PROGRAM REPORT

APRIL 2019

HERhealth

Takeda

Submitted as part of Access Accelerated

Access Observatory

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

Program Description

Program Overview

1 Program Name

HERhealth

2 Diseases program aims to address

- Other non-NCD: General

3 Beneficiary population

- Women
- People with low income

4 Countries

- China
- Ethiopia
- India
- Kenya

5 Program start date

April 01, 2016

6 Anticipated program completion date

June 30, 2018

7 Contact person

[No response provided.]

8 Program summary

HERhealth aims to raise awareness of critical health issues, improve health behaviors and increase access to health care for low-income women workers in global supply chains, including in the ready-made garment industry. The program also seeks to improve the capacity of factory and farm management to better manage and respond to workers' health needs in the workplace through improving workplace health systems and referral systems.

The program includes the following key components:

- Training of female workers, to increase their knowledge on important topics such as hygiene, family planning and reproductive cancers.
- Capacity building of workplace management, to deepen their understanding about workers health needs and their responsibility to manage health in the workplace.
- Establishment of partnerships aiming to expand workers' access to health services and products, both in the workplace and through referrals.
- Strengthening companies' commitment to improve female workers' health.

In particular, the program makes a significant contribution through expanding women workers' access to health care and building support systems that promote good health in the workplace. By tackling documented issues limiting worker access to health care in the workplace, such as poorly equipped clinics, inadequately trained and demotivated clinic staff, and weak linkages between workers and external service providers, we expect to see improved health outcomes among female workers.

For more information on the program, please visit: http://www.accessaccelerated.org/initiative/herhealth/

Program Strategies & Activities

9 Strategies and activities

Strategy 1: Community Awareness & Linkage to Care

ACTIVITY	DESCRIPTION
Communication	Educating female workers on increase their knowledge on health issues such as reproductive health and cancers.

Strategy 2: Health Service Strengthening

ACTIVITY	DESCRIPTION
Training	Building health management capacity in the workplace including better understanding of workers health needs and awareness of the responsibility to manage health in the workplace.
Management	Establishing partnerships aimed at expanding workers' access to health services and products, both in the work-place and through referrals.

10 Strategy by country

STRATEGY	COUNTRY
Community Awareness & Linkage to Care	[No response provided.]
Health Service Strengthening	[No response provided.]

Companies, Partners & Stakeholders

11 Company roles

COMPANY	ROLE
Takeda	Planning, monitoring, evaluating, and funding the program in partnership with Business for Social Responsibility (BSR).

12 Funding and implementing partners

PARTNER	ROLE/URL	SECTOR
Business for Social Responsibility (BSR)	BSR leads the program, develops content, shares best practices between and within countries, measures impact and manages the relationship with Takeda. https://www.bsr.org/	Voluntary

13 Funding and implementing partners by country

PARTNER	COUNTRY
Business for Social Responsibility (BSR)	[No response provided.]

14 Stakeholders

STAKEHOLDER	DESCRIPTION OF ENGAGEMENT
Government	We are engaging with local government departments responsible for women's health in industrial zones in China and distribute their health information material.
NGO	We are working with Swasti Health Resource Centre in India on program development and evaluation, and Women in Self-Employment (WISE) in Ethiopia, and the National Association of Peer Educators (NOPE) in Kenya on program implementation.
Commercial Sector	We are engaging with local private sector representatives to secure the buy-in to implement program activities in the workplace, and commercial sector groups, for example, the Ethiopian Horticulture Producer Exporter Association (EHPEA) to implement programs in the Ethiopian flower industry.
Local Hospitals and Health Facilities	We are working with local workplace health clinics to improve care.
Local Universities	We are engaging with PSG Institute of Medical Sciences and Research in India to develop, pilot, and evaluate the impact of the program.

Local Context, Equity & Sustainability

15 Local health needs addressed by program

Global supply chains provide valuable economic opportunities for women in many developing countries, including China, Ethiopia, India and Kenya. However, a lack of adequate access to health information and health services and products hold women workers back from reaching their full potential.

All program activities have been designed to respond to women workers' health needs, defined by qualitative and quantitative data collected as part of individual needs assessments and focus group discussions with close to 10,000 women workers over the past five years across the four countries. The approach and materials used by the program have been co-created with local partners and local team members in each of the program countries. The program works in close collaboration with local NGO partners to implement all program activities and monitor results on an ongoing basis.

16 Social inequity addressed

Our program intends to address social inequality by ensuring that women's specific health needs are increasingly met, through investments in workplace health systems and access partnerships with external health care providers. We also seek to address social and gender norms that hold women back in the workplace, through training women and men workers, as well as through workplace management.

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

The program has carefully assessed local requirements for workplace health in each country where it has implemented activities, and has ensured that its training and capacity building activities are in line with local policies and laws.

18 How program meets or exceeds local standards

[No response provided.]

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

[No response provided.]

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

[No response provided.]

21 Health technologies are covered by local health insurance schemes

[No response provided.]

22 Program provides medicines listed on the National Essential Medicines List

[No response provided.]

23 Sustainability plan

By investing in capacity building of workplace management and partnering with them to improve systems for workplace health, the program seeks to gradually transition the responsibility of health promoting activities to management and workplace health staff. The second part of the program will include working with workplace management to create a sustainability plan, outlining how activities will continue after the formal completion of the program.

Additional Program Information

24 Additional program information

Program activities differ between countries, depending on the local context and the needs of women workers. One major difference between projects in Asia and East Africa is the industry - in Kenya and Ethiopia the program mainly operates programs in the agricultural sector, whereas in India and China it is mostly in light manufacturing sectors.

Our approach for enabling increased access to health services and products is also different in each country. For example, in India, we partner with factory managers and health staff to improve the health care that the workplace health clinic is already providing. Factories are often located in urban settings, which reduce the distance to nearby health care providers, if comparing with workplaces located in a rural setting. In Kenya, we have instead identified regular health camps as one intervention that can enable women workers in farms with increased access to health care.

An important part of the program is to establish successful approaches for investing in workplace health, looking at both improved health outcomes for low-income women workers in factories and farms, as well as the potential for sustaining the impact. For the latter, the private sector commitment to long-term investments in health promotion is a key factor for the success of the program.

25 Access Accelerated Initiative participant

Yes.

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

Yes.

Program Indicators

PROGRAM NAME

HERhealth

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

	INDICATOR	TYPE	STRATEGY	2017	2018
1	Population exposed to oral communication activities	Output	Community Awareness and Linkage to Care	30,531 people	6,039 people
2	Management procedures in use	Output	Health Service Strengthening	27 sustainability plans	17 sustainability plans
3	Number of users receiving tools	Output	Health Service Strengthening	3,324 people	9,258 people
4	Number of people trained	Output	Health Service Strengthening	4 people	3 people

INDICATOR

Population exposed to oral communication activities

1

STRATEGY COMMUNITY AWARENESS AND LINKAGE TO CARE

	ITEM	DESCRIPTION
	Definition	Number of population reached through a community awareness campaign.
	Method of measurement	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	On conclusion of program.

		RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30	Data collection	Implementing partner: Business for Social Responsibility (BSR)	BSR collects annual count of female factory or farm workers attending community health awareness campaigns from HR departments in the factories or farms. The community is limited to female workers within the factories' walls or farms' boundaries. Attendance is counted only for campaigns started and finished during Takeda's program, and excludes campaigns in progress at beginning and end of the program (campaigns generally take 15 - 20 months to complete).	Once per year
31	Data processing	---	The data is not processed.	---
32	Data validation	---	None.	---

33 Challenges in data collection and steps to address challenges

The start of this program predated the launch of Access Accelerated and the measurement and evaluation of it using the framework provided by Boston University was applied retrospectively. For this reason interim data was unavailable, and we were unable to collect annual data on the full range of outcomes.

INDICATOR	2017	2018
1 Population exposed to oral communication activities	30,531 people	6,039 people

Comments: 2016 data: 47,737 people.

Total for China, India, Ethiopia and Kenya.

INDICATOR **Management procedures in use**

STRATEGY HEALTH SERVICE STRENGTHENING

2

	ITEM	DESCRIPTION
	Definition	Number of management procedures development and implemented through the program activity e.g. appointment systems for patients.
	Method of measurement	Counting of the number of management procedures in use that have been developed and implemented through the program activity. The management procedures in use can be obtained from the facility supervisor or documents on standard operating procedures. CALCULATION Sum of the number of management procedures in use that have been developed and implemented through the program activity.
28	Data source	Routine program data.
29	Frequency of reporting	On conclusion of program.

		RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30	Data collection	Implementing partner: Business for Social Responsibility (BSR)	Count by BSR of number of factories or farms producing sustainability plans each year, excluding sustainability plans in progress at the beginning and end of the Takeda program.	Once per year
31	Data processing	---	No data processing.	---
32	Data validation	---	None.	---

33 Challenges in data collection and steps to address challenges

The start of this program predated the launch of Access Accelerated and the measurement and evaluation of it using the framework provided by Boston University was applied retrospectively. For this reason interim data was unavailable.

INDICATOR	2017	2018
2 Management procedures in use	27 sustainability plans	17 sustainability plans

Comments: 2016 data: 19 sustainability plans.

Total for China, India, Ethiopia and Kenya.

INDICATOR **Number of users receiving tools**

STRATEGY HEALTH SERVICE STRENGTHENING

3

	ITEM	DESCRIPTION
	Definition	Number of users that received the tools produced and/or distributed by the program.
	Method of measurement	Sum of number of users that received the tools produced and/or distributed by the program.
28	Data source	Routine program data.
29	Frequency of reporting	On conclusion of program.

		RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30	Data collection	Implementing partner: Business for Social Responsibility (BSR)	BSR count number of toolkits delivered to managerial and workplace clinic staff in factories and farms.	Once per year
31	Data processing	---	The data is not processed.	---
32	Data validation	---	None.	---

33 Challenges in data collection and steps to address challenges

The start of this program predated the launch of Access Accelerated and the measurement and evaluation of it using the framework provided by Boston University was applied retrospectively. For this reason interim data was unavailable.

INDICATOR	2017	2018
2 Number of users receiving tools	3,324 people	9,258 people

Comments: Number of managerial staff and workplace clinic staff receiving health systems strengthening toolkit. India only.

INDICATOR **Number of people trained**

STRATEGY HEALTH SERVICE STRENGTHENING

4

	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	On conclusion of program.

		RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30	Data collection	Implementing partner: Business for Social Responsibility (BSR)	BSR count number of nurses in factories and farms who received training each year during the Takeda program.	Once per year
31	Data processing	---	The data is not processed.	---
32	Data validation	---	None.	---

33 Challenges in data collection and steps to address challenges

The start of this program predated the launch of Access Accelerated and the measurement and evaluation of it using the framework provided by Boston University was applied retrospectively. For this reason interim data was unavailable.

INDICATOR	2017	2018
4 Number of people trained	4 people	3 people

Comments: 2016 data: 29 people.

Nurses trained in India and Kenya.

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 you 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)?

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 program meets or exceeds local standards

Is there anything else that you would like to report on how your program meets or exceeds local standards?

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?

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.