

APRIL 2020

Oncology Fellowship in sub-Saharan Africa

Takeda

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 at Boston University. The information will be updated regularly. For more information about the Observatory go to www.accessobservatory.org

The information contained in this report is in the public domain and should be cited as: Takeda, Oncology Fellowship in sub-Saharan Africa (2020), Access Observatory, Boston, US 2020 (online) available from www.accessobservatory.org

Program Description

Program Overview

1 Program Name

Oncology Fellowship in sub-Saharan Africa

2 Diseases program aims to address

- Cancer (General)

3 Beneficiary population

- Age Group: All ages
- Gender: All genders
- Special Populations: Low income, rural, urban population

4 Countries

- Kenya

5 Program start date

September 1, 2016

6 Anticipated program completion date

Completion date not specified

7 Contact person

Philip Towle: Philip.Towle@takeda.com

8 Program summary

Through this program, we aim to improve cancer care, including diagnosis, treatment and patient support, by developing the investigative mindset needed to diagnose and manage Non Communicable Diseases (NCDs) as early as possible in Kenya and sub-Saharan Africa (SSA). The medical oncology fellowship, funded by Takeda, seeks to expand access to Specialist treatment in SSA that meets international standards, and is accredited by the American Society of Clinical Oncology (ASCO). Students who hold a Masters of Medicine in Internal Medicine from across the region are enrolled at the University of Nairobi's two year medical oncology training program.

These fellows will receive a recognized formal certification in medical oncology. To date, five Medical Oncologists have graduated from the first cohort (2016 to 2018).

The training includes:

1. Competencies related to recognizing cancer, making a prompt diagnosis and offering appropriate treatment
2. Skills to effectively carry out cancer prevention programs, community surveillance and early detection
3. Leadership and clinical / environmental management of cancer
4. Self-learning, critical thinking, research skills, and capacity to translate cancer research into practice and policy

URL: <http://www.accessaccelerated.org/initiative/oncology-fellowship-program-sub-saharan-africa/>

Program Strategies & Activities

9 Strategies and activities

Strategy 1: Health Service Strengthening

ACTIVITY	DESCRIPTION
Training	Providing postgraduate curriculum on oncology care in partnership with the University of Nairobi
Funding	Funding oncology fellowships

10 Strategy by country

STRATEGY	COUNTRY
Health Service Strengthening	Kenya

Companies, Partners & Stakeholders

11 Company roles

COMPANY	ROLE
Takeda	Planning, monitoring and evaluating the program in collaboration with the University of Nairobi. Funding the program.

12 Funding and implementing partners

PARTNER	ROLE/URL	SECTOR
University of Nairobi	Providing educational framework and curriculum development for oncologist training, including work on cancer cases that are specific to the region; institutional knowledge to maximize learning; partnerships with global universities and the American Society of Clinical Oncology (ASCO) through which case study management systems can be interfaced. http://www.uonbi.ac.ke/	Public

13 Funding and implementing partners by country

PARTNER	COUNTRY
University of Nairobi	Kenya

14 Stakeholders

STAKEHOLDER	DESCRIPTION OF ENGAGEMENT	REQUESTED OR RECEIVED FROM STAKEHOLDER
Local universities	We are working with University of Nairobi on providing a curriculum for oncology training and meeting local and regional unmet needs through the fellowship. The fellowship attracts applicants from across sub-Saharan Africa.	Infrastructure: Yes Human Resources: Yes Funding: No Monitoring or Oversight: Yes Other resource: Yes

Local Context, Equity & Sustainability

15 Local health needs addressed by program

SSA lacks adequate cancer care infrastructure, and there is a great shortage of oncologists. Training abroad is expensive and entry is difficult, and so local solutions are needed. In order to address the shortage of oncologists the University of Nairobi has committed to strengthen training and improve retention of oncology practitioners at their institutions, including through the development of internships and fellowship programs, such as this one funded by Takeda.

By addressing the need to significantly increase the number of oncologists, the fellowship program is aligned with the commitment by African governments to move towards attaining universal health coverage.

a How needs were assessed

Through onsite visits and discussions with key local stakeholders.

b Formal needs assessment conducted

Yes.

16 Social inequity addressed

The majority of cancer specialists in Nairobi work in private medical facilities.¹ Unfortunately these facilities are unaffordable for the majority of Kenyans. By addressing the shortage of cancer specialists the program ultimately aims to bring about an increase in the number of facilities offering cancer treatment including public facilities, and improve access to treatment for all patients, particular those in the poorest segment of the population who cannot afford to attend private facilities.

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	Yes	The Curriculum is developed at the University of Nairobi, a public (government-owned) university, and is approved by the University of Nairobi Senate.
Procurement procedures	No	[No response provided.]
Standard treatment guidelines	Yes	The Curriculum is developed at the University of Nairobi and is approved by the University of Nairobi Senate, and is accredited by the American Society of Clinical Oncology (ASCO).
Quality and safety requirements	No	[No response provided.]
Remuneration scales and hiring practices	Yes	The fellowship meets the requirements for formal certification in medical oncology at the University of Nairobi.

Local Context, Equity & Sustainability

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

Lecturers from the University of Nairobi and international guest faculty are delivering this program to train new oncologists to address the increasing burden of Cancer in Kenya and sub Saharan Africa.

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

No.

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

Not applicable.

21 Health technologies are covered by local health insurance schemes

Not applicable.

22 Program provides medicines listed on the National Essential Medicines List

Not applicable.

23 Sustainability plan

We are supporting the development of high quality local oncology capacity, that will have a sustainable impact on strengthening the healthcare system in Sub Saharan Africa.

Additional Program Information

24 Additional program information

No additional information provided.

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 Ministry of Health, Kenya. National Cancer Control Strategy 2017-2022. Nairobi, June 2017

Program Indicators

PROGRAM NAME

Oncology Fellowship in sub-Saharan Africa

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

INDICATOR	TYPE	STRATEGY	2016-2018
1 Number of people trained	Output	Health Service Strengthening	5 people
2 Percentage of professionals trained out of total number targeted	Output	Health Service Strengthening	83%

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	Every 2 years (It is a 2 year Postgraduate Fellowship)

	RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30 Data collection	Implementing partner: University of Nairobi	<p>The University of Nairobi publicly advertises the fellowship and receives numerous applications from countries across Sub-Saharan Africa. The University program staff selectively enroll Fellows with the requisite qualifications to the program. Admitted Fellows must hold a Masters of Medicine degree in Internal Medicine from the University of Nairobi or an equivalent qualification from another institution recognised by the University of Nairobi Senate, and are eligible for registration with the Medical Practitioners and Dentist Board of Kenya or equivalent from their home country. The number of originally registered Fellows is maintained by the University Registry Office. The Program staff liaise with the Registry to also keep a record of Fellows who drop out, defer, and graduate from the Fellowship Program. The final count is determined for each cohort of Fellows at the end of the 2-Year Fellowship Program.</p> <p>The requirements to graduate are well defined: Only a candidate Fellow who satisfies the examiners in the final year fellowship examination, shall on the recommendation of the School Board of Examiners and College Academic Board, and approval of Senate be awarded the Medical Oncology Fellowship (FMOnC) of the University of Nairobi.</p>	Ongoing

INDICATOR **Number of people trained**

STRATEGY HEALTH SERVICE STRENGTHENING

1

	RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
31 Data processing	Implementing partner: University of Nairobi	A member of the program team at the University reviews the number of students supported by this fellowship program on an ongoing basis. The University provides written reports to Takeda that disaggregate number of Fellows for each cohort by: registered, dropped out, deferred, or graduated. At the end of the 2-Year Fellowship program, the University provides a final written report with the final count.	Ongoing
32 Data validation		The University provides the names and nationalities of all deferred, dropped out, and graduating Fellows. However, we do not conduct any further validation of this data.	

33 Challenges in data collection and steps to address challenges

None.

INDICATOR

2016-2018

2 Number of people trained	5 people
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Comments: The inaugural intake of the Fellowship program in September 2016 that was fully funded by Takeda graduated five Medical Oncologists in December 2018. The nationalities of the graduate fellows are: 4- Kenya and 1-South Africa The second cohort of Fellows which registered in Sep 2018 have not yet graduated and so not included in the final count of number of people trained.

ITEM	DESCRIPTION
Definition	Percentage of professionals that completed the required requisites of the training out of total number of professionals targeted
Method of measurement	Sum of professionals who completed all training requirements divided by the total number of professionals targeted by the program to be trained CALCULATION Number of professionals trained in a defined period .Total.number.of.professionals.targeted.by.the.program.to.be.trained.
28 Data source	Routine Program Data
29 Frequency of reporting	Every 2 years (It is a 2 year Postgraduate Fellowship)

	RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30 Data collection	Implementing partner: University of Nairobi	<p>The University of Nairobi publicly advertises the fellowship and receives numerous applications from countries across Sub-Saharan Africa. The University program staff selectively enroll Fellows with the requisite qualifications to the program. Admitted Fellows must hold a Masters of Medicine degree in Internal Medicine from the University of Nairobi or an equivalent qualification from another institution recognised by the University of Nairobi Senate, and are eligible for registration with the Medical Practitioners and Dentist Board of Kenya or equivalent from their home country.</p> <p>We consider the number of originally registered Fellows as the target number as these have been vetted to have the requisite qualifications to enroll in the Fellowship Program. This information is maintained by the University Registry Office. The Program staff liaise with the Registry office to also keep a record of Fellows who drop out, defer, and graduate from the Fellowship Program. The final count of trained Medical Oncologists is determined at the end of the 2-Year Fellowship Program.</p>	Ongoing

INDICATOR **Percentage of professionals trained out of total number targeted**

2

STRATEGY HEALTH SERVICE STRENGTHENING

	RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
31 Data processing	Implementing partner: University of Nairobi	The Program Director, a specialist Oncologist, is responsible for the running of the fellowship program according to University of Nairobi regulations that delineate requirements. A member of the program team reviews the number of students supported by this fellowship program on an ongoing basis. The Program Director provides written reports to Takeda that disaggregate number of Fellows for each cohort by: registered, dropped out, deferred, or graduated. At the end of the 2-Year Fellowship program, the University provides a final written report with the final count, which accounts for all Fellows who registered at the start of the 2-Year Fellowship.	Ongoing
32 Data validation		The University provides written reports that include names and nationalities of the fellows. However, we do not validate the data.	

33 Challenges in data collection and steps to address challenges

None.

INDICATOR

2016-2018

3 Percentage of professionals trained out of total number targeted	83%
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Comments: Of the 6 Fellows registered in the Fellowship program in 2016, 5 Fellows Graduated in 2018; 1 Fellow from Uganda dropped-out. The reason was that he hoped that they were starting a similar program in Uganda, but it did not happen. The second cohort which registered in Sep 2018 have not yet graduated and so not included in this data reporting.

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.

