

NOVEMBER 2021

---

# Blueprint for Innovative Healthcare Access

Takeda

Submitted as part of Access Accelerated

# Contents

---

<b>Program Description</b>	<b>3</b>
Program Overview	4
Program Strategies & Activities	6
Companies, Partners & Stakeholders	10
Local Context, Equity & Sustainability	14
Additional Program Information	18
<b>Resources</b>	<b>19</b>
<b>Program Indicators</b>	<b>20</b>
List of indicator data	21
Number of people trained	22
Percentage of professionals trained out of total number targeted	23
Health provider knowledge	24
Population exposed to media communication activities	25
Population exposed by community awareness campaign out of total target population	26
Population exposed to oral communication activities	27
Population Screened	28
Patients retained in care	29
Number of Patients on Treatment	30
Number of Patients Diagnosed	31
Number of patients reached with pricing scheme	32
Number of individuals receiving donated medicines	33
Adoption of preventive health behaviors	34
Time between first symptoms and diagnosis	35
Patients adherent to treatment	36
Health provider knowledge change	37
<b>Appendix</b>	<b>38</b>
<b>Company-submitted Situation Analysis</b>	<b>41</b>

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](http://www.accessobservatory.org)

The information contained in this report is in the public domain and should be cited as: Takeda, Blueprint for Innovative Healthcare Access (2021), Access Observatory Boston, US 2021 (online) available from [www.accessobservatory.org](http://www.accessobservatory.org)

# Program Description

# Program Overview

---

## 1 Program Name

Blueprint for Innovative Healthcare Access

## 2 Diseases program aims to address

- Diabetes: Type I, Type II
- Cardiovascular disease: Hypertension, Cardiovascular Disease (general)
- Cancer: Breast, Cervical, Hematological, Cancer (general), Prostate

## 3 Beneficiary population

- Age Group: All ages
- Gender: All genders
- Special Populations: People with low income, Rural populations, Urban populations

## 4 Countries

- Kenya

## 5 Program start date

February 21, 2019

## 6 Anticipated program completion date

February 20, 2021

## 7 Contact person

Philip Towle - philip.towle@takeda.com

## 8 Program summary

The Blueprint for Innovative Healthcare Access is a proven partnership model, focused on delivery and implementation, and applied in a targeted and measurable way to save and improve the lives of patients with cancer and other Non Communicable Diseases (NCDs) - through earlier diagnosis and local access to consistent high-quality treatment and innovative medicines.

It is a practical framework to sustainably strengthen healthcare systems at a local level by sharing resources, expertise and responsibility, and through collaboration and co-ordination of partners including the private sector, governments, Non Governmental Organisations (NGOs), healthcare professionals and communities,.

It builds high quality and consistent local healthcare capacity for NCDs at every stage of the patient journey - from awareness and prevention, screening, diagnosis, treatment and ongoing patient support, with faster integrated referrals.

It includes financial support and guidance, and innovative affordability programs to increase patient access to healthcare and innovative medicines.

It designed to be sustainable by building a consortium of expert partners who own and drive implementation and delivery, working together in the following ways:

1. It starts by fully understanding the local healthcare environment and identifying the specific challenges or healthcare gaps in each therapeutic area or country.
2. Promotes public awareness and education for prevention screening, early detection and treatment through customized campaigns that also address misconceptions and false information
3. Delivers culturally appropriate and customized training programs to increase earlier diagnosis, improve referrals and deliver high quality and consistent local clinical care and ongoing patient support services. This includes using engaging content and innovative

# Program Overview

---

## 8 Program summary cont.

digital platforms, mentoring and training of trainers for healthcare providers - from community volunteers, primary healthcare nurses and physicians, through to clinical specialists.

4. Delivers mass screenings for NCDs with timely diagnostic follow-up, including biopsies, radiology (CT scans, X-rays), blood pressure and blood glucose level measurement and ensures the consistent provision of medicines through a digitized stock and supply chain management system, including funding drugs during periods of stock outs.
5. Provision of treatment – and addressing affordability barriers including enrolling patients onto local healthcare insurance provisions and working with pharmaceutical companies on treatment financing mechanisms
6. Robust data collection, and consistent, transparent and independent measurement to evaluate impact on the lives of patients and to hold all partners accountable. It also ensures NCD surveillance through analysis and reporting – enabling control management of cancer and other NCDs, and the establishment of global best-practice registries.
7. Strong governance, leadership and co-ordination to effectively implement, manage and sustain the project.

Meru County in Kenya was selected as the Blueprint pilot county, led by Amref Health Africa, International Cancer Institute (ICI) and Takeda, together with local and regional partners to improve the lives of patients by strengthening the healthcare system for NCDs, in the county and surrounding regions.

In the first six months of the project in 2019, over 500 community health workers were trained by our partners to educate local households on NCDs.

Our interventions have taken NCD screening where it is needed, reaching people in accessible venues such as a community sports center.

Crucially, we are following up diagnosis with treatment, demonstrating to patients that there is a value in being screened. Over 4000 women and men were screened for cancers, and more than 175 people are receiving treatment.

The Blueprint is also alleviating the financial burden of treatment by supporting patients in enrolling into the National Health Insurance Fund (NHIF). This helps cushion them against out of pocket cost of buying medication and increases their access to cancer medications. It also supports patients in receiving radiologic investigations like CT and X-rays as well as other routine laboratory tests, as well as providing transport reimbursement in order for them to attend clinic or chemotherapy sessions.

As part of the Blueprint initiative, the county government of Meru has recruited and employed a full-time medical oncologist to run the oncology clinic at the Meru Teaching and Referral Hospital (MeTRH). This has also led to the elevation of the oncology unit to an oncology department in July 2019.

The Blueprint partners are also supporting a medical officer from Meru county with tuition fees to pursue a three-year master's program in oncology at Muhimbili University of Health and Allied Sciences in Tanzania.

Through the introduction of new partners, the intent is to continue to strengthen the Blueprint for Innovative Healthcare access in Meru county and expand it to additional counties within Kenya and into the other countries in sub-Saharan Africa.

# Program Strategies & Activities

## 9 Strategies and activities

### Strategy 1: Community Awareness and Linkage to Care

ACTIVITY	DESCRIPTION
Planning	<p>Working with the consortium expert partners, including Amref Health Africa, International Cancer Institute (ICI) together with the National Cancer Institute (NCI) and county government of Meru, we planned through collective action to make a significant difference to patients' lives, by building a healthcare system in Meru county that results in increased awareness, earlier diagnosis, high quality local care and better treatment management of NCDs including cancer, diabetes and hypertension.</p> <p>By working together, we will give people, regardless of where they live and how much they can afford, not only the best chance of survival, but also the best possible opportunity to live happy and healthy lives.</p>
Communication	<p>Promote public awareness and understanding of diabetes, hypertension, mental health and cancer (with an emphasis on breast, cervical and prostate cancers) including prevention, screening, early detection, and treatment through customised public educational materials, SMS broadcast messages, campaigns, and engagement by Community Health Volunteers (CHVs).</p>

### Strategy 2: Health Service Strengthening

ACTIVITY	DESCRIPTION
Planning	<p>Working with the consortium expert partners, including Amref Health Africa, International Cancer Institute (ICI) together with the National Cancer Institute (NCI), county government of Meru, we planned through collective action to make a significant difference to patients' lives, by building a healthcare system in Meru county that results in increased awareness, earlier diagnosis, high quality local care, financial support, and better treatment management.</p> <p>By working together, we will give people, regardless of where they live and how much they can afford, not only the best chance of survival, but also the best possible opportunity to live happy and healthy lives.</p>
Training	<p>Improving numbers of trained health workers to meet local demand by delivering customised training of trainers (ToTs) to Healthcare Professionals (Nurses, Clinical Officers, Medical officers) in primary, secondary and tertiary care levels and Community Healthcare Volunteers (CHVs) on integrated cancer control and management as well as diabetes and hypertension management through the already developed blended training platform (AMREF's digital platform and face to face) and mentorship.</p> <p>Each activity within the Blueprint is designed to build the skills and capacity of the local healthcare team both professionals and volunteers.</p> <p>For example, during mass screenings, trained oncologists teach the Healthcare professionals employed by the local sub-county health facility on how to screen and take biopsies for breast, cervical and prostate cancer. This is to complement the theoretical training they receive, as it the practical training provides greater confidence in the local healthcare team in screening and managing patients.</p>
Infrastructure	<p>Ensuring adequate stock of diagnostic equipment, medicines and consumables.</p> <p>Supporting the Meru county government in staffing and resource planning, recruitment, and training.</p>

# Program Strategies & Activities

## Strategy 2: Health Service Strengthening, cont.

ACTIVITY	DESCRIPTION
Technology	<p>Rolling out the expansion of Telemedicine and Telepathology services at Meru County Teaching and Referral Hospital (MTRH) and making use of Point of Care electronic patient record systems for secure and accurate recording data of patients in order to provide accurate referral and follow ups.</p> <p>Through LEAP Smart - Learning Management System (LMS) the program will deliver rich eLearning content on NCD management and patient support to CHWs.</p> <p>To contribute to quality health information systems in the country, Amref Health Africa has developed an innovative solution – Mobile Jamii Afya Link (M-Jali) for improving efficiency of health reporting at community level through community health workers. The M-Jali platform is customizable to the specific requirements. Amref Health Africa will partner with other partners in the Blueprint for Innovative Access to increase and improve household/ community level data on NCDs through M-Jali.</p>
Management	<p>Improve NCD surveillance and use of data for decision making by-</p> <ol style="list-style-type: none"> <li>increasing household/community level data collection by Community Health Workers through the community health reporting tool M-JALi.</li> <li>establishing Meru County cancer registry which will be maintained by Meru County Teaching and Referral Hospital (MTRH) in collaboration with the Cancer Registry Department at KEMRI</li> <li>conducting annual meetings, where sharing of data generated from the program activities shall be done. All stakeholders will be invited to these annual meetings and presentation of research and work in progress will be discussed and progress of implementation for the subsequent year addressed</li> <li>translating the outcome data through advocacy to policy, working closely with county government's ministries of Health and Kenya Government Ministry of Health.</li> </ol>

## Strategy 3: Health Service Delivery

ACTIVITY	DESCRIPTION
Screening	<p>Delivers mass screenings for NCDs in local locations, increasing access and attendance from people who live in sub-county and rural regions.</p> <p>Providing screening training and mentoring to local healthcare providers to build this capacity at a local level with timely diagnostic follow-up.</p>
Diagnosis	Delivers mass screenings for NCDs with timely diagnostic follow-up, including biopsies, radiology (CT scans, X-rays), blood pressure and blood glucose level measurement and provides essential healthcare infrastructure.
Treatment	<p>Improving quality of service provision including screening, early diagnostic services, treatment, timely referral, and patient support (including regular follow-up and specialised care).</p> <p>Ensures the consistent provision of medicines through a digitized stock and supply chain management system, including funding drugs during periods of stock outs.</p>
Retention	Improving quality of service provision including screening, early diagnostic services, treatment, timely referral, and patient support (including regular follow-up and specialised care) to ensure earlier diagnosis and improved quality of care - all resulting in the ambition to increase chances of survival.

# Program Strategies & Activities

## Strategy 4: Supply Chain

ACTIVITY	DESCRIPTION
Planning	Ensuring adequate stock of diagnostic equipment, medicines and consumables. Ensures the consistent provision of medicines through a digitized stock and supply chain management system, including funding drugs during periods of stock outs.
Training	<p>Training of Healthcare Workers on Supply Chain Management. Through Leap Smart through Moodle – Learning Management System (LMS) deliver rich supply chain management eLearning content. Features found within the LMS and which will be delivered are:</p> <ul style="list-style-type: none"> <li>• A content management system that enables administrators/tutors add different type of content to the courses they are delivering.</li> <li>• A calendar function for scheduling learning activities such as exams, classes and enrolment dates.</li> <li>• An assessment function for evaluation purposes with functionalities such as formative and summative assessments inbuilt.</li> <li>• Collaborative facilities including discussion forums (asynchronous communication) and chat (synchronous communication) that enhances peer to peer support and peer-to-tutor support.</li> <li>• Delivery of all Office Suite of packages both proprietary and open source that are used to deliver different types of content.</li> <li>• Delivery of content via smart phones on Windows, Android and IOS.</li> <li>• Thousands of plugins that have been developed over time to support online learning, such as plagiarism tools, multimedia tools and offline tools.</li> </ul>
Technology	<p>Providing technology for managing stock. The technologies provided will:</p> <ul style="list-style-type: none"> <li>• Enable visibility of medicine availability data at facility level thus improving stock availability: <ul style="list-style-type: none"> <li>• Reduce medicine stock outs;</li> <li>• Improve consumption data – inform</li> </ul> </li> <li>• Support demand planning and forecasting; <ul style="list-style-type: none"> <li>• Improve inventory management;</li> </ul> </li> <li>• Disseminate real-time information to key stakeholders – enabling rapid response to and resolution of identified challenges; and</li> <li>• Improve communication between the different hierarchical levels of the supply chain – including collaboration between facilities to address supply challenges.</li> <li>• Allow for rapid bilateral dissemination of information, relating to the supply and use of medicines – access to current data.</li> </ul>
Management	<p>Provide advisory support to KEMSA and Meru County Government: Working with the National MoH Amref Health Africa will bring key stakeholders to form an Access to Medicines advisory group for KEMSA to support organizational development and strengthening to put in place a robust logistics and supply chain ecosystem to ensure continuous supply and access to quality medication within the community pharmacies, in the areas of implementation. The community pharmacies in conjunction with KEMSA, will act as reliable collection points of medical supplies for other community based or private owned facilities. Amref Health Africa will develop an integrated framework to provide sustainable access to medications for patients at the community.</p>



# Program Strategies & Activities

---

## Strategy 5: Price Scheme

ACTIVITY	DESCRIPTION
Pricing	<p>Takeda's Patient Assistance Programs (PAPs) use an innovative, affordability-based method to increase access to our innovative medicines in a sustainable way.</p> <p>Through the PAPs Takeda aim to improve both access to care and quality of care, by making it possible for eligible patients to complete their prescribed course of treatment even if they cannot afford to pay for it in full.</p> <p>The program uses a confidential and advanced means-based assessment tool to assess patients' ability to contribute to their medication costs, and then determine the appropriate individual payment scheme for each patient.</p>

## Strategy 6: Medicine Donation

ACTIVITY	DESCRIPTION
Donation	<p>In select cases for patients with no ability to pay, and where appropriate and feasible, we may explore other potential routes to access medicines included in our PAPs, such as donations or additional financial support from local medical societies, charities and NGOs.</p>

# Companies, Partners & Stakeholders

---

## 10 Strategy by country

STRATEGY	COUNTRY
Community Awareness and Linkage to Care	Kenya
Health Service Strengthening	Kenya
Health Service Delivery	Kenya
Supply Chain	Kenya
Price Scheme	Kenya
Medicine Donation	Kenya

## 11 Company roles

COMPANY	ROLE
Takeda	The Blueprint for Innovative Access, is a Takeda initiated concept; to identify and co-create a sustainable blueprint, where healthcare and pharmaceutical industries, governments, NGOs, other industries, healthcare professionals and communities work collaboratively to address non-communicable diseases (NCDs) and save lives in low (LICs) and low- and middle-income countries (LMICs).

# Companies, Partners & Stakeholders

## 12 Funding and implementing partners

PARTNER	ROLE/URL	SECTOR
Amref Health Africa	<p>1. Training and Advocacy Health worker training: Training healthcare workers such as clinicians, nurses and community healthcare workers on diabetes, hypertension, palliative care and patient support and the Integrated Cancer Care Curriculum through mobile and blended platforms.</p> <p>2. Pre-screening, Screening and Early Detection Identification of the pilot site, and interaction with the National and County Ministry of Health to ensure early diagnosis of cancer, diabetes and hypertension takes place. Also includes assisting with the implementation of the required referral pathways in collaboration with Ampath and Kehpca.</p> <p>3. Household Data Collection and Referral Mechanisms To contribute to quality health information systems in the country, Amref Health Africa has developed an innovative solution – Mobile Jamii Afya Link (M-Jali) for improving efficiency of health reporting at community level through community health workers.</p> <p>4. Supply Chain Through a community based access to medicines initiative and leveraging on the existing partners and government agencies we will ensure that the required consumables and medicines are available to treat patients locally with the support of a technology platform.</p> <p><a href="https://amref.org/">https://amref.org/</a></p>	Voluntary
Kenya Hospices and Palliative Care Association (KEHPCA)	<p>Lead on the training of Primary Health Care givers on Patients Support and palliative care. In line with this, KEHPCA proposes to conduct the following:</p> <p>1. Creating Awareness and Advocacy: Kehpca will work with Meru Teams to create awareness of Patient Support (PS) and Palliative Care (PC) to the community, health care professionals and policy makers. Advocacy at policy level will target Health Strategies and budgets to include patient support and palliative care service in the Universal Health Coverage (UHC) plan for Meru County.</p> <p>2. Capacity Building and Training. KEHPCA has, and works with a team of PC &amp; PS experts that will be able to conduct training for PHC in Meru County.</p> <p>3. Strengthening referral systems and service provision including home visits.</p> <p>4. Supervision/ Mentorship and Technical Support During the period of the project, KEHPCA will provide overall supervision, mentorship and technical support to all sites providing patient support and palliative care. KEHPCA will provide support to sites which will be starting to integrate palliative care and patient support in their services.</p> <p>5. Sustainability measures of the project. Patient support and Palliative Care is included in the Kenya Health Law; Kenya National Patients’ Right Charter; the current National Cancer Control Program and in the current national NCD Strategy Framework. Therefore, in order to make the project sustainable on the long-term it should naturally be integrated in the health care system at the county levels and at the national levels. Once the advocacy and capacity building for Meru County is completed, it is anticipated that PC will be fully integrated in the county’s health care system and supported through the county health budget.</p> <p><a href="http://kehPCA.org/">http://kehPCA.org/</a></p>	Voluntary

# Companies, Partners & Stakeholders

12 Funding and implementing partners, cont.

PARTNER	ROLE/URL	SECTOR
<p>International Cancer Institute</p>	<p>Clinical Care: Screening, Early diagnostics, Treatment and/or Timely Referral &amp; Patient Support Services. Support and deliver specialised education and training programs forming part of the program. Provide leadership and administration support for the program. Develop an integrated Data Management program of all ongoing cancer services with the existing infrastructure of ICI. Support the efforts to develop a center of excellence in Pathology at MERU County Hospital. Support the development and use of Telemedicine and use of Telepathology services at MERU County Hospital, this will augment all the other components of Pathology which include optimal synoptic histology reporting, Flow Cytometry lab, Immunohistochemistry lab, Morbidity and Mortality audits/ conferences, Clinico-Pathological Conferences, Tumor Board conferences, Cancer registries amongst other key Pathology engagements.</p> <p><a href="https://intercancer.com/">https://intercancer.com/</a></p>	<p>Voluntary</p>
<p>Kenya Medical Research Institute</p>	<ul style="list-style-type: none"> <li>- Advocate for establishment of Hospital EMR Systems</li> <li>- Establish 7 hospital-based cancer registries in Meru County and link to the Meru population-based registry and National PBCR platform</li> <li>- Organize Cancer Registrars' Training (onsite)</li> <li>- Adopt technology (including use of mobile apps) to improve data collection for the Meru PBCR</li> <li>- Establish data sharing and linkages with other EMRs</li> <li>- Generate data on cancer incidence, mortality, survival and trends</li> <li>- Reporting of data: Developing a web portal that is accessible by all stakeholders Utilize cancer registry data for research</li> </ul> <p><a href="https://www.kemri.org/kgshs">https://www.kemri.org/kgshs</a></p>	<p>Public</p>

# Companies, Partners & Stakeholders

## 13 Funding and implementing partners by country

PARTNER	COUNTRY
Amref Health Africa	Kenya
Kenya Hospices and Palliative Care Association (KEHPCA)	Kenya
International Cancer Institute	Kenya
Kenya Medical Research Institute	Kenya

## 14 Stakeholders

STAKEHOLDER	DESCRIPTION OF ENGAGEMENT	REQUESTED OR RECEIVED FROM STAKEHOLDER
Government	The project will work within the confines of the national and county health structures and policies, including the Ministry of Health Community Health Strategy where the community health workers will be attached to a nurse at a health facility, who in turn is linked to a medical/clinical officer at the sub county hospital. Training on the National Oncology Curriculum Integrated Cancer Care and Management Curriculum (owned by the National Cancer Institute under the Kenya National Ministry of Health) will target healthcare professionals at different tiers of the health system and community healthcare workers (CHW) at the household level.	Infrastructure: Yes Human Resources: Yes Funding: Yes Monitoring or Oversight: Yes Other resource: Yes
Non-governmental organization (NGO)	In collaboration with local government, community, and civil society organizations, the project strengthens the health systems in the Meru county and surrounding regions within the next three years by raising public awareness about NCDs, reducing stigma, improving clinical care and delivering better patient aftercare services.	Infrastructure: Yes Human Resources: Yes Funding: Yes Monitoring or Oversight: Yes Other resource: [No response provided]
Local hospitals/ Health facilities	To ensure sustainability, the consortium of expert partners are working with local hospitals and healthcare facilities to strengthen the health systems in the Meru county and surrounding regions within the next three years.	Infrastructure: No Human Resources: Yes Funding: Yes Monitoring or Oversight: Yes Other resource: No

# Local Context, Equity & Sustainability

---

## 15 Local health needs addressed by program

Health systems in Sub-Saharan Africa are not prepared for the rapid rise in NCD rates projected in the region over the next decades.

Africa is facing a staggering disease burden that is only expected to increase dramatically in the coming decades. As a result, every health care professional in the region will – at some point in their career – be required to provide care for patients who have a life-threatening illness such as cancer. To meet this demand, African health care professionals need education and training in how to provide high-quality, culturally competent patient support.

In Kenya, cancers as a disease group rank third as a cause of death after infectious and cardiovascular diseases. It is estimated that the annual incidence of cancer is about 37,000 new cases with an annual mortality of 28,000 cases (Kenya National Cancer Control Strategy 2010). The incidence of non-communicable diseases accounts for more than 50% of total hospital admissions and over 55% of hospital deaths (Kenya National Strategy for the Prevention and Control of Non-Communicable Diseases 2015–2020).

The present situation for cancer care in Africa is dominated by a low cancer awareness by the public, nonexistent or inefficient cancer prevention, overburdened health systems with limited or non-existent diagnostic capabilities, and inadequately funded and structurally challenged health systems to meet the expected doubling of the number of cancer patients in the next 15–20 years. In addition, the high costs of treatment are prohibitive for many.

### Meru County

Meru County is one of the Forty-Seven (47) counties of Kenya located east of Mt. Kenya. The county population density is widely distributed among the nine sub-counties, with the average density in the county estimated at 318 persons per Km<sup>2</sup> in 2018.

Health Services provision at the County Level is centred around the tenets described by both the Kenya Essential Package of Health Services (KEPH) and Schedule IV of the Kenya Constitution 2010. These two key documents define mandates/roles/responsibilities for interventions and service delivery at Level - 1 (Community), Level – 2 (Dispensary), Level – 3 (Health Centre), Level – 4 (Sub-County/ district) and Level - 5 (County Referral) of the health system. The county has 144 community health units and 500 Community health volunteers.

Meru County was therefore selected as the ideal site for implementing The Blueprint for Innovative Access project out of the need to provide patients with a centre that would service their NCD needs, from prevention or diagnosis to treatment and patient support. The location would become a Centre of Excellence (CoE) for the region and the project will form the blueprint to replicate across Kenya, and into other LIC and LMIC countries.

# Local Context, Equity & Sustainability

---

## a How needs were assessed

An assessment of the healthcare environment and healthcare service provision in Meru County was conducted by the local consortium of expert partners, including Amref Health Africa, International Cancer Institute (ICI), Kenya Medical Research Institute (KEMRI) and Kenya Hospice and Palliative Care Association (KEHPCA).

Specifically, the trip sought to gather answers to the following questions:

- 1) Current patient statistics
- 2) Treatment pathways for NCD care and in particular cancer care in Meru county
- 3) Human Resources (HR)
  - Understand the current HR levels in the County and the facilities that will form part of the initial phase
  - Ascertain the current skills levels of clinicians – and identify any training and / or up-skilling gaps
  - Identify the gaps that exist between the current HR levels and those required as per the outlined care plan
- 4) Screening and Diagnostic Equipment
  - Understand the current available equipment in the County – and its current availability (i.e., is it working)
  - Determine what equipment is missing
  - Document what equipment is required to close the gap (budget/installation, etc.)
- 5) Consumables and Supplies
  - Understand the current availability of the required consumables
  - Understand the budgeting / ordering / procurement processes for the required consumables

## b Formal needs assessment conducted

Yes.

## 16 Social inequity addressed

This program is supporting the public health system in the county of Meru. The public systems supports all levels of patients and is specifically designed to increase access to healthcare services across the entire county - including rural areas, and from the community level through to specialist services at Meru country level 5 hospital.

# Local Context, Equity & Sustainability

## 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 project will work within the confines of the national and county health structures and policies, including the Ministry of Health community Health Strategy where the community health workers will be attached to a nurse at a health facility, who in turn is linked to a medical/clinical officer at the sub county hospital.
Procurement Procedures	[No response provided]	[No response provided]
Standard Treatment Guidelines	Yes	Training on the National Oncology Curriculum Integrated Cancer Care and Management Curriculum (owned by the National Cancer Institute under the Kenya National Ministry of Health) will target Healthcare Professionals at different tiers of the health system and Community Healthcare Workers (CHW) at the household level.
Quality and Safety Requirements	Yes	Local partners will ensure all necessary quality and safety requirements are met.
Remuneration scales and hiring practices	[No response provided]	[No response provided]

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

Working closely with Kenya’s Ministry of Health and Meru County, this program addresses a number of public health priorities, in line with their public health goals and targets.

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

TYPE	COMMERCIAL NAME	INTERNATIONAL NON-PROPRIETARY NAME
Medicine	Adcentris	Brentuximab Vedotin
Device	The Blueprint is supporting with essential health-care infrastructure including biopsy guns, blood pressure and glucose monitors.	[No response provided]

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

No

## 21 Health technologies are covered by local health insurance schemes

No



# Local Context, Equity & Sustainability

---

22 Program provides medicines listed on the National Essential Medicines List

No

23 Sustainability plan

The Blueprint is designed to build and strengthen the healthcare systems for NCDs across the whole patient journey.

This includes building skills and capacity at every stage, and at every level of healthcare provisions

Sustainability beyond the 3 years of the program is envisioned and will be achieved through 1) local partners leading this program, 2) having strengthened the healthcare system and 3) having involved local county government and Central government at every step of the planning, implementation, evaluation and monitoring process. This ensures ownership of the program by all stakeholders.

Finally, the success of this project will be used to secure additional funding/grants from organizations if and where required.

# Additional Program Information

---

24 Additional program information

[No response provided]

a Potential conflict of interest discussed with government entity

Yes, Ministry of Health of Kenya and local Meru County Government.

25 Access Accelerated Initiative participant

Yes.

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

Yes.

# Resources

1. Glanz K, Rimer BK, Lewis FM, eds. 2002. Health Behavior and Health Education: Theory, Research, and Practice. San Francisco: Jossey-Bass. 3rd ed.

# Program Indicators

## PROGRAM NAME

# Takeda Blueprint for Success – Meru County

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

INDICATOR	TYPE	STRATEGY	2019	2020
1 Number of people trained	Output	Health Service Strengthening	818 people	---
2 Percentage of professionals trained out of total number targeted	Output	Health Service Strengthening	160:155 people	---
3 Health provider knowledge	Outcome	Health Service Strengthening	85%	---
4 Population exposed to media communica-	Output	Community Awareness and	2,315 people	---
5 Population exposed by community aware- ness campaign out of total target popula-	Output	Community Awareness and Linkage to Care	30% of people	---
6 Population exposed to oral communication activities	Output	Community Awareness and Linkage to Care	7,000 people	---
7 Population screened	Output	Health Service Delivery	6,083 people	---
8 Patients retained in care	Output	Health Service Delivery	93.5% of people	---
9 Number of patients on treatment	Output	Health Service Delivery	216 people	---
10 Number of patients diagnosed	Output	Health Service Delivery	231 people	---
11 Number of patients reached with pricing	Output	Price Scheme	---	---
12 Number of individuals receiving donated	Output	Medicine Donation	---	---
13 Adoption of preventive health behaviors	Outcome	Community Awareness and Linkage to Care	---	---
14 Time between first symptoms and diagnosis	Outcome	Community Awareness and Linkage to Care	26 days	---
15 Patients adherent to treatment	Outcome	Health Service Delivery	---	---
16 Health provider knowledge change	Outcome	Health Service Strengthening	65%	---

INDICATOR **Number of people trained**

STRATEGY HEALTH SERVICE STRENGTHENING

ITEM	DESCRIPTION
Definition	Number of trainees
Method of measurement	Counting of people who completed all training requirements Calculation: Sum of the number of people trained
28 Data source	Routine program data
29 Frequency of reporting	Once per year

	RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30 Data collection	Implementing partners: International Cancer Institute, Amref Health Africa, Kenya Hospices and Palliative Care Association (KEHPCA), Kenya medical Research Institute	Each of the implementing partners, who are all independent, external third party organizations keep record of the number of individuals that are trained as part of this program.  Aggregated and anonymized data is provided to Takeda Pharmaceuticals.	Ongoing
31 Data processing	Implementing partners: International Cancer Institute, Amref Health Africa, Kenya Hospices and Palliative Care Association (KEHPCA), Kenya medical Research Institute	Once a quarter, the consortium of partners meet to review the data from each of their respective organisation. A consolidated report containing aggregated and anonymized data of the total number of individuals that are trained as part of this program is then provided to Takeda's Access to Medicines office for review.	Every three months
32 Data validation		An audit of our implementing partner is performed annually / every two years.	

33 Challenges in data collection and steps to address challenges

[No response provided]

INDICATOR	2019	2020
1 Number of people trained	818 people	---

Comments: 2019: This data represents the aggregated data reported by the implementing partners of the Blueprint for Success\_Meru County project; namely ICI, ELEWA, Amref, KEHPCA, and KEMRI. 818 healthcare workers were trained as of 1 December 2019. This is further disaggregated by: SEX: Male 356 Female 462 HEALTHCARE WORKER CADRE: Medical Officers (MOs) = 24 Pharmacists = 4 Clinical Officers (COs) = 11 Nurses = 42 Health Records & Information Officers (HRIOs) = 19 Surveillance Officers = 9 Community Health Extension Workers (These undergo Training of Trainers or ToTs and supervise the CHWs) = 51 Community Health Workers = 658.

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

STRATEGY HEALTH SERVICE STRENGTHENING

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: <u>Number of professionals trained in a defined period</u> Total number of professionals targeted by the program to be trained
28 Data source	Routine program data
29 Frequency of reporting	Once per year

	RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30 Data collection	Implementing partners: International Cancer Institute, Amref Health Africa, Kenya Hospices and Palliative Care Association (KEHPCA), Kenya medical Research Institute	Each of the implementing partners, who are all independent, external third party organizations keep record of the percentage of professionals trained out of the total number targeted.  Aggregated and anonymized data is provided to Takeda Pharmaceuticals.	Ongoing
31 Data processing	Implementing partners: International Cancer Institute, Amref Health Africa, Kenya Hospices and Palliative Care Association (KEHPCA), Kenya medical Research Institute	Once a quarter, the consortium of partners meet to review the data from each of their respective organisation. A consolidated report containing aggregated and anonymized data of the percentage of professionals trained out of the total number targeted is then provided to Takeda's Access to Medicines office for review.	Every three months
32 Data validation		An audit of our implementing partner is performed annually / every two years.	

33 Challenges in data collection and steps to address challenges

[No response provided]

INDICATOR	2019	2020
2 Percentage of professionals trained out of total number targeted	160:155 people	---

Comments: 2019: Numerator: 160, Denominator: 155. This data represents the aggregated data reported by the implementing partners of the Blueprint for Success\_Meru County project; namely ICI, ELEWA, Amref, KEHPCA, and KEMRI. A total of 160 HCPs were trained out of target of 155 HCPs.

## INDICATOR Health provider knowledge

STRATEGY HEALTH SERVICE STRENGTHENING

ITEM	DESCRIPTION
Definition	Percentage of providers that pass the assessment examining their skills or knowledge. The exam should be designed to assess the possession of the skills and knowledge to be able to comply with predefined standards
Method of measurement	The assessment of possession of skills and knowledge occurs through a written, oral, or observational assessment that all providers have to undergo. Calculation: $\frac{\text{Number of providers who pass the assessment}}{\text{Number of providers trained}}$
28 Data source	Routine program data
29 Frequency of reporting	Once per year

	RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30 Data collection	Implementing partners: International Cancer Institute, Amref Health Africa.	Each of the implementing partners, who are all independent, external third party organizations keep record of the percentage of professionals trained out of the total number targeted.  Aggregated and anonymized data is provided to Takeda Pharmaceuticals.	Ongoing
31 Data processing	Implementing partners: International Cancer Institute, Amref Health Africa, Kenya Hospices and Palliative Care Association (KEHPCA), Kenya medical Research Institute	Once a quarter, the consortium of partners meet to review the data from each of their respective organisation. A consolidated report containing aggregated and anonymized data of the total number of individuals that are trained and health provider knowledge gained as a result of the training is provided to Takeda's Access to Medicines office for review.	Every three months
32 Data validation		An audit of our implementing partner is performed annually / every two years.	

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

[No response provided]

INDICATOR	2019	2020
3 Health provider knowledge	85%	---

Comments: 2019: Numerator: 695, Denominator: 818. This data represents the aggregated data reported by the implementing partners of the Blueprint for Success\_Meru County project; namely ICI, ELEWA, Amref, KEHPCA, and KEMRI. 695 providers passed post-training assessments out of a total of 818 providers who were trained.



INDICATOR **Population exposed to media communication activities**

STRATEGY COMMUNITY AWARENESS AND LINKAGE TO CARE

ITEM	DESCRIPTION
Definition	Number of population reached through media awareness campaign
Method of measurement	Counting of participants reached by media message disseminated  Calculation:  Number of people in the target audience reached by disseminated media message 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	Implementing partner: Amref Health Africa.	Our implementing partner Amref Health Africa, an independent, external third party organizations keeps records of the number of community members reached through media campaigns and also as a result of these campaigns, the number of population that reports carrying out preventative health behavior.  Aggregated and anonymized data is provided to Takeda Pharmaceuticals.	Ongoing
31 Data processing	Implementing partners: Amref Health Africa.	Once a quarter, the consortium of partners meet to review the data from each of their respective organisation. A consolidated report containing aggregated and anonymized data of the number of community members reached through media campaigns and also as a result of these campaigns, the number of population that reports carrying out preventative health behavior.	Ongoing
32 Data validation		An audit of our implementing partner is performed annually / every two years.	

33 Challenges in data collection and steps to address challenges

[No response provided]

INDICATOR	2019	2020
4 Population exposed to media communication activities	2,315 people	---

Comments: 2019: This data is reported by Amref and represents the number of people who attended mass screening events implemented by the Blueprint partners between 1 March 2019 and 1 December 2019 out of the total number that were targeted in community awareness campaigns during this time period.

INDICATOR **Population exposed by community awareness campaign out of total target population**

STRATEGY COMMUNITY AWARENESS AND LINKAGE TO CARE

ITEM	DESCRIPTION
Definition	Percentage of population reached through a community awareness campaign out of total population targeted
Method of measurement	Counting of participants reached by media message disseminated  Calculation:  Sum of people/participants in the target audience segment participated/attended the community awareness campaign recorded divided by the number of people targeted by the campaign
28 Data source	Routine program data
29 Frequency of reporting	Once per year

	RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30 Data collection	Implementing partner: Amref Health Africa.	Our implementing partner Amref Health Africa, an independent, external third party organizations keeps records of the population exposed by community awareness campaign out of total target population.  Aggregated and anonymized data is provided to Takeda Pharmaceuticals.	Ongoing
31 Data processing	Implementing partners: Amref Health Africa, Kenya Hospices and Palliative Care Association (KEHPCA), Kenya Medical Research Institute, International Cancer Institute.	Once a quarter, the consortium of partners meet to review the data from each of their respective organisation. A consolidated report containing aggregated and anonymized data of population exposed by community awareness campaign out of total target population.	Ongoing
32 Data validation		An audit of our implementing partner is performed annually / every two years.	

33 Challenges in data collection and steps to address challenges

[No response provided]

INDICATOR	2019	2020
5 Population exposed by community awareness campaign out of total target population	30% of people	---

Comments: 2019: Numerator: 7,000, denominator: 23,150. This data is reported by Amref and represents the number of people who attended mass screening events implemented by the Blueprint partners between 1 March 2019 and 1 December 2019 out of the total number that were targeted in community awareness campaigns during this time period.

INDICATOR **Population exposed to oral 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  Calculation:  Number of people/participants in the target audience segment that 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	Implementing partner: Amref Health Africa.	Our implementing partner Amref Health Africa, an independent, external third party organizations keep records of the population exposed to oral communication activities and also as a result of these campaigns, the number of population that reports carrying out preventative health behavior.	Ongoing
31 Data processing	Implementing partners: Amref Health Africa, Kenya Hospices and Palliative Care Association (KEHPCA), Kenya Medical Research Institute, International Cancer Institute.	Once a quarter, the consortium of partners meet to review the data from each of their respective organisation. A consolidated report containing aggregated and anonymized data of the population exposed to oral communication activities and the number of population that reports carrying out preventative health behavior.	Ongoing
32 Data validation		An audit of our implementing partner is performed annually / every two years.	

33 Challenges in data collection and steps to address challenges

[No response provided]

INDICATOR	2019	2020
6 Population exposed to oral communication activities	7,000 people	---

Comments: 2019: This data is reported by Amref and represents the number of people who attended mass screening events implemented by the Blueprint partners between 1 March 2019 and 1 December 2019.

INDICATOR **Population Screened**

STRATEGY HEALTH SERVICE DELIVERY

ITEM	DESCRIPTION
Definition	<p>Number of individuals screened for disease as a result of the screening test or procedure being provided by the program.</p> <p>Screening activities could include any screening procedures (mammogram, cholesterol measurement, colonoscopy, etc.) delivered directly to a specified population, by the program. Screening activities are often preventive in nature and aim to look for diseases or conditions prior to symptoms developing.</p>
Method of measurement	<p>Counting of people who were screened for disease in the program</p> <p>Calculation:</p> <p>Sum of the number of people screened</p>
28 Data source	Routine program data
29 Frequency of reporting	Once per year

	RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30 Data collection	Implementing partner: Amref Health Africa, International Cancer Institute	Our implementing partners Amref Health Africa and International Cancer Institute, independent, external third party organizations keep records of the number of people screened for diabetes, hypertension and cancers in scope of this project.	Ongoing
31 Data processing	Implementing partners: Amref Health Africa, International Cancer Institute, Kenya Hospices and Palliative Care Association (KEHPCA), Kenya Medical Research Institute.	Once a quarter, the consortium of partners meet to review the data from each of their respective organisation. A consolidated report containing aggregated and anonymized data of the number of people screened is provided to Takeda's Access to Medicines office.	Ongoing
32 Data validation		An audit of our implementing partner is performed annually / every two years.	

33 Challenges in data collection and steps to address challenges

[No response provided]

INDICATOR	2019	2020
7 Population Screened	6,083 people	---

Comments: 2019: This data is reported by ICI and represents the number of people who were screened for diabetes, hypertension, and cancers between 1 March 2019 and 1 December 2019. This data is disaggregated by: SEX Male - 899 Female - 5184 DISEASE AREA Breast Cancer - 6083 - all males and females were screened for breast cancer Cervical Cancer - 4932 out of 5184 were screened for cervical cancer Prostate Cancer - 899 - all males were screened for prostate cancer Hypertension - 5362 Diabetes - 5362 Diabetes and hypertension screenings were conducted in one sitting.

## INDICATOR Patients retained in care

STRATEGY HEALTH SERVICE DELIVERY

ITEM	DESCRIPTION
Definition	Percentage of registered patients who had a facility visit out of total number of registered patients expected to receive treatment for a specific condition within that time period (e.g. month)
Method of measurement	The health facility patient registry should provide information on the number of patient registered with the health facility.  Calculation: <u>Number of registered patients attending the point of care</u> Number of registered patients expected to attend within that time period
Data source	Routine program data
Frequency of reporting	Once per year

	RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30 Data collection	Implementing partner: Amref Health Africa, International Cancer Institute	Our implementing partners Amref Health Africa and International Cancer Institute, independent, external third party organizations keep records of the number of people retained in care of those diagnosed as part of the screenings for diabetes, hypertension and cancers in scope of this project.	Ongoing
31 Data processing	Implementing partners: Amref Health Africa, International Cancer Institute, Kenya Hospices and Palliative Care Association (KEHPCA), Kenya Medical Research Institute.	Once a quarter, the consortium of partners meet to review the data from each of their respective organisation. A consolidated report containing aggregated and anonymized data of the number of people retained in care from having been screened is provided to Takeda's Access to Medicines office.	Ongoing
32 Data validation		An audit of our implementing partner is performed annually / every two years.	

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

[No response provided]

INDICATOR	2019	2020
8 Patients retained in care	93.5 % of people	---

Comments: 2019: Numerator: 202, denominator: 216. This data is reported by ICI. 202 represents the number of people who have attended follow up appointments and remain on treatment for NCDs (cancer / diabetes / hypertension) between 1 March 2019 and 1 December 2019 out of a the 216 people who commenced treatment during this time period. The 202 people retained in care may be disaggregated by: SEX numerator = retained in care; denominator = commenced treatment Male 36/41 Female 166/175 DISEASE AREA numerator = retained in care; denominator = commenced treatment Breast Cancer 46/48 Cervical Cancer 93/96 Prostate Cancer 6/6 Hypertension 32/36 Diabetes 25/30 .

INDICATOR **Number of patients on treatment**

STRATEGY HEALTH SERVICE DELIVERY

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

	RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30 Data collection	Implementing partner: Amref Health Africa, International Cancer Institute	Our implementing partners Amref Health Africa and International Cancer Institute, independent, external third party organizations keep records of the number of people on treatment following screening and diagnosis for diabetes, hypertension and cancers in scope of this project.	Ongoing
31 Data processing	Implementing partners: Amref Health Africa, International Cancer Institute, Kenya Hospices and Palliative Care Association (KEHPCA), Kenya Medical Research Institute.	Once a quarter, the consortium of partners meet to review the data from each of their respective organisation. A consolidated report containing aggregated and anonymized data of the number of people on treatment is provided to Takeda's Access to Medicines office.	Ongoing
32 Data validation		An audit of our implementing partner is performed annually / every two years.	

33 Challenges in data collection and steps to address challenges

[No response provided]

INDICATOR	2019	2020
9 Number of patients on treatment	216 people	---

Comments: 2019: This data is reported by ICI and represents the number of people who were diagnosed for NCDs (cancer / diabetes / hypertension) between 1 March 2019 and 1 December 2019, and started treatment. The number of people who were diagnosed for NCDs (cancer / diabetes / hypertension) in the same time period were 231. That is to say 15 people were lost to follow-up. The 216 people who commenced treatment for NCDs (cancer / diabetes / hypertension) may be disaggregated by: SEX Male - 41 Female - 175 DISEASE AREA Breast Cancer - 48 Cervical Cancer - 96 Prostate Cancer - 6 Hypertension - 36 Diabetes - 30.

## INDICATOR Number of patients diagnosed

STRATEGY HEALTH SERVICE DELIVERY

ITEM	DESCRIPTION
Definition	Number of patients that were diagnosed with disease through the program
Method of measurement	Counting of people who were diagnosed with disease through the program Calculation: Sum of the number of people diagnosed with disease
28 Data source	Routine program data
29 Frequency of reporting	Once per year

	RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30 Data collection	Implementing partner: Amref Health Africa, International Cancer Institute	Our implementing partners Amref Health Africa and International Cancer Institute, independent, external third party organizations keep records of the number of people diagnosed following screenings for diabetes, hypertension and cancers in scope of this project.	Ongoing
31 Data processing	Implementing partners: Amref Health Africa, International Cancer Institute, Kenya Hospices and Palliative Care Association (KEHPCA), Kenya Medical Research Institute.	Once a quarter, the consortium of partners meet to review the data from each of their respective organisation. A consolidated report containing aggregated and anonymized data of the number of people diagnosed with diabetes, hypertension and cancers is provided to Takeda's Access to Medicines office.	Ongoing
32 Data validation		An audit of our implementing partner is performed annually / every two years.	

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

[No response provided]

INDICATOR	2019	2020
10 Number of patients diagnosed	231 people	---

Comments: 2019: This data is reported by ICI. 231 represents the number of people who were screened and diagnosed for NCDs (cancer / diabetes / hypertension) between 1 March 2019 and 1 December 2019 out of 6083 who were screened during this time period. ICI conducts screening and diagnosis of patients and refers patients to Meru Teaching and Referral Hospital (MeTRH) for treatment and follow up. The oncology clinic at MeTRH is jointly run by ICI and MeTRH. The data may be disaggregated by: SEX: Male 44 Female 187 DISEASE Breast Cancer - 51 Cervical Cancer - 104 Prostate Cancer - 7 Hypertension - 38 Diabetes - 31.

INDICATOR **Number of patients reached with pricing scheme**

11

STRATEGY PRICE SCHEME

ITEM	DESCRIPTION
Definition	Number of individuals that received medicines included in the price scheme
Method of measurement	Counting of people who were diagnosed with disease through the program Calculation: Sum of the number of people diagnosed with disease
28 Data source	Routine program data
29 Frequency of reporting	Once per year

	RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30 Data collection	Other: Axios International	Axios international keeps a record of the number of individuals that are benefiting from Takeda's Patient Assistance Program (PAP) - Adcetris®. This data is then reported to Takeda's Access to Medicines office.	Ongoing
31 Data processing	Other: Axios International	Once a month, Axios International provides aggregated and anonymized data of the total number of patients benefiting from the Takeda's Patient Assistance Program (PAP) - Adcetris® across each of the countries. This data is reported to Takeda's Access to Medicines Office. Takeda's Access to Medicines office correlate data from different sources, to validate our reporting.	Ongoing
32 Data validation		Takeda's Access to Medicines Office will review and validate the data submitted by Axios International on a monthly basis.  An audit of our implementing partner is performed annually / every two years.	

33 Challenges in data collection and steps to address challenges

None.

INDICATOR	2019	2020
11 Number of patients reached with pricing scheme	---	---

Comments: N/A.



INDICATOR **Number of individuals receiving donated medicines**

STRATEGY MEDICINE DONATION

ITEM	DESCRIPTION
Definition	Number of individuals receiving donated medicines
Method of measurement	Counting the patients who received the donated medicines Calculation: Sum of all patients who received the donated medicines
28 Data source	Routine program data
29 Frequency of reporting	Once per year

	RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30 Data collection	Implementing partners: International Cancer Institute, Amref Health Africa	Our implementing partners Amref Health Africa and International Cancer Institute, independent, external third party organizations keep records of the number of people receiving donated medicines for diabetes, hypertension and cancers in scope of this project.	Ongoing
31 Data processing	Implementing partners: International Cancer Institute, Kenya Hospices and Palliative Care Association (KEHPCA), Amref Health Africa.	Once a quarter, the consortium of partners meet to review the data from each of their respective organisation. A consolidated report containing aggregated and anonymized data of the number of people receiving donated medicines is provided to Takeda's Access to Medicines office.	Ongoing
32 Data validation		An audit of our implementing partner is performed annually / every two years.	

33 Challenges in data collection and steps to address challenges

[No response provided]

INDICATOR	2019	2020
12 Number of individuals receiving donated medicines	---	---

Comments: N/A.

## INDICATOR Adoption of preventive health behaviors

STRATEGY COMMUNITY AWARENESS AND LINKAGE TO CARE

ITEM	DESCRIPTION
Definition	Percentage of population that reports carrying out preventive health behavior out of total target population
Method of measurement	The target population is asked to report on preventive health behaviors related to the program activity. Calculation: <u>Number of survey responders that report carrying out preventive health behaviors</u> Number of people surveyed
28 Data source	Routine program data
29 Frequency of reporting	Once per year

	RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30 Data collection	Implementing partners: International Cancer Institute, Amref Health Africa	Our implementing partners Amref Health Africa and International Cancer Institute, independent, external third party organizations keep records of the adoption of preventive health behavior for diabetes, hypertension and cancers in scope of this project.	Ongoing
31 Data processing	Implementing partners: International Cancer Institute, Kenya Hospices and Palliative Care Association (KEHPCA), Amref Health Africa.	Once a quarter, the consortium of partners meet to review the data from each of their respective organisation. A consolidated report containing aggregated and anonymized data of the adoption of preventive health behavior is provided to Takeda's Access to Medicines office.	Ongoing
32 Data validation		An audit of our implementing partner is performed annually / every two years.	

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

[No response provided]

INDICATOR	2019	2020
13 Adoption of preventive health behaviors	---	---

Comments: N/A.

INDICATOR **Time between first symptoms and diagnosis**

STRATEGY COMMUNITY AWARENESS AND LINKAGE TO CARE

ITEM	DESCRIPTION
Definition	Median time between the first symptoms of the medical condition reported by the patients and the diagnosis by a trained health care professional
Method of measurement	<p>The health facility patient medical recorders should provide the information on the time reported by the patients between the first symptoms and the clinical diagnosis. The measurement should be taken in a representative sample of the patients with the medical condition under study.</p> <p>Calculation:</p> <p>Median number of days between the first symptoms of the medical condition and its diagnosis by a trained health care professional for all patients with symptoms and then diagnosed</p>
28 Data source	Routine program data
29 Frequency of reporting	Once per year

	RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30 Data collection	Implementing partners: International Cancer Institute, Amref Health Africa	Our implementing partners Amref Health Africa and International Cancer Institute, independent, external third party organizations keep records of time between first symptoms and diagnosis for diabetes, hypertension and cancers in scope of this project.	Ongoing
31 Data processing	Implementing partners: International Cancer Institute, Kenya Hospices and Palliative Care Association (KEHPCA), Amref Health Africa.	Once a quarter, the consortium of partners meet to review the data from each of their respective organisation. A consolidated report containing aggregated and anonymized data of the time between first symptoms and diagnosis is provided to Takeda's Access to Medicines office.	Ongoing
32 Data validation		An audit of our implementing partner is performed annually / every two years.	

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

[No response provided]

INDICATOR	2019	2020
14 Time between first symptoms and diagnosis	26 days	---

Comments: 2019: This data is reported by ICI and represents the average time taken between obtaining a sample for biopsy and making a cancer diagnosis (breast / prostate / cervical) between 1 March 2019 and 1 December 2019. ICI has streamlined the process to 18 days in Quarter 3 (Oct to Dec 2019) and 14 days in Quarter 4 (Jan to March 2020). Diabetes and hypertension diagnosis is obtained on the same day.

ITEM	DESCRIPTION
Definition	Percentage of patients that are taking their treatment as prescribed by their health care provider. Adherence to treatment is defined as “the extent to which a person’s behavior – taking medication, following a diet, and/or executing lifestyle changes, corresponds with agreed recommendations from a health care provider”.
Method of measurement	Calculation: <u>Number of patients taking their treatment as prescribed by their health care provider</u> Total number of patients with NCDs visiting the facility
28 Data source	Routine program data
29 Frequency of reporting	Once per year

	RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30 Data collection	Implementing partners: International Cancer Institute, Amref Health Africa	Our implementing partners Amref Health Africa through their community health volunteers and International Cancer Institute, independent, external third party organizations keep records of the patient adherence to treatment following screening and diagnosis for diabetes, hypertension and cancers in scope of this project.	Ongoing
31 Data processing	Implementing partners: International Cancer Institute, Kenya Hospices and Palliative Care Association (KEHPCA), Amref Health Africa.	Once a quarter, the consortium of partners meet to review the data from each of their respective organisation. A consolidated report containing aggregated and anonymized data of the patient adherence to treatment following screening and diagnosis is provided to Takeda’s Access to Medicines office.	Ongoing
32 Data validation		An audit of our implementing partner is performed annually / every two years.	

33 Challenges in data collection and steps to address challenges

[No response provided]

INDICATOR	2019	2020
15 Patients adherent to treatment	---	---

Comments: N/A.

## INDICATOR Health provider knowledge change

STRATEGY HEALTH SERVICE STRENGTHENING

ITEM	DESCRIPTION
Definition	The percentage change in providers' knowledge after training. The assessment should be designed to assess the possession of the skills and knowledge to be able to comply with predefined standards.
Method of measurement	The assessment of provider skills and knowledge occurs through a written, oral, or observational assessment that providers have to undergo before and after the training. The percentage change in score after the training is calculated.  Calculation: $\frac{\text{Post-training score} - \text{Pre-training score}}{\text{Pre-training score}} \times 100$
28 Data source	Routine program data
29 Frequency of reporting	Once per year

	RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30 Data collection	Implementing partners: International Cancer Institute, Kenya Hospices and Palliative Care Association (KEHPCA), Amref Health Africa.	Each of the implementing partners, who are all independent, external third party organizations keep record of the pre-test and post-test scores, in order to measure health provider knowledge change.	Ongoing
31 Data processing	Implementing partners: International Cancer Institute, Kenya Hospices and Palliative Care Association (KEHPCA), Amref Health Africa.	Once a quarter, the consortium of partners meet to review the data from each of their respective organisation. A consolidated report containing aggregated and anonymized data of the total number of health provider knowledge change as part of this program is then provided to Takeda's Access to Medicines office for review.	Ongoing
32 Data validation		An audit of our implementing partner is performed annually / every two years.	

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

[No response provided]

INDICATOR	2019	2020
16 Health provider knowledge change	65%	---

Comments: 2019: Post t-score: 369, pre-t score: 224. This data represents the aggregated health provider knowledge data collected and reported by the implementing partners of the Blueprint for Success\_Meru County project who conduct trainings for various cadres of health providers; namely ICI, ELEWA, Amref, KEHPCA, and KEMRI, Health providers pre-training score = 224 Health providers post-training score = 369 The health provider knowledge change =  $(369-224) \times 100 / 224 = 65\%$ .

# 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**

a. Responsible party: For this indicator, please indicate the party/parties responsible for data collection.

b. Data collection — Description: Please briefly describe the data source and collection procedure in detail.

c. Data collection — Frequency: For this indicator, please indicate the frequency of data collection.

**31 Data processing**

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

b. Data processing— Description: Please briefly describe all processing procedures the data go through. Be explicit in describing the procedures, who enacts them, and the frequency of processing.

c. Data processing — Frequency: What is the frequency with which this data is processed?

**32 Data validation**

Description: Describe the process (if any) your company uses to validate the quality of the data sent from the local team.

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

Please indicate any challenges that you have in collecting data for this indicator and what you are doing to address those challenges.



# Company-submitted Situation Analysis

---

1. BluePrint for Success. Primary healthcare infrastructure. Cancer Alliance Meru Visit Report. April 2018. Available at: [https://bit.ly/needs\\_blue](https://bit.ly/needs_blue)

