving financial sustainability. The teams are now in capacity of training new surgeons and staff in a train-the-trainer model.

Within this partnership, Servier also covers the cost of surgeries and consultations for less fortunate children.

Since 2017, 7592 consultations have been offered and more than 600 successful surgeries have been conducted in the Dakar Cuomo Cardiopaediatric Centre on children suffering from cardiac diseases.

Program Strategies & Activities

9 Strategies and activities

Strategy 1: Health Service Strengthening

ACTIVITY	DESCRIPTION
Training	Servier funded the training of local medical and administrative staff of the Dakar Cuomo Cardiopaediatric Centre in open heart surgery in children, at the Heart Institute in Ho Chi Minh City, Vietnam.

Strategy 2: Health Service Delivery

ACTIVITY	DESCRIPTION
Treatment	Servier funds surgeries and consultations for children who cannot afford them.

10 Strategy by country

STRATEGY	COUNTRY
Health Service Strengthening	Senegal
Health Service Delivery	Senegal

Companies, Partners & Stakeholders

11 Company roles

COMPANY	ROLE
Servier	Within this partnership, Servier has funded a six-month training program in open heart surgery for the Senegalese team at the Heart Institute in Ho Chi Minh City. Servier also covers the cost of surgeries and consultations for less fortunate children.

12 Funding and implementing partners

PARTNER	ROLE/URL	SECTOR
La Chaîne de l'Espoir	The NGO receives the funds and administer them. It is the main coordinator of the project. It ensures the logistic of the project, organized the training of the Senegalese team in Vietnam. https://www.chainedelespoir.org/en	Voluntary
Hospital Fann in Dakar	Welcomed the Cuomo Centre within its premises and puts its medical staff at the disposal of the Centre. http://www.aflk.org/projects/fann-hospital/	Private
Cuomo Foundation	Funded the construction of the Cuomo Centre. http://www.fondationcuomomonaco.org/	Voluntary
Heart Institute Vietnam	Where the Senegalese team received six-month of training in open heart surgery in children, administrative training for the staff.. The entire staff of the Senegalese team (administrative staff, surgeons, anaesthesiologist, ...) received training on their specific area to know how to perform surgeries/run a hospital,... . This partner was only active during the six-month training period. http://www.cmi-vietnam.com/index.php?url=presentation%20in%20english.html	Private

13 Funding and implementing partners by country

N/A.

14 Stakeholders

[No response provided]

Local Context, Equity & Sustainability

15 Local health needs addressed by program

Throughout the West-Africa region, there was a clear lack of facilities dedicated specifically to address the issue of cardiac diseases in children. To tackle this problem, this program objective is two-fold: to train local surgeons to perform paediatric cardiac surgeries and to set up a dedicated Cardiopaediatric Centre to offer consultations to children in the region.

a How needs were assessed

[No response provided]

b Formal needs assessment conducted

[No response provided]

16 Social inequity addressed

To ensure that economic disparities do not prevent children from accessing the healthcare they need, Servier funds surgeries and consultations for children who cannot afford them.

Moreover, Engie funded the "Maison des enfants de Dakar » which is a welcome and housing center situated next to the Cuomo Centre. It is open for children/parents who do not have the financial means to stay in Dakar during the medical care period. The funding for this center is independent from the Cuomo Centre and it functions independently from the other partners.

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 response provided]	[No response provided]
Procurement procedures	[No response provided]	[No response provided]
Standard treatment guidelines	Yes	The training received by the Senegalese team in Vietnam was in line with the national treatment guidelines.
Quality and safety requirements	[No response provided]	[No response provided]
Remuneration scales and hiring practices	[No response provided]	[No response provided]

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

[No response provided]

Local Context, Equity & Sustainability

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

No.

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

In order to ensure the sustainability of the program, it follows a train-the-trainer model to sustain the training of new surgeons and staff.

Additional Program Information

24 Additional program information

No further information at this time.

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.

Program Indicators

Not yet available for this program.

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 is 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.

