

## Signature initiative

# Blueprint for Innovative Healthcare Access

## Approach

For many patients in LMICs, loss of income as a result of living with non-communicable diseases (NCDs), complications from late or misdiagnosis and the financial burden of ongoing treatment can have life-altering consequences.

In an effort to address these challenges, we launched Blueprint for Innovative Healthcare Access in 2019, a signature initiative which mobilizes collective action to address the impact of NCDs on patients and families in LMICs.

From the beginning, the aim has been to work with partners to provide local solutions that address the local health care system's needs. Together with these partners, we set out to identify and co-create a program that could be adapted by public, private and non-profit health care organizations to work collaboratively to address NCDs.

The Blueprint program was designed to help ecosystems scale impact, spanning the entire patient journey – from disease prevention, screening and diagnosis, to high-quality treatment and patient support.

Importantly, our goal has been to enhance existing systems to empower local partners and government authorities to carry on the work in the future, ensuring continuity and sustainable impact.



## Blueprint initiatives

### Pilot project in Meru County, Kenya

A flagship initiative in our Access to Medicines approach, we launched the Blueprint program in Kenya's Meru County in 2019, with the aim of improving survival and quality of life for people impacted by NCDs – specifically, diabetes, hypertension and cancer.

The 1.54 million population of Meru, a rural county in east Kenya, has historically had limited access to NCD treatment and care due to systemic gaps. Due to a shortage in medically trained personnel, patients with NCDs have typically been diagnosed only once they develop secondary complications. Further, chronic under-investment in local medical care and infrastructure has historically resulted in a heavy financial burden for local patients and their families.

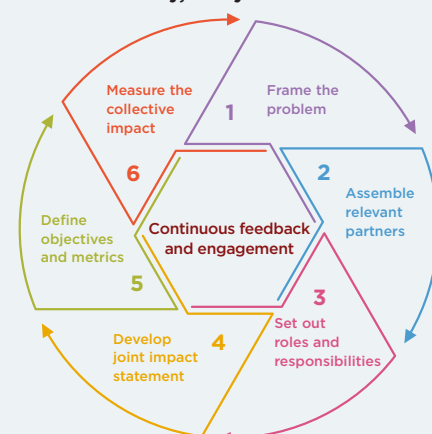
The pilot program was established to address access barriers while enhancing local standards of care. Initiatives and activities were designed to facilitate the sharing of resources, expertise and responsibilities, implemented with strong governance, leadership and coordination.

The pilot began with a consortium of seven partner-patient organizations coming together to gain a full understanding of the local health care environment and identify the gaps. Partners then collectively agreed on the impact objectives across the whole patient

journey. In order to evaluate the outcomes and impact of the initiative, a systematic approach through the implementation of the Access to Health Framework and Guidebook was applied. The Framework was then tailored with independent measurements and adjustments to evolve the workplan according to realities on the ground and build in learnings from continuous engagement.

The pilot ran for three years from April 2019 to March 2022, ensuring adequate time and resources for the necessary skill, knowledge and technology transfers to deliver high-quality care over the long term.

#### Access to Health Guidebook and Framework applied to pilot project in Meru County, Kenya



Refer to page 24 to read more about the Access to Health Guidebook and Framework

From the beginning of the pilot in Meru, the program demonstrated concrete, sustainable improvements in NCD management capabilities and patient survival. The Blueprint program has since been replicated in four other African communities. Moreover, our partners now also have the ability to apply the approach and scale it up in other regions or countries.

### Project partners





Results of the Meru County pilot project

Impact objectives and key results (2019-2022):

Deliverable	Project Total (through end of March 2022)
Number of People Trained: Community Health Volunteers (CHV) + Health Care Professionals (HCP)	3,303 <sup>8</sup>
Patients Referred to Care	10,130
Population Screened	156,695
Community members reached - awareness	365,470



Strengthened health systems delivery capacity

- More than 2,500<sup>8</sup> individuals trained for preventing, detecting and treating diabetes, hypertension, cancer and palliative care
- Number of HCPs trained on cancer in Meru expanded from one oncology consultant to 39 HCPs
- 787 health workers and community members trained in commodities management, supply chain, advocacy and policy efforts, thereby strengthening health systems management and infrastructure



Improved access to and utilization of health services

Increased average number of monthly palliative care visits by 319%



Enhanced earlier detection of NCDs

Screened more than 150,000 people for hypertension and diabetes, nearly 10,000 referred to facilities for further diagnosis or treatment



Increased community awareness of NCDs

94% of community survey participants understood the importance of early NCD screening as a result of community volunteer outreach and advocacy



Improved disease surveillance and research to facilitate evidence-based decision making

Developed a new population-based cancer registry and five hospital-based cancer registries



Increased funding for NCDs in county budget

Facilitated and supported preparation of the first NCD-specific workplan for Meru County that serves as an instrumental policy document for county budget

<sup>8</sup> Not a unique value, as certain individuals may have participated in more than one training

## Partnership with BIO Ventures for Global Health in Nigeria

Building on the success of the Meru County pilot program, in 2021 Takeda expanded the Blueprint approach to Nigeria under the Africa Access Initiative in partnership with BIO Ventures for Global Health (BVGH).

One of the key areas of focus is the often overlooked barrier to access: the performance

of local supply chains. Critical medicines can be delayed getting to patients if distribution networks are inefficient, if cargo is not handled properly or if local infrastructure is unreliable.

Takeda and BVGH carried out research to understand the demand for 41 essential oncology products and then identified potential vulnerabilities in local supply chains that would otherwise prevent patients from

getting medicines on time. This was a comprehensive project that relied on granular data, including drug quantity forecasting, hospital budgeting and the logistics covering a medicine's journey from port to patient.

Informed by the same holistic approach pioneered in Kenya, the program in Nigeria identified gaps in the diagnostic capabilities of health care workers, responding with training programs across oncology and rare disease capabilities.

**“Patients in Nigeria lack access to basic cancer medicines and knowledge on how to navigate the system to access care. Some even resort to rationing, for example using ‘half-cocktail’ treatments just to stretch out their limited funds. [...] The country has so much potential. I want to see Nigeria thrive again and support more patients as they navigate this journey, with knowledge.”**

**Dr. Denise Ejoh,**  
cancer survivor and  
CEO of Cormode Cancer Foundation



## Impact

2020-2022



More than  
1,600

health care professionals trained

Approximately  
**16%** of the Nigerian population  
reached by regional NGOs  
through patient materials and  
radio announcements