

Sanofi Access to Medicines Programs – 2016

G4 indicators : G4-DMA, G4-SO1

Country	Disease targeted	Program details	Results/Impact in terms of KPIs
Armenia	Schizophrenia	<p>PPP to develop the management of mental illness in Armenia: Second and last year of this pilot program implemented in Yerevan. It combines:</p> <p>1) Training of healthcare professionals (Nurses, GPs, psychiatrists, psychologists and residents) by 6 Armenian specialists; 2) Awareness initiatives targeting patients, their family and general population; 3) KAP (Knowledge Attitudes and Practices) study to assess the impact of the program on stigma</p>	180 healthcare professionals trained and an estimated 875,800 people reached through awareness-raising activities
Cambodia	Epilepsy	<p>ECLAIR (Epilepsy Cambodia Laos Intervention): Approach is based on engaging trained primary health center (PHC) staff as bimonthly domestic health visitor (BDHV) so they can identify, screen, home-deliver treatment and conduct treatment follow-ups by home-visiting, once every two months. The impact of this innovative approach will be assessed by comparing a pilot site and a control site in both countries, Laos and Cambodia. The program has already been completed in Laos.</p>	<p>In Cambodia:</p> <ul style="list-style-type: none"> • 55 people in the intervention area and 23 people in the control area were diagnosed with epilepsy. • 5 doctors and 3 pharmacists from the province hospital, 12 primary healthcare staff and 30 domestic health visitors have been trained. • 179 educational meetings were held in villages involving an estimated 3,927 people.
Madagascar	Mental health	<p>Improving mental health in Madagascar partnership: Pilot program in 5 regions (out of 22) in partnership with the Ministry of Health of Madagascar and the World Association of Social Psychiatry</p> <p>Awareness campaign with specific I-E-C material; training of primary health care professionals</p> <p>8 diseases are included in the program: schizophrenia, major depressive disorders, mood disorder, child psychiatric disorders, addictive disorders, management of violent behavior, psychosocial care and epilepsy</p>	<p>50 free consultations</p> <p>90 general practitioners (GPs) from basic health units were trained on depression, anxiety disorder and addiction</p> <p>Mentoring:</p> <ul style="list-style-type: none"> • On schizophrenia and epilepsy for 18 GPs from basic health units • On child psychiatry for 20 mid-wives, 5 general nurses, 2 physiotherapist nurses and 1 school teacher • On Electroencephalogram (EEG) with mentoring of 3 technicians • During the SOMAP annual congress (Société Malgache de Psychiatrie): with 53 mental health professionals • During Mental Health Week (11-13 October) <p>An estimated 722 people in the general population in Ifanadiana and Manakara were reached through awareness activities, and around 450,000 people were reached by radio messages.</p>

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Zambia, Nigeria, Rwanda, Ghana, Kenya	Mental health	<p>Partnership to improve mental illness quality management in low- and middle-income countries (LMIC): This program aims to improve the management and follow-up of 6 projects for people affected by mental illness. The objectives are to:</p> <ul style="list-style-type: none"> - Provide infrastructure, support and training on Quality Improvement (QI) courses - Develop and test prototype tools to significantly ease access to and use of these methods - Test prototypes that would allow networked use, sharing, and scale up QI-driven implementation 	<p>Three face to face, 3-day training sessions (Zambia, Ghana, skype), monthly network calls, monthly individual coaching calls, presentation of results at the 2015 International Mental Health Congress (April – France).</p> <p>A mobile application was designed in order to collect data for the different projects.</p> <p>For the 6 projects: The cumulative number of people screened for mental health conditions across all projects as of February 2016 was 13,604. The cumulative number of managed patients for the Early Adopter Network from January 2015 to February 2016 was 12,432.</p>
ATM Benin	Epilepsy	<p>Rural doctor networks against Epilepsy in Benin - Santé Sud (REB): Partnership with Santé Sud for improving access to healthcare for people with epilepsy through (1) the development of competencies in epilepsy management of doctors from the Benin Association of rural doctors, (2) awareness campaigns, (3) research/action.</p>	<p>By the end of 2016, 8 GPs monitored and managed an estimated 400 people with epilepsy.</p> <p>Posters were presented on the 3 project results at the Geneva Health Forum (19 – 21 April 2016) in Switzerland.</p> <p>A network of 8 epilepsy-trained GPs from rural areas was established. They participated in 3 North-South seminars, 3 South-South seminars and 8 quarterly meetings for the network members to share information and experiences. An estimated 29 awareness and information actions took place in 10 different villages / regions . They reached an estimated 7,00 people in total.</p>
Bolivia	Epilepsy	<p>Community-based epilepsy management program in rural Bolivia: Partnership with the Department of Neurosciences of the University of Catania.</p> <p>1) Training program on epilepsy for healthcare providers from the public sector; 2) Awareness meeting on epilepsy for communities and patients; 3) pre- and post-program evaluation: KAP (Knowledge, Attitudes and Practices) study of healthcare professionals working with rural communities; Epilepsy-related stigma in the community; Quality of Life evaluation (QoLIE- 10) of people living in rural areas before and after the epilepsy awareness program.</p>	<p>30 community health workers were trained.</p> <p>By the end of the program it is expected that:</p> <ul style="list-style-type: none"> • 340 community health workers will be trained • 200 patients will take part in the awareness program • 28,000 community members will be informed

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Cameroon	Epilepsy	<p>Awareness-building and care for people with epilepsy in 7 health districts in Cameroon: The main objective of the program is to support people and improve their living conditions with epilepsy care and reinforce global and community awareness.</p> <p>The program includes the following objectives in the 7 selected districts:</p> <ol style="list-style-type: none"> 1. Develop patient screening 2. Provide care for 80% of people identified as having epilepsy 3. Promote epilepsy prevention 4. Improve knowledge, attitudes and practices of people whose relatives have epilepsy 5. Improve the health system and health information procurement system <p>24 regional trainers were trained.</p> <p>Adaptation of training materials and information, education and communication materials provided.</p>
Guatemala	Mental health	<p>The impact on mental health: ALAS is the only non-governmental organization in Guatemala dedicated to providing access to mental healthcare for those who could not otherwise afford it. Founded in May 2013, supported by Sanofi, ALAS is able to provide education, outreach, and access to psychiatric medications at cost, working in partnership with local development NGO's, state clinics and education institutions. The ALAS strategy to improve attention, prevention and promotion of mental health is compatible with international human rights conventions and agreements.</p> <p>292 patients were monitored by a psychiatrist (outpatient clinic and home visits for severely ill patients); access to antidepressants was provided at no cost.</p> <p>Fight Against Stigma:</p> <ul style="list-style-type: none"> • 28 workshops involving 476 students • World Mental Health Day Activities (parade, race, gala dinner, free consultation day), 2 radio programs (Spanish monthly & T'zutujil 2 per month), monthly TV appearance ("Salud para todos"), Facebook page Volunteering: collaboration with Stanford University (Psychiatry residents), Universidad de San Carlos de Guatemala (creation of Social Psychiatry rotation as part of Guatemalan Psychiatry residency), collaboration with Ecole Polytechnique's X microfinancing Rehab & empowerment: monthly support group sessions (25-30 patients & family members): supporting creation of Patient & Family Association • 11 new microloans facilitated (2015-2016) - 35 loan follow-up house visits. Training: Basic mental health training program to non-medical staff in state health services (280 people /year), lecture series for educators, facilitators, teachers and social work students (100 people)

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Comoros	Epilepsy	<p>TWAMAYA (Providing tele-psychiatry in communities in the Union of Comoros): This pilot program supported by Grand Challenges Canada aims to enable existing community healthcare workers to identify people with schizophrenia or epilepsy, to support patients and their families, to educate the public, and to help patients have access to specialists in the Community Healthcare Center via a simple system of telemedicine.</p>	<p>Identification of 1,151 potential cases by community health workers</p> <p>282 patients diagnosed and managed</p> <p>“Treatment gap” reduced by 23% in 16 months</p> <p>Capacity reinforcement training: 16 healthcare professionals, 90 community health workers & 3 coordinators</p> <p>7 healthcare centers with computer & wireless equipment</p> <p>7 telemedicine and 27 telephone sessions for remote expert advice</p> <p>Opening of Mental Health Unit at the El Maarouf National Hospital</p> <p>120 religious & traditional leaders, 2 regional prefects and 8 mayors involved</p>
Ghana, Vietnam	Epilepsy	<p>WHO Epilepsy Initiative Improving Access to Epilepsy Care in Ghana and Vietnam: The objectives of the program are: (1) To develop and engage the strategy for delivering epilepsy care (2) To promote training of all professional health care providers, making them competent in diagnosing and treating epilepsy (3) To improve participation and awareness of community groups to decrease stigma and increase demand for epilepsy care (4) To integrate provision of care and services for epilepsy within the primary health care system (5) To monitor and evaluate the project and disseminate new ideas and knowledge</p> <p>The program was completed in Ghana in 2015.</p>	<p>In Vietnam:</p> <p>600 patients treated</p> <p>569 healthcare professionals trained</p>
Morocco	Epilepsy, Mental health	<p>Nadar Akhar: Scaling up phase at the country level after a pilot program (2008-2011) in the Benslimane area</p> <p>Awareness campaign through specific Information-Education-Communication materials; training of primary healthcare professionals; network including specialists and primary healthcare professionals; support to patient groups and family associations</p> <p>Tiered pricing policy for affordable medicines through competition in tenders</p> <p>The diseases targeted by the program include: schizophrenia, major depressive disorders, bipolar disorder, addictive disorders, severe psychiatric disorders and epilepsy.</p>	

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<p>Cameroon, Ivory Coast, Ghana, Guinea, Malawi, RDC, Tanzania, Togo</p>	<p>Neglected tropical diseases / sleeping sickness</p>	<p>Partnership with WHO for surveillance and control: Partnership with WHO to provide training of healthcare professionals for surveillance and control of sleeping sickness. Donation of medications for HAT treatment. Mobile teams carry out active screening for the disease, in addition to existing passive screening in healthcare centers. Mapping of the cases is done to help improve follow-up and allocate resources appropriately. WHO Partnership: Since 2001, US\$5 million/year. The renewal process is ongoing and the partnership will continue.</p>	<p>2,804 patients treated for sleeping sickness.</p>
<p>Ghana and Morocco</p>		<p>Pharmacovigilance fellowship: Train healthcare professionals on the basics of the pharmacovigilance reporting system (theory and practice) at the WHO pharmacovigilance collaborating centers of Morocco and Ghana.</p>	<p>Ghana training session: 1 healthcare professional from Cameroon, 1 from RCI, 1 from Gambia, 1 from Malawi, 1 from Zambia Morocco training session: 2 healthcare professionals from Niger, 2 from Mauritania, 1 from Burkina, 1 from Benin, 1 from Cameroon, 1 from RCI</p>
<p>Argentina, Brazil, Ecuador, Mexico, Morocco, Nicaragua, Pakistan, Panama, Syria, Tunisia</p>	<p>Leishmaniasis</p>	<p>Preferential pricing for glucantime: Provide low- and middle-income countries with glucantime (meglumine antimonate) at differentiated pricing. In 2016, Sanofi provided more than 2.4 million vials of glucantime at differentiated pricing. This represents treatment for approximately 156,000 patients in several countries: Argentina, Brazil, Ecuador, Mexico, Morocco, Nicaragua, Pakistan, Panama, Syria and Tunisia. The Suzano site in Brazil produces glucantime®, one of the medicines recommended by the World Health Organization for the treatment of leishmaniasis.</p>	<p>An estimated 156,000 patients treated.</p>

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Tunisia	Leishmaniasis	<p>Partnership to remind GPs about visceral leishmaniasis symptoms in endemic areas + school awareness campaign in cutaneous leishmaniasis endemic areas of Tunisia: Distribution of posters in endemic areas in 2015. In 2016, the Pasteur Institute of Tunis (IPT) carried out the impact assessment.</p> <p>The partnership includes distribution in 2016 of 75,000 comic books and 1,000 posters in schools in endemic areas (7 governorates - Kairouan, Kasserine, Gafsa, Tozeur, Kebili, Tataouine et Sidi Bouzid), with the local support of the Ministry of Health and the Ministry of Education.</p> <p>The impact of the campaign will be assessed by the Pasteur Institute. Expectations of the campaign are: decreased diagnostic delays; improved perception of the disease; a decrease in the number of new cases.</p>	<p>40,000 comic books provided.</p> <p>Evaluation of 240 students: as part of the partnership with the Institute Pasteur of Tunis (IPT), in 2016, an impact assessment concerning the reception of the comic book (on the "Connaissances Attitudes et Pratiques, Etude CAP") was conducted by the IPT among 240 students within 11 different schools (Bouhajla area). The impact assessment shows that the reading of the comic strip improved knowledge on cutaneous leishmaniasis and produced more positive attitudes toward the disease. The results will be presented on a poster and during a symposium organized by Sanofi during the WORLDLEISH congress (held in Toledo from May 15 to 20, 2017).</p>
Cameroon, Gabon, Mozambique	Malaria	<p>Schoolchildren Against Malaria: Awareness program designed specifically for primary schoolchildren using MOSKI KIT. Implemented in schools in partnership with NMCPs/MOH, Ministries of Education, etc. The kit improves malaria awareness of new target using playful methods. It engages younger generations to initiate sustainable behavioral changes.</p> <p>Different initiatives: inter-school theater competition, awareness-raising week at WMD, quizzes, drawing competitions, etc.</p>	<p>In Cameroon, 120 MOSKI kits were provided to 57 primary schools. 416 peer educators of children were trained, and 207 educators were trained.</p> <p>In Gabon, 30 MOSKI kits provided; 1,704 peer educators, 39 teachers, and 11 school directors were trained.</p> <p>In Mozambique, 38 schools reached and 130 MOSKI kits were provided.</p>
Nigeria, Ghana, Cameroon, Madagascar, Congo, Djibouti, Chad, Central African Republic, Burundi, Equatorial Guinea, Angola, Malawi, Kenya, Uganda, Rwanda, Tanzania, Somalia, Burkina Faso, Guinea, Senegal, Benin, Ivory Coast, Togo, Niger, Liberia, Sierra Leone, Sudan	Malaria	<p>Supply of ASAQ Winthrop® at affordable price to sub-Saharan countries: fixed dose combination of artesunate and amodiaquine (ASAQ Winthrop®) made available at preferential pricing.</p>	<p>43,467,000 treatments sold, making it possible to treat more than 43 million attacks.</p>