

APRIL 2019

Helping Safer Childbirth

Chugai

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: Chugai, Helping Safer Childbirth — Myanmar (2019), Access Observatory Boston, US 2019 (online) available from www.accessobservatory.org

Program Description

Program Overview

1 Program Name

Chugai Helping Safer Childbirth – Myanmar

2 Diseases program aims to address

- Birth Asphyxia
- Children’s and Mother’s Health

3 Beneficiary population

- Age Group: Children under 5 years, Women of reproductive age (15-49 years)
- Gender: All genders
- Special Populations: Rural

4 Countries

- Myanmar

5 Program start date

November 1, 2018

6 Anticipated program completion date

October 31, 2020

7 Contact person

Aya Harada, haradaay@chugai-pharm.co.jp

8 Program summary

The main objective of this program is to build basic systems for safe childbirth in a rural area of Myanmar.

This program offers to set up matching funds with the villagers to support emergency transportation of pregnant women, conduct educational / refresher training for auxiliary midwives, provide echo machines to regional hospitals, and give first-aid kits and accompanying training courses to the villagers. By encouraging active participation of the villagers, the program is designed to generate lasting effects and learnings for safe childbirth.

Chugai implements this program in partnership with AMDA-MINDS (AMDA - Multisectoral and Integrated Development Services), a NGO based in Japan which helps improve health and living conditions of the people who suffer from deprivation and social exclusion. AMDA-MINDS currently implements projects in Myanmar, Nepal, Honduras, Guatemala, Niger and Sierra Leone.

Since 2015, Chugai, in partnership with AMDA-MINDS, has supported building a self-sustained basic health care system in a rural region of Myanmar, such as building small community centers for vaccination and training courses in health & hygiene. This program utilizes the know-how obtained from previous projects.

Program Strategies & Activities

9 Strategies and activities

Strategy 1: Community Awareness and Linkage to Care

ACTIVITY	DESCRIPTION
Funding	Setting up matching funds with the villagers to support emergency transportation of pregnant women.

Strategy 2: Health Service Strengthening

ACTIVITY	DESCRIPTION
Training	Educational / refresher training for auxiliary midwives. Providing first-aid kits and training courses to the villagers.
Infrastructure	Providing echo machines to regional hospitals.

10 Strategy by country

STRATEGY	COUNTRY
Community Awareness and Linkage to Care	Myanmar
Health Service Strengthening	Myanmar

Companies, Partners & Stakeholders

11 Company roles

COMPANY	ROLE
Chugai	General planning and funding.

12 Funding and implementing partners

PARTNER	ROLE/URL	SECTOR
AMDA-MINDS	Chugai and AMDA-MINDS worked together in building a master plan. AMDA-MINDS made the detailed plan and works with local people in its implementation. http://www.amdaminds.org/english/	Voluntary

13 Funding and implementing partners by country

PARTNER	COUNTRY
AMDA-MINDS	Myanmar

14 Stakeholders

STAKEHOLDER	DESCRIPTION OF ENGAGEMENT	REQUESTED OR RECEIVED FROM STAKEHOLDER
Government	Pauk Township, Department of Public Health, Ministry of Health and Sports (Myanmar) is supervising all the local activities.	Infrastructure: No Human Resources: Yes Funding: No Monitoring or Oversight: No Other resource: No
Local Hospitals/ Health Facilities	Pauk Township Hospital where an echo machine will be equipped.	Infrastructure: Yes Human Resources: No Funding: No Monitoring or Oversight: No Other resource: No

Local Context, Equity & Sustainability

15 Local health needs addressed by program

Magway region, where the program is implemented, has one of the poorest health and hygiene conditions and the highest newborn mortality rate in Myanmar, e.g. 89 out of 1,000 infants die before their first birthday.

Through preceding health promotion activities in the targeted region, it became evident that people living in the remote areas of the villages have limited access to vaccinations and prenatal cares. The program is designed to cope with this situation by focusing on these alienated areas.

The 2014 Myanmar Population and Housing Census showed mortality rates in the country are still high compared with other countries in the ASEAN (Association of SouthEast Asian Nations) region. Moreover, Magway region's infant mortality rate is the highest in the country. On the other hand, Ministry of Health and Sports have issued "Myanmar National Health Plan 2017 - 2021" in December 2016. It says that the Myanmar's political leadership has expressed a strong commitment to accelerating progress towards Universal Health Coverage (UHC), which is totally in line with our goal.

a How needs were assessed

The project has been designed based on several surveys conducted by AMDA-MINDS. First, they consulted both central and local governments to choose the area for the project. After the collection of basic information, AMDA-MINDS conducted many interviews with the villagers and made draft plans. The plans were also shared in the village meeting with the participation of government officers.

b Formal needs assessment conducted

No.

16 Social inequity addressed

The program's official goal does not explicitly refer to inequity issues, but the outcome should consequently help in narrowing the gap between the rural and urban areas of Myanmar in terms of safe childbirth.

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	MoU (Memorandum of Understanding) between Ministry of Health and Sports and AMDA-MINDS.
Procurement procedures	Yes	Same as above.
Standard treatment guidelines	Yes	Same as above.
Quality and safety requirements	Yes	Same as above.
Remuneration scales and hiring practices	Yes	AMDA-MINDS staff rules & regulations.

Local Context, Equity & Sustainability

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

Safer childbirth is one of the top priorities in Myanmar’s health policy.

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

TYPE **COMMERCIAL NAME** **INTERNATIONAL NON-PROPRIETARY NAME AND/OR INN**

Device	Under consideration	Ultrasonic Diagnostic Apparatus
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20 Health technology(ies) are part of local standard treatment guidelines

Yes, each and every activity is implemented under the guidance of the Pauk Township Medical Officer.

21 Health technologies are covered by local health insurance schemes

No, there is no appropriate health insurance system in Myanmar.

22 Program provides medicines listed on the National Essential Medicines List

No, the Pauk Township Medical Officer is providing the essential medicines to the hospitals and rural health centers.

23 Sustainability plan

The program provides medical equipment and infrastructure which will continue to be used after it has ended. This contributes to sustaining the health gains achieved by the program.

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.

Program Indicators

PROGRAM NAME

Helping Safer Childbirth – Myanmar

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

INDICATOR	TYPE	STRATEGY	2017	2018
1 Value of funding provided	Output	Community Awareness and Linkage to Care	---	---
2 Number of people trained	Output	Health Service Strengthening	---	---
3 Proportion of users satisfied with services received	Impact	All Program Strategies	---	---

INDICATOR **Value of funding provided**

STRATEGY COMMUNITY AWARENESS AND LINKAGE TO CARE

ITEM	DESCRIPTION
Definition	Total amount of awards disbursed by the company for a specific activity which form part of the program. This is distinct from the total amount invested in the program.
Method of measurement	Total amount of money disbursed through funding activities. CALCULATION Sum of the total amount of money disbursed to implementing partner.
28 Data source	Routine program data.
29 Frequency of reporting	Once per year.

	RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30 Data collection	Villagers	My company disburses matching funds and those are also collected by the villagers. The villagers keep record the funds disbursed. AMDA-MINDS(NGO) collects the data.	Ongoing
31 Data processing	Implementing partner: AMDA-MINDS	The following procedures will be maintained. 1. Community Development Facilitator, CDF, reports the results to the Team Leader. 2. Team Leader compiles the data and reports to the Project Coordinator, PC. 3. PC analyzes the data with the Mother and Child Health, MCH Promotion Officer and MCH Monitoring Officer. 4. PC reports to the Project Manager, PM. 5. PM checks and revises the report. 6. PM reports to the headquarters of AMDA-MINDS. At the end of the year, my company sums the amount of money disbursed as matching funds to the villagers.	Ongoing
32 Data validation	Company	The members of my company visit the local team at least once to verify the data collection and management procedures.	

33 Challenges in data collection and steps to address challenges

[No response provided.]

INDICATOR	2017	2018
1 Value of funding provided	---	---

Comments: N/A

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

	RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30 Data collection	Implementing partner: AMDA-MINDS	AMDA-MINDS collects data from local executors for all trainings provided. Auxiliary midwives and villagers are assumed as participants.	Monthly
31 Data processing	Implementing partner: AMDA-MINDS	The following procedures will be maintained monthly. 1. Community Development Facilitator, CDF, reports the results to the Team Leader. 2. Team Leader compiles the data and reports to the Project Coordinator, PC. 3. PC analyzes the data with the Mother and Child Health, MCH Promotion Officer and MCH Monitoring Officer. 4. PC reports to the Project Manager, PM. 5. PM checks and revises the report. 6. PM reports to the Head Quarter of AMDA-MINDS.	Monthly
32 Data validation	Company	The members of our company visit the local team at least once to verify the data collection and management procedures.	

33 Challenges in data collection and steps to address challenges

[No additional information provided.]

INDICATOR	2017	2018
2 Number of people trained	---	---

Comments: N/A

INDICATOR **Proportion of users satisfied with services received**

3

STRATEGY ALL PROGRAM STRATEGIES

ITEM	DESCRIPTION
Definition	Proportion of users who report satisfaction with services received.
Method of measurement	Calculating the proportion of users who reported satisfaction with services received. CALCULATION Number of users who report satisfaction with services received Total number of users surveyed
28 Data source	Non-routine program data.
29 Frequency of reporting	Once per year.

	RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30 Data collection	Implementing partner: AMDA-MINDS	AMDA-MINDS collects data from local executors for some trainings provided. Auxiliary midwives and villagers are assumed as participants.	Ongoing
31 Data processing	Implementing partner: AMDA-MINDS	The following procedures will be maintained monthly. 1. Community development facilitator, CDF, reports the results to the Team Leader. 2. Team Leader compiles the data and reports to the Project Coordinator, PC. 3. PC analyze the data with the Mother and Child Health, MCH, Promotion Officer and MCH Monitoring Officer. 4. PC reports to the Project Manager, PM. 5. PM checks and revises the report. 6. PM reports to the headquarters of AMDA-MINDS.	Ongoing
32 Data validation	Company	The members of our company visit the local team at least once to verify the data collection and management procedures.	

33 Challenges in data collection and steps to address challenges

[No additional information provided.]

INDICATOR	2017	2018
3 Proportion of users satisfied with services received	---	---

Comments: N/A

Appendix

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

Program Description

PROGRAM OVERVIEW

1 Program Name

2 Diseases program aims to address:

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

3 Beneficiary population

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

4 Countries

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

5 Program Start Date

6 Anticipated Program Completion Date

7 Contact person

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

8 Program summary

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

PROGRAM STRATEGIES & ACTIVITIES

9 Strategies and activities

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

10 Strategy by country

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

COMPANIES, PARTNERS AND STAKEHOLDERS

11 Company roles

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

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

12 Funding and implementing partners

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

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

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

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

13 Funding and implementing partners by country

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

14 Stakeholders

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

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

LOCAL CONTEXT, EQUITY & SUSTAINABILITY

15 Local health needs addressed by program

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

- a How were needs assessed
- b Was a formal need assessment conducted

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

16 Social inequity addressed

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

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

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

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

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

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

19 Program provides health technologies

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

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

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

21 Health technologies are covered by local health insurance schemes

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

22 Program provides medicines listed on the National Essential Medicines List

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

23 Sustainability plan

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

ADDITIONAL PROGRAM INFORMATION**24 Additional program information**

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

a Potential conflict of interest discussed with government entity

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

25 Access Accelerated Initiative participant

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

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

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

