



Annual Report 2014



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ABOUT EPN

The work of EPN is not just aimed at having quality pharmaceutical services provided by church institutions, but we also work towards services that allow no discrimination and guarantee equal access to all. In addition, our work is aimed at encouraging providers to follow the example of Christ by being empathetic, so that their patients feel valued and cared for as individuals.

VISION

A valued global partner for just, compassionate quality pharmaceutical services for all.

MISSION

To support churches and church health systems provide just and compassionate quality pharmaceutical services.

VALUES

EPN values have their basis in the teachings of Christ and the desire to uphold virtues that enhance the dignity of humankind.

ABBREVIATIONS

ABR	Antibiotic Resistance
ACT	Artemisinin-combination therapy
AIDS	Acquired Immune Deficiency Syndrome
AMR	Antimicrobial Resistance
AMREF	African Medical & Research Foundation
ART	Antiretroviral therapy
ARV	Antiretroviral
BUFMAR	Bureau des Formations Médicales Agréées au Rwanda
CBCA	Communauté Baptiste au Centre de l'Afrique
CBCHS	Cameroon Baptist Convention Health Services
CCIH	Christian Connections for International Health
CDC	Centres for Disease Control and Prevention
CDMU	Community Development Medicinal Unit
CEO	Chief Executive Officer
CEPAC	Communauté des Eglises de Pentecôte en Afrique Centrale (Pentecostal Churches in Central Africa)
CHAK	Christian Health Association of Kenya
CHAM	Christian Health Association of Malawi
CHAN- MEDI PHARM	Christian Health Association of Nigeria
CHAZ	Churches Health Association of Zambia
DCMP	Dépôt Central Médico-Pharmaceutique
DIFAEM	German Institute for Medical Mission
DRC	Democratic Republic of Congo
EAC	East African Community
ECC	Eglise du Christ au Congo (Church of Christ in Congo)
ED	Executive Director
EEC	Eglise Evangélique du Cameroun (Evangelical Church of Cameroon)
EHAIA	Ecumenical HIV and AIDS Initiatives and Advocacy
EPP	Essentials of Pharmacy Practice
ESP	Ecumenical Scholarship Programme
EU	European Union
FBO	Faith-based Organization
GARP	Global Antibiotic Resistance Partnership
HIV	Human Immunodeficiency Virus
IEC	Information, Education and Communication
JMS	Joint Medical Store
KCCB	Kenya Conference of Catholic Bishops
KNH	Kenyatta National Hospital
MDG	Millennium Development Goal
MEDS	Mission for Essential Drugs and Supplies
MEMS	Mission for Essential Medical Supplies
MSH	Management Sciences for Health
NCD	Non-communicable disease
OCASC	Organisation Catholique pour la Santé au Cameroun
ORS	Oral Rehydration Salts
PCC	Presbyterian Church in Cameroon
PMTCT	Prevention of Mother-to-Child Transmission
RAN	ReAct Africa Node
SIAPS	Systems for Improved Access to Pharmaceuticals and Services
SOP	Standard Operating Procedure
TL	Treatment Literacy
TOT	Training of Trainers
UCMB	Uganda Catholic Medical Bureau
UPMB	Uganda Protestant Medical Bureau
WCC	World Council of Churches
WHO	World Health Organization
ZACH	Zimbabwe Association of Church-related Hospitals



FROM THE BOARD CHAIRMAN

“Accept one another, as Christ also received us to the glory of God”, Romans 15.7.

This is the Bible verse for 2015 selected by a committee of Bible readers in Germany (The Moravian Church). Since 1930, these verses have guided Christians not only in Germany as a special word of the Lord. Accept one another, as individuals, each one separately forms God’s kingdom. We all are so different in many ways, but we all form one body of Christ. Therefore, there is no way out; we have to accept one another. The head has to accept the stomach, the arm has to accept the feet, and the finger has to accept the brain. What then is NETWORKING?

EPN members come from different backgrounds in different countries. Some are strong, some are frail; some are experienced, some are new; some are from the French part, some from the English part of Africa; some are Africans, some are Indians or Europeans; some are working in the EPN secretariat; some are working in an institution far abroad. We all together form EPN, each single member is important for the future of EPN! Yes, we all have to respect and accept each other, as Christ also received us into the glory of God.

2014 was an important year for EPN and I am very thankful about the EPN Forum which saw a huge member turn-up and excellent speakers and discussions on maternal and child health care. A number of projects were carried out to strengthen our members’ pharmaceutical systems, new members applied for membership and EPN’s financial situation improved. Members contributed successfully to the discussion about the new EPN strategy 2016-2020. *Asante sana* for all your inputs and support!

All this would not have been possible without a capable Director. On behalf of the EPN Board, *Asante sana* to Mirfin Mpundu, he is an extremely good and hard-working man and without him we would not have come this far in 2014!

And thanks to all the 2014 EPN staff members, especially Andreas Wiegand who proved to be a strong pillar in the year of crisis. *DANKE!*

Finally, I would like to thank the three Board members who left EPN, two of them due to end of office term: Dr Ndilta Djékadoum (Hôpital Evangélique de Koyom, Chad), Matthew Azoji (CHAN-MEDIPHARM, Nigeria) and Karen Sichinga (CHAZ, Zambia). I am happy to introduce to you the three new Board members; Daisy Isa (CHAN-MEDIPHARM, Nigeria), Marlon Banda (CHAZ, Zambia) and Dr Fidelis Nyaah (PCC, Cameroon); they bring valuable in-depth knowledge of pharmaceutical issues on the ground, as well as management expertise.

On behalf of the Board, I would like to thank the EPN secretariat for the work that they have continued to do and for the results they have delivered, which I myself am proud of. I would also like to thank everyone who has been part of the 2014 journey.

Thank you and let us all have a great 2015 full of our Lord’s abundant blessings.

Albert Petersen

April 2015

FROM THE EXECUTIVE DIRECTOR



Greetings from the Secretariat!

It is my pleasure to present to you the 2014 EPN Annual report. The year 2014 marked the 33rd year since EPN began its operations in 1981; this journey has been exciting as the work grows and we continue to reach millions of people across the continent and in the countries we serve.

Since joining EPN in March 2014, our focus has been on ensuring that the organization’s goals are met through promoting the provision of just and compassionate quality pharmaceutical services for all. It has been a year of engaging with partners, creating new collaborations, expanding the Network and engaging at the regional and global level on pharmaceutical care issues. The organization has stabilized and had a very successful 2014, having implemented close to 20 projects in all the strategic areas. We will continue to build on these successes in 2015 and the coming years.

In April 2014, we had a very successful biennial Forum that brought together over 55 participants from around the globe. The theme of the Forum was, ‘Maternal and Child Health Care – Access to Safe Pharmaceuticals’. An array of speakers and experts made different presentations highlighting issues around maternal and child health care in relation to pharmaceutical care. Some members also presented some of the work they are doing in their countries.

Another success in 2014 was the commencement of the work to develop EPN’s Strategic Plan 2016 – 2020. This work involved a lot of consultation with members and partners, and a collaborative meeting that brought members to Nairobi to work through the draft document was held. This effort was led by a consultant, Tamara Hafner.

Too many people from around the globe suffer from poor health, with too many dying from preventable illnesses. As a network, this is a call for us to keep in mind that health and health improvement is a responsibility for everyone and more so a challenge for the health sector to ensure that the decisions we make are evidence-driven, needs-based, appropriate and equitable. I see a lot of potential for the network to have real impact on health through provision of quality pharmaceutical services both at local, national and global level, hence the full participation of all network members is crucial.

We also had an opportunity to thank 3 of our Board members for their dedicated service to EPN and welcome 3 new Board members.

Lastly, I wish to sincerely thank you, for all your support and dedication in working towards making just and compassionate pharmaceutical services for all a reality.

May the Lord richly bless you.

Mirfin M. Mpundu

April 2015



ACCESS TO AND RATIONAL USE OF MEDICINES

The end of 2014 marks the last year ahead of the target set for achieving the Millennium Development Goals (MDGs). From all assessments done so far, it is quite clear that though major progress has been made on some goals, there is still too much work needed to achieve the MDGs. Access to safe pharmaceuticals continues to be a major problem in many developing countries. The mushrooming of poor quality pharmaceuticals on the market, inappropriate and irrational use of medicines, the high cost of medicines are some of the challenges hampering the attainment of the MDGs.

EPN believes that access (acceptability, availability, accessibility and affordability) to safe and quality medicines for all, is one of the pillars and cornerstones to achieve the MDGs and any health goals for that matter. EPN has been committed to promoting access to essential medicines and strengthening pharmaceutical systems among its members as a way to promote health in the communities they serve. With the church sector providing anywhere between 10 and 60% of health care services in most low- and middle-income countries, it is quite evident that the church plays a major role in health care, and EPN as well plays a critical part.

EPN was very active in 2014 in all its strategic focus areas:

- Access to and rational use of Medicines
- HIV and AIDS treatment
- Professionalization of pharmaceutical services
- Pharmaceutical information sharing

In promoting access to and rational use of medicines, EPN implemented several projects under this strategic pillar, in partnership with its member organizations. Among these projects are the Children's Medicines projects in Tanzania and Cameroon, Pooled Procurement in Cameroon and East Africa, and Antimicrobial Resistance Awareness in Kenya.



The 2014 Children's Medicines project in Cameroon and Tanzania was implemented as a follow-up intervention to a study carried out by EPN on the availability of paediatric medicines and factors impacting availability in faith-based health facilities in Kenya, Chad, Uganda, Ghana, Tanzania and Cameroon between 2010 and 2013. The study revealed several gaps, for example, children's medicines and formulations were not a priority in most countries, basic children's medicines and formulations were out of stock, hospital formularies often did not have children's medicines and formulations, and most institutions lacked paediatric reference materials to support good practice.

Overall, the availability of the 20 basic essential medicines from WHO's list of 'Priority medicines for mothers and children' that the study targeted, was found to be very low in Uganda and Chad at 43% and 36% respectively. The situation was better in Kenya and Ghana, where average availability

stood at 71% and 67% respectively. From the country studies done so far, it is clear that availability patterns vary across countries, as do factors impacting on availability.

CHILDREN'S MEDICINES - CAMEROON

The purpose of this project was to implement interventions to strengthen the pharmaceutical system at various levels of the health system in the church health sector in Cameroon and fill gaps related to the availability of children's medicines. The criteria used were WHO's 'Priority medicines for mothers and children', and the national medicines list and standard treatment guidelines in Cameroon.

In 2013, Cameroon Baptist Convention Health Services (CBCHS) and Presbyterian Church in Cameroon (PCC) investigated 35 health centres and 15 hospitals. Based on the results obtained, CBCHS and PCC implemented the following interventions in 2014:

76% of FBO health facilities surveyed stored oral rehydration salts (ORS) but only 24% provided Zinc, a drug recommended as an essential supplement for the treatment of diarrhoea.

- Up-dating of the medicine lists of both drug supply services to ensure children's medicines were included and could be ordered and supplied to health facilities.
- Training of 50 pharmacy staff from the Northern and Southern regions of Cameroon to improve on stock management and dispensing. This training was held in Bamenda and Limbe from 7th to 13th September 2014. On average, the participants in Bamenda achieved 77% correct answers in the final test (ranging from 33% [with only 1 person below 50%] to 93%).
- Development and implementation of Standard Operating Procedures (SOPs) for inventory management in health facilities of four faith-based organizations: PCC, CBC, Eglise du Christ au Congo (ECC) and Organisation Catholique pour la Santé au Cameroun (OCASC).
- The antihistamine preparation mequitazine was added to the medicines list to enable better treatment and management of allergic reactions.

CHILDREN'S MEDICINES - TANZANIA

Access to children's medicines was also found to be a major challenge in Tanzania. One contributing factor to this is the lack of pharmaceutically trained staff in most facilities. The EPN survey done in 2013 that included 15 hospitals, 5 health centres and 30 dispensaries, indicated that pharmacy personnel in those institutions had not received any formal pharmaceutical training. The project to build capacity was based on the Training of Trainers (TOT) concept and started in September 2014, structured in four phases:

- Phase I: Training of Trainers
 - Phase II: Training of pharmacy personnel in stock management and dispensing
 - Phase III: Outreach to up to 80 health facilities to support action plans defined during phase II trainings
 - Phase IV: Evaluation of children's medicines' availability at health facility level
- Phase III and IV will be conducted in the first quarter of 2015.

On average, 56% of the children's medicines were available. ORS stood out at 96%, but Zinc was only available at 46% of the health facilities surveyed.

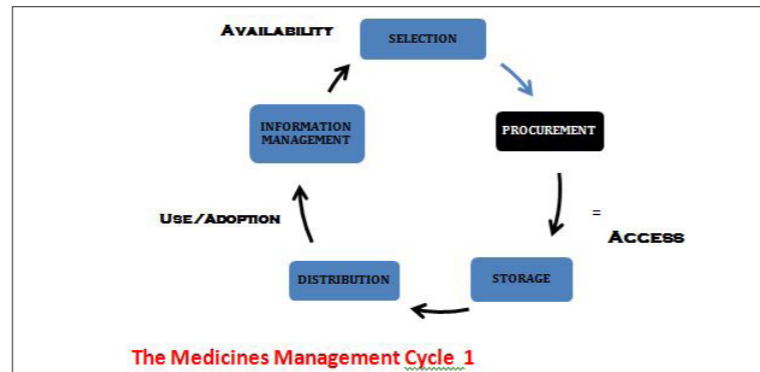
Achievements: Fifty seven pharmacy staff were trained in Arusha and Mwanza. On average, participants scored 20% higher in the examination test at the end of the training than during the pre-test. Participants immediately started implementing various practical lessons learnt from the training, such as the use of bin cards to manage stock, the use of counting trays when counting tablets, the use of SOPs, and the monitoring of storage conditions - such as temperature - for medicines.

POOLED PROCUREMENT - CAMEROON

The Church-owned health facilities in Cameroon face challenges in access to quality essential medicines. Some of these problems are the fact that the State-owned procurement agency CENAME can only satisfy 20% of the needs of the Network members, the limited procurement ability and complicated process of importation of medicines into Cameroon, the high prices of medicines due to the monopoly of some suppliers and the lack of a funding coordination mechanism for the procurement of medicines such as a revolving drug fund in the hospitals, which results in payment delays.

Working with EPN and partner MSH-SIAPS, three organizations came together to engage in Pooled Procurement as a way to increase access, availability and affordability of quality essential medicines among FBO facilities in Cameroon.

EPN championed this project. The ED Mirfin worked with the team in Cameroon, focusing on the quantification process, the establishment of the Pooled Procurement Model, and the tendering and adjudication process. The CEOs of the 3 organizations and EPN signed an MOU and drew up Terms of Reference to guide and govern the operations.



Mirfin Mpundu meeting with Prof. Tih, CBC and PCC staff in Cameroon on Pooled Procurement.

Members of this initiative are the Presbyterian Church in Cameroon (PCC), the Cameroon Baptist Convention Health Services (CBCHS) and the Evangelical Church of Cameroon (EEC). These organizations vary in their sizes and supply scope but cumulatively they spend a lot in their budgets on pharmaceutical products and commodities every year. This initiative therefore consolidates and coordinates the procurement for a considerable amount, with the benefit of economies of scale. The process involved consideration of the differences in formularies, procurement policies, medicines lists and products specifications.

POOLED PROCUREMENT - EAC

The Pooled Procurement EAC is an initiative of 4 members of EPN in East Africa: Joint Medical Store (JMS)-Uganda, Mission for Essential Drugs and Supplies (MEDS)-Kenya, Mission for Essential Medical Supplies (MEMS)-Tanzania and BUFMAR in Rwanda. The overall objective is to increase access to quality essential medicines in the region served by these organizations. The CEOs met on November 29th & 30th to work through the stages of the Pooled Procurement. The meeting was hosted by MEDS and chaired by EPN's ED Mirfin Mpundu. The group resolved to start a pilot with non-pharmaceutical products such as syringes and sutures, while working through regulatory issues regarding medicines.

ANTIBIOTIC RESISTANCE

ReAct - Action on Antibiotic Resistance, in partnership with EPN, brought together 27 professionals from 10 countries to a workshop in Nairobi, Kenya on the theme 'Championing African Action on Antibiotic Resistance: strategies and innovative solutions.' Among the objectives of the workshop were to update on the current situation of Antimicrobial Resistance (AMR), in particular ABR globally and in Africa, sharing experiences on AMR strategies and learning the use of some tools available to address AMR and how they can be adapted to ABR.



Participants at the ReAct workshop.

One of the outcomes of the workshop was the resolution of the group to form a ReAct Africa Node (RAN) that would be used as a vehicle for collaborative forward action on antibiotic resistance. Mirfin Mpundu was appointed as coordinator and EPN would host the Node.

AMR AWARENESS WEEK NOVEMBER 17TH-21ST 2014



Several activities took place around the world commemorating the AMR awareness week and EPN members were not left out. In Kenya under the theme, 'No Action Today, no Cure Tomorrow-Preserve the Miracle', EPN partnered with the Ministry of Health, Centre for Disease and Control (CDC), Management Sciences for Health (MSH) and GARP in raising awareness activities. These activities included the official launch on November 17th by Dr Nicholas Muraguri, Director of Medical Services at Kenyatta National Hospital (KNH).

Other activities included presentations at various institutions including EPN partner Kikuyu Hospital. EPN was able to produce and share a short film on AMR awareness that can be found on: <https://www.youtube.com/watch?v=IiVZjjFkk6M>

BASELINE ASSESSMENT PHARMACEUTICAL MANAGEMENT - SOUTH SUDAN

With support from Difaem, EPN conducted a pharmaceutical assessment of primary health care of pharmacies in the project clinics as well as the central procurement and storage facility of Health Link South Sudan in Rumbek/Cuiebet county, South Sudan. The goal was to identify strengths and weaknesses in the local context and develop suggestions to strengthen the pharmaceutical management in order to ensure a sustainable drug supply. Ten facilities, including the Central Pharmacy, were assessed.

QUALITY OF MEDICINES – MINILAB

By supporting the use of the Minilab among EPN members, EPN in collaboration with Difaem continues its efforts to ensure that the medicines that are supplied to FBOs and other organizations and are dispensed to patients, meet the required standards. With many counterfeit and substandard medicines on the market, this is a crucial part of promoting access to quality essential medicines. The Minilab Network now includes Drug Supply Organizations in 7 countries. A Minilab is a low cost preliminary screening test that can test up to 65 essential medicines, focusing on physical abnormalities, identity and content. If a test is negative, samples are sent to the WHO pre-qualified lab at MEDS in Kenya and Difaem in Germany.

In 2014, some batches of ACTs, Coartem and Duocotexin failed the Minilab and confirmatory tests. These reports were sent to the WHO and an alert was sent out. EPN Board member Fidelis Nyaah gave a presentation on this at a WHO Workshop for francophone countries and was elected as the focal person on quality of medicines in West Africa.

Reaching beyond

St Gabriel's Hospital in Namitete Malawi has almost 300 beds and offers very good health services to the community. However, the hospital saw the need to improve stock management in its pharmacy and requested EPN's expertise on this.



EPN took up this consultancy and supported the hospital (non-member) with a stock management training in their pharmacy, thus promoting one component of the hospital supply chain.

In addition, EPN took the opportunity to reach beyond the Network and partnered with AMREF and Pharmacists Without Borders on a project of capacity building with pharmaceutical staff using internet-based management tools.

HIV AND AIDS TREATMENT

HIV ADHERENCE

Why are there cases of non-adherence to treatment? HIV is a deadly infectious disease but through the aid of Global Fund and many other big donors, access to antiretroviral medicines facilitates the management of the infection. Failure to take these medicines regularly leads to an increase of the viral load in the body, destroying the immune system until the patient finally dies of opportunistic infections. Thus, adherence to treatment is key to successful treatment.

EPN conducted a study on adherence to HIV/AIDS treatment in faith-based institutions in Nairobi. The aim was to explore and document causes of treatment interruptions and default among people living with HIV attending faith-based hospitals in and around Nairobi. Patients from 11 hospitals were enrolled.

Total Enrolled on HIV care	19473
Total Active on ARVs	14513
Defaulting in the last 3 months	468
Total resumed to care	219
Total -not resumed care	245
Total respondents to survey	63

EPN used a standard questionnaire it had developed based on WHO tools and similar tools used by other organizations. A trained staff from EPN collected information through interviews with patients living with HIV/AIDS. The following were the reasons for non-adherence to treatment most frequently given by patients:

Change of residence	14%
Tight school and work schedules	13%
Fear of others discovering status	12%
Depression	10%

Reasons that ranked below 10% are not listed here.

Additionally, two focus groups with church leaders were held to discuss non-adherence among their church members living with HIV/AIDS. These church leaders had done EPN's training on treatment literacy (TL) and were implementing activities aimed

at supporting care and treatment in their areas of work. They shared their experiences and their interactions with their congregants living with HIV/AIDS. Identified challenges affecting adherence included: stigma and discrimination, depression and fatigue from taking too many medications over a long period of time, lack of food to support treatment, lack of finances to cover travel cost and other medical expenses such as laboratory tests, and lack of support from family and communities. Still there were others who stopped taking medication in order to pursue alternative therapies such as herbal medicines and prayers.

"It's our responsibility as church leaders to take care of those going through hard situations in their lives. Just as we go to visit others who are sick, we should do so for HIV patients with love and compassion."

This experience from Church leaders and the results from the study mentioned above demonstrate that support to HIV/AIDS patients is needed so they can receive their treatment, and more specifically continue to take their medication in order to maintain good health.

OPERATIONAL RESEARCH

Cross-sectional study on causes of treatment interruptions among people living with HIV & AIDS

In July 2014, EPN held a focus group discussion meeting in Embu, Kenya, with church leaders from Nairobi and Central and Eastern parts of Kenya. This focus group was one of the methodologies for collecting data as proposed in EPN's research protocol "Cross-sectional study on causes of treatment interruptions among people living with HIV & AIDS in selected health facilities in Kenya". The exercise aimed at capturing the knowledge, views and attitudes of church leaders on treatment adherence among people living with HIV.



Church Leaders at the focus group meeting in Embu

Medication Adherence in HIV-Positive Patients

EPN plans to undertake another Cross-sectional Study on Causes of Treatment Interruptions among People Living with HIV and AIDS in Zimbabwe, in liaison with its member organization ZACH. This study intends to explore and document factors and challenges leading persons on ART to not take medicines as prescribed, as well as outline possible solutions to improve adherence and prevent treatment interruptions.

HIV COMIC STRIPS BOOKLET

The HIV Comic strip booklet was developed by EPN in 2012 and is a unique publication that primarily targets people between 15 and 40 years old in both urban and rural areas. The booklet uses graphic art to raise awareness and to inform the public, patients and health professionals about HIV.

In June 2014, EPN distributed 1,400 booklets to members who had expressed interest. A questionnaire with 3 questions to capture the impact to the recipients was included:

- *What did you learn from the comic strip stories?*
- *Do you think that it is possible to compare the stories in the booklet with real life experiences? Please explain.*
- *Is there anything you would like to change from now in regards to using medicines?*



Andreas Wiegand of EPN presents the comic strips to Jane Masiga, MEDS.

Erastus Mburu of MEDS briefs health workers from over 100 health facilities on the HIV strip, during the MEDS Day in Kakamega on 11th July.

Some of the reflections from Gertrude's Children's hospital, AIC Kijabe hospital, MEDS-Kenya, UCMB-Uganda, UPMB-Uganda and CBCA-DRC include:

- The importance of adhering to the medication treatment regimen.
- The value of knowing one's HIV status early. For example, pregnant mothers need to know their status and follow up with Prevention of Mother-to-Child Transmission (PMTCT) if diagnosed positive so that the child can be protected from being infected.
- Seeking advice from a doctor before introducing herbal therapies in HIV treatment.
- The importance of continuing with medication even after spiritual interventions.

The comic strips had a considerable impact on the recipients in DRC. The booklets were distributed among 67 mining sites and camps in Maniema and South Kivu, where mining artisans live in severely unsanitary conditions. There are thousands of people in mining and the high population makes it a risky environment for the spread of infections. The readers felt that the booklets were very educational and helped them to reflect on working together, on adherence, medication management and self-medication outside of medical facilities.

Conclusion: The response received from the recipients indicates that the recipients liked the content of the booklet, the information was found easy to understand and relating with day to day living. The stories encouraged patients to make better choices for their health and helped them to fight the fear and negative perception of HIV & AIDS and infected people. Health professionals were encouraged to improve their service delivery and to promote better health for their patients.

EPN plans to raise donor support to print more booklets for dissemination, to further its mission on information sharing and promotion of health and healing for HIV and AIDS patients.

WCC-EHAIA REGIONAL FORUM

In collaboration with the World Council of Churches-Ecumenical HIV and AIDS Initiatives and Advocacy (WCC-EHAIA), EPN participated in a regional forum attended by over 20 participants from Kenya, Uganda, Sudan, Rwanda, Zimbabwe, Burundi and Tanzania, from 1st to 4th July 2014 in Nairobi. The objective of the forum was to discuss the challenges faced by church health institutions in addressing HIV and AIDS issues such as stigma and discrimination as well as testing.



EPN participates at the WCC-EHAIA Regional forum

PROFESSIONALIZATION OF PHARMACEUTICAL SERVICES

ESSENTIALS OF PHARMACY PRACTICE COURSE

The Essentials of Pharmacy Practice (EPP) course is a unique capacity building course developed and rolled out by EPN among its various member organizations to promote capacity among staff working in hospital pharmacies and dispensaries. The primary focus is on untrained pharmacy staff working in hospitals, rural health clinics and dispensaries. The need to support these cadres is very high as most facilities are managed by them. These staff are the 'pharmacy technologists' and 'pharmacists' in their communities. They serve a large number of our people, especially in rural areas.

In 2014, EPN together with Christian Health Association of Malawi (CHAM) ran a 11 weeks course with 25 participants in Lilongwe. The participants returned back to their workstations to implement and practice what they had learnt. The monitoring and evaluation phase will be completed during the first quarter of 2015.

EPN member CEPAC (Communauté des Eglises de Pentecôte en Afrique Centrale) represented by Richard Neci, Pharmaceutical Director of DCMP (Dépôt Central Médico-Pharmaceutique) and Programme Officer Susanne Kuehle of the EPN secretariat, started an EPP course in Bukavu (South-Kivu), DRC on the 1st of September 2014. This training took on a different approach that EPN was piloting. The course was divided into 3 training periods, one training block per month. After each month, students would go back to their respective institutions with assignments to practice and implement.

The adoption of this model came as a result of the feedback EPN received after the previous EPP courses. Some of the reasons were: the reluctance of facilities to release employees for a period of 3 months continuous when they have a lean staff already, participants finding it hard to be away from their families for such a long period and participants wanting more practice time in their facilities.

Thirty five students are enrolled in this course. Following the first month training in September, the second phase of training will start in January 2015 and the outcome will be evaluated in the course of the year.

IMPROVING PHARMACEUTICAL SERVICES IN CHAD

In July 2014, EPN conducted 4-day training on promoting access and rational use of medicines with 20 participants, all health workers in charge of managing hospital pharmacies or health centres in Moundou, Chad.

The workshop involved the health workers sharing experiences in the pharmaceutical field, structured over 11 modules:

- Module 1: Management of medical products and supply management
- Module 2: Cycle of medication management



Graduating students 2014, Chad.

- Module 3: Why manage procurements?
- Module 4: What are the benefits of effective medication management?
- Module 4: Drug Selection
- Module 5: The acquisition cycle and acquisition methods
- Module 6: Tools Supply
- Module 7: Good procurement practices
- Module 8: Prioritization of purchases
- Module 9: Receipt of drugs in hospitals
- Module 10: Drugs Quantification
- Module 11: Receipt of goods that require special handling



1st visit - medicines in cartons: no storage concept, no bin cards.

2nd visit - medicines on shelves, cartons arranged by classes, stock cards in use and updated.

After the training, the trainees recommended that the government authorizes the installation of other distributors to compensate the constant lack of medicines in all church health institutions, and takes effective control measures against the illegal entry of drugs within the country.

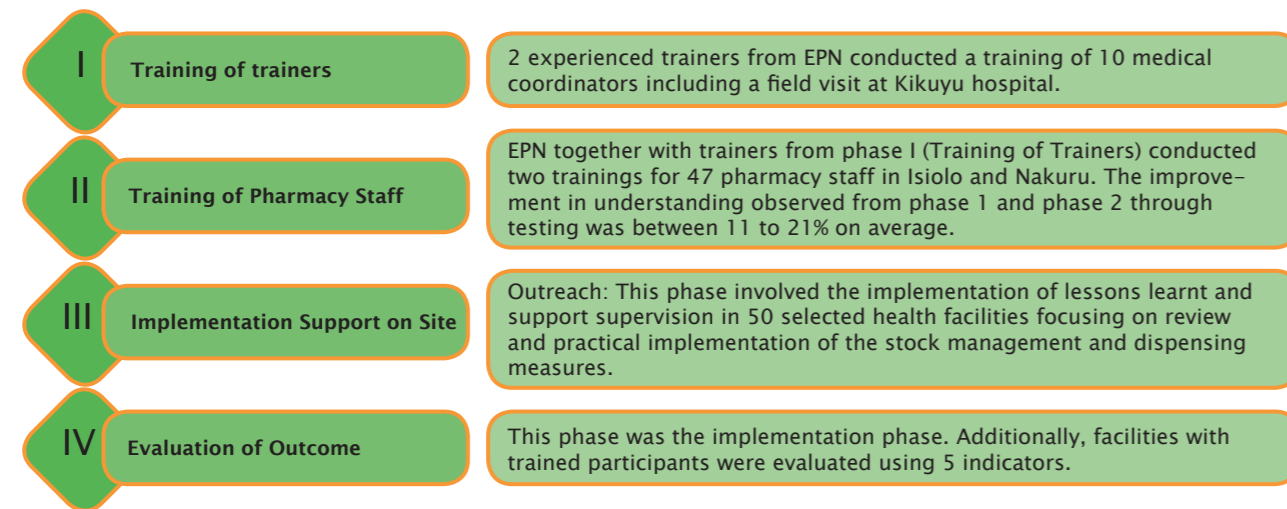
The participants also recommended for the different faith-based umbrella bodies in the health sector to continue advocacy and negotiation with the Government for the ordering of essential medicines through the Ecumenical Pharmaceutical Network, to take advantage of EPN's work with regard to the initial training of pharmacists, as well as constantly build the capacity and improve the skills of the pharmacy managers in church health institutions.

IMPROVING PHARMACEUTICAL SERVICES IN MARGINALIZED AREAS IN KENYA

Due to the political crisis in South Sudan, EPN could not safely conduct the training on improving pharmaceutical services there in 2014 as planned. Through discussions with our partner action medeor, it was agreed to carry out the programme in Northern Kenya, a region that suffered a drought. EPN worked with member Christian Health Association of Kenya (CHAK), and with Kenya Conference of Catholic Bishops (KCCB).

The objective of the project was to improve the quality of pharmaceutical services and medicine management, and promote rational use of medicines in 50 faith-based health facilities in Northern Kenya. A particular focus was placed on building capacity in stock management and dispensing of pharmacy personnel working at health facilities in counties such as Turkana, Marsabit, Isiolo and West Pokot.

The project was divided into four phases:



Conclusion: Learning about stock arrangement and monitoring stock through stock cards leads to improvements in stock management. Tracking the movement of drugs, noticing expired or expiring drugs is made much easier. A marked improvement was observed in store management, particularly storage and tracking of medicines movement. Having proper shelving and stock management tools such as stock cards clearly made an enormous difference in improving drug management. The next component of training would focus on forecasting.

ECUMENICAL SCHOLARSHIP PROGRAMME

Another capacity building project that EPN focused on addressed the great lack of pharmaceutically trained personnel in the health facilities. The gap can be filled by facilitating the training of pharmacy staff leading to accredited qualifications such as pharmacy technician/technologist diplomas. Upon graduation, recipients of such scholarships fulfil a commitment of working in FBOs in their respective countries.

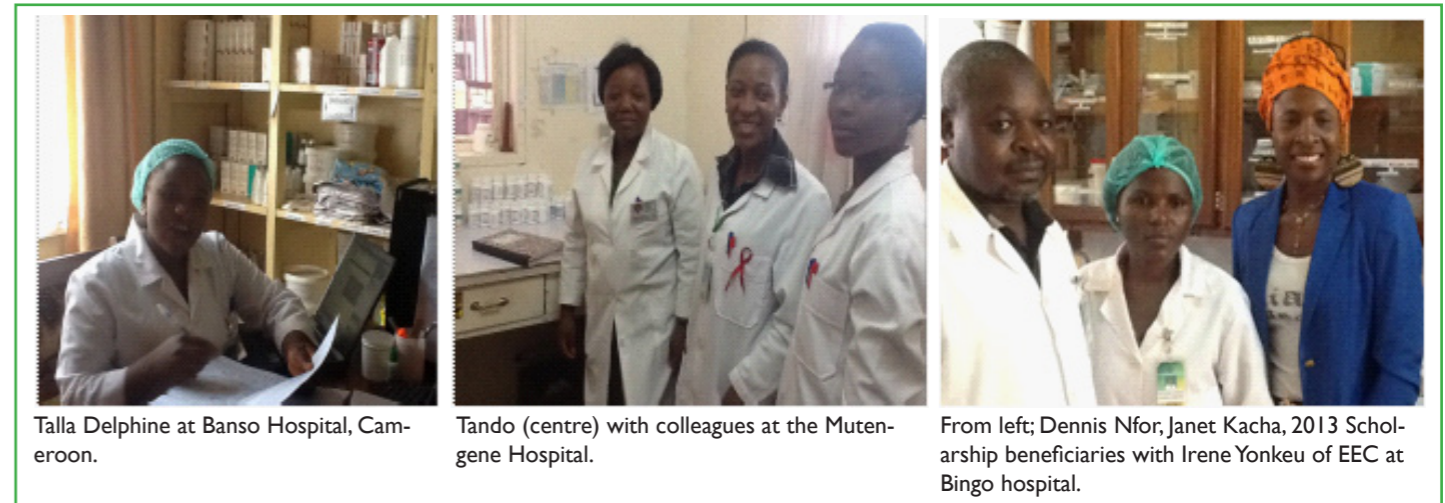
In 2014, twenty five scholarships were awarded proportionally to 5 EPN member organizations (Church Health Associations and Drug Supply Organizations). The 25 students enrolled in school were 64% Female (16) and 36% Male (9), coming from hospitals in 5 countries (Kenya, Uganda, DRC, Cameroon and Zambia), and are expected to complete training by year 2017, when they will receive a nationally recognized pharmacy qualification.

ECUMENICAL SCHOLARSHIP 2011-2013 POST-EVALUATION

Training is a performance development process to foster learning new techniques and methods to perform jobs with improved efficiency and effectiveness. Successful training and development programmes support the strategic goals of organizations and also satisfy the individual needs of the employees. They help the staff to concentrate on their individual career development, which boosts professionalization and motivation, and ultimately contributes to achieving organizational short and long term objectives.

EPN implemented the ESP-post evaluation exercise in 2014 to establish the extent to which the 2011-2013 scholarship project objectives had been met and to determine the impact and effectiveness of the training (both for the pharmacy staff and the hospitals that they are currently serving after the training). Ms Irene Yonkeu, a Pharmacist and Director in charge of the Central Pharmacy from EPN's member organization EEC, Cameroon was contracted to carry out the post-implementation evaluation of the scholarship beneficiaries working in 5 CBC health facilities in Cameroon.

A great improvement was observed with regard to the beneficiaries' understanding of their scope of work, i.e. stock management, managing records, interpreting prescriptions, as well as communicating to patients and colleagues and overall contribution to pharmaceutical care of patients. However, the evaluation also indicated that facilities like Banso hospital that have 9 additional health centres rely on 1 trained pharmacy technician (ESP beneficiary). This raises a great concern. More staff needs to be trained to assist with the workload and to ensure the quality of health care service delivery.



EVALUATION OF PHARMACY SCHOOLS

EPN also conducted an evaluation of pharmacy schools. 27 schools offering pharmacy courses in Kenya, Uganda DRC and Cameroon were investigated. The sample included schools which are already hosting EPN students and other randomly selected schools. 3 EPN members, JMS-Uganda, PCC-Cameroon and CBCA-DRC undertook the survey in their countries. Data was collected through a questionnaire.

Fourteen schools were private, 12 public and only one owned by a faith-based organization. The majority (20) were located in urban areas, 5 in rural and 2 in semi-urban areas. 11 of them offered only diploma courses, 9 offered only degree courses and 4 of the institutions offered both programmes. Certificate courses are only offered in two tertiary colleges which offer diploma programmes as well. One university in Uganda offers all the three options.

These pharmacy schools are accredited and thus grant a certification for pharmaceutical professionals recognized in their countries. EPN needs to ensure that scholarships are not only given to students who qualify for the application, but that they also attend suitable pharmacy schools that are accredited in their countries.

PHARMACEUTICAL INFORMATION SHARING

HESPERIAN AWARD

The EPN secretariat submitted the “Coping with Drug Resistance: Comic strip booklet 1,2,3” to the Swahili Health Materials Contest, hosted by Hesperian Health Guides and COBIHESA and achieved **THIRD PLACE WINNER!**

Hesperian, its Tanzanian partner COBIHESA, and K4Health now provide 22 new health materials, including the EPN comic strips, available for free download on their Swahili Language Hub: <http://hesperian.org/books-and-resources/resources-in-swahili/#tabs-resources>. These excellent new resources cover topics from cervical cancer to training midwives, and from non-communicable to sexually transmitted diseases.

Hesperian began with the development of the classic *Where There Is No Doctor* in the mountains of Mexico in the early 1970s. Hesperian Health Guides has since developed and distributed health materials available in over 80 languages. Hesperian is a 501(c)3 non-profit organization and is supported by the generous gifts of individual and institutional donors, as well as revenue streams from the sale of books, resources, and digital tools.

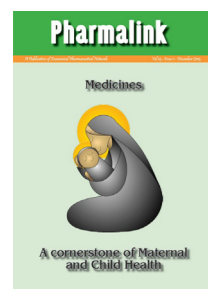
EPN PUBLICATIONS

EPN published its bimonthly electronic newsletters Netlink and e-pharmalink.

The six issues of Netlink reports about what happens currently within the Network, the members, secretariat, actual projects, visits and important events.

E-pharmalink is published six times a year and informs readers about current research and publications in the areas of access and rational use of medicines, malaria, HIV/AIDS, tuberculosis, NCDs and pharmacy practice.

Those who would like to comment on or subscribe to these free newsletters are welcome to contact EPN via communications@epnetwork.org



Pharmalink

1500 Pharmalink 2014 newsletters on Maternal and Child Health Care - Safe Pharmaceuticals were printed and disseminated among members.

www.epnetwork.org

In November, the EPN secretariat engaged a web-designer company in Nairobi to set up the new EPN website. The launch is planned for the beginning of 2015.

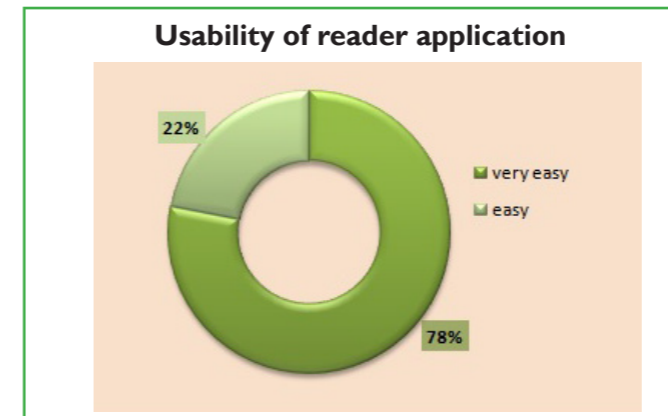


Facebook

Likes on EPN page on facebook have increased by 60% in 2014 and they are now about 270 but they should increase even more. EPN uses the fan-page to draw attention to current events and interesting news from the network or organizations working in similar areas of health.

MEDICAL INFORMATION AT YOUR FINGERTIPS

The widespread use of mobile phones and smartphones around the world offers new ways of making pharmaceutical information available. The aim of this project was to test the usability of an eBook reader application and the readability of medical information provided as two different reference books. Eighteen pharmacy staff with different levels of professional education tested the use of an Android smartphone with an eBook reader application (Moon+reader).



Results: Mobile electronic technology as a vehicle to provide medical reference information was found highly acceptable by health staff in pharmacies of faith-based organizations in Kenya. The participants would even prefer the technology and the reference information to be accessible electronically. Half of the participants had no experience with an Android-based smartphone but managed to learn how to use it, including an eBook reader application. Easy-to-understand medical information may be more acceptable to less skilled health personnel. Unfortunately, so far no official reference book in this format exists.

Lesson learnt: Most participants preferred the eBook over hard paper. In addition, the eBook reader allows users to access the information from anywhere, even without internet connection. Medical information needs to be provided in more formats than PDF and its use should be promoted in order to increase access to such information.

DEVELOPING MONOGRAPHS OF 20 COMMONLY USED DRUGS IN FBOs

With support from WHO, EPN distributed the WHO Model Formulary 2008 and developed easier to understand monographs for 20 commonly used medicines in FBOs. The monographs were developed and posted on the website to allow users in hospitals, pharmacies and dispensaries have access to them. Below is a summary of the medicines most frequently used:

Popular Medicines	Number of Organizations Mentioned	Popular Medicines	Number of Organizations Mentioned
Amoxicillin tablets and syrup	18	Doxycycline capsules	6
Paracetamol tablets	18	Cotrimoxazole tablets and syrup	6
Paracetamol tablets	17	Ampicillin Capsules	5
Metronidazole tablets	14	Albendazole 400MG tablets	5
Quinine Sulphate	12	Erythromycine 250 MG Tablet	5
Ciprofloxacin 500 MG tablets	12	Cloxacillin 250 MG	5
Ibuprofen tablets	11	Chlorpheniramine tablets	4
Artemether and Lumefantrine tablets	10	Vitamin B Complex	4
Omeprazole 20MG Capsules	9	Indomethacin tablets	4
Ceftriaxone	7		

NETWORKING & MEMBERSHIP

2014 was equally busy at the regional and global level with the Executive Director and team participating in a number of meetings and forums. These include some of the following:

- Groveton Baptist Church, USA
- WHO/EU Regional meeting, Harare
- Reproductive Health Supplies Coalition, Mexico
- World Health Assembly, Geneva, May 19 -24
- Medicus Mundi International, Geneva, May
- German Institute for Medical Mission, May
- Christian Connections for International Health (CCIH), Marymount University Arlington, June 20 -22
- WCC, Consultation on Ebola, September 29
- WCC and EHAIA, Johannesburg, Achievements and shortcomings of the last strategy, August 18 – 21
- MSH/SIAPS Partners Workshop in Washington DC September 11 - 12 on “Defining and Measuring Pharmaceutical Systems Strengthening”

PHARMACEUTICAL DEVELOPMENT COLLABORATION

On May 26th, EPN's ED attended a meeting organized by Difaem in Tuebingen, Germany that brought together German development organizations St. Egidio, Kh Sindelfingen and EPN members action medeor, Pharmacists without borders, Apotheker Helfen, Difaem and Birger Fels, as well as several pharmacists with a vast experience in development work, such as Ursula Römhild. The group discussed possible collaborations on development issues in Africa and looked into how to best support EPN.



Participants at the collaboration meeting in Germany.

EPN FORUM: APRIL 28TH – 30TH 2014 IN NAIROBI, KENYA

Over 60 participants from member organizations, partners and interested experts met at Milele Hotel (a Presbyterian guesthouse) from April 28th to 30th, 2014. It was a great opportunity for members to meet and interact with the new Executive Director, Mirfin Mpundu. Mirfin and staff from EPN gave an overview of the programmes and projects since the last Forum in Addis Ababa, Ethiopia.



EPN 2014 forum participants at the Milele Guest House & Conference Centre, Nairobi-Kenya.

Programme of the EPN Forum 2014

- Global situation on Access to Children's Medicines;
- Saving Priority Medicines for Women and Children;
- Increasing Access to Maternal and Children's Medicines in Church Health Institutions & Drug Supply Organizations;
- Children's Medicines Studies: Chad, Kenya, Ghana, Uganda, and the latest results from Cameroon and Tanzania;
- Reproductive Health Aspects of Mother and Child Health.

Among the well received speakers were Dr Abayneh Desta, Regional Adviser for Essential Medicines at the WHO Regional Office for Africa in Brazzaville, Dr Jonathan Quick, CEO & President of MSH, Dr Douglas Huber from CCIH, Dr David Mabirizi from MSH, Dr Richard Laing, and representatives from Christian Health Association of Nigeria (CHAN) Medipharm, Christian Health Association of Zambia (CHAZ), Community Development Medicinal Unit West Bengal (CDMU), Mission for Essential Drugs and Supplies (MEDS), Mission for Essential Medical Supplies (MEMS), PCC, Health Services Central Pharmacy, CBCHS, EPN's Board Chair Albert Petersen and Chris Ouma, a representative from UNICEF Kenya.

A multifaceted reflection on maternal & child health and universal health coverage took place and the latest data from surveys on the availability of medicines for children was presented.

On the second day, all participants were invited to visit MEDS. Everybody was impressed with its warehouse, procurement and supply processes as well as quality control laboratory.

If you missed the EPN Forum, the 2014 Pharmalink issue summarised the presentations of all experts.



Forum participants took a tour at MEDS, Nairobi.

The Board and the secretariat express their gratitude to action medeor, Joint Medical Store and Mission for Essential Drugs and Supplies. EPN would not have been able to conduct the EPN Forum and General Assembly without them. Thank you so much!

EPN STRATEGIC PLAN 2016-2020

EPN started working on the 2016 – 2020 Strategic Plan, drawing a group of members, seeking partner input and working with a consultant on the strategy document. EPN's 2016-2020 strategy is based on the recognition of changing trends in global health such as the growing importance of non-communicable diseases, antimicrobial resistance, and the anticipated priority given to child and maternal health in the post-2015 sustainable development agenda. 20 EPN members participated in the 2016-2020 strategic planning meeting held at Maanzoni Lodge, Athi River, Kenya to share and exchange experiences, discuss, develop ideas and make critical decisions in relation to the activities of the organization.



Some participants at the EPN Strategic Planning Meeting 2016-2020 at Maanzoni Lodge.

EPN's new strategic plan for the 2016-2020 period is structured around 6 priority areas:

- Advocacy
- Pharmaceutical services capacity development
- Research and information sharing
- Non-communicable diseases
- Maternal and child health
- Antimicrobial resistance and infectious diseases

The Strategic Plan has been endorsed by the EPN Board and is expected to be ready for dissemination to members in 2015.

EPN MEMBERS 2014

As at 31/12/2014, EPN had registered 91 members, both individuals and institutions over 30 countries.

- action medeor e.V.
- action medeor International Healthcare Tanzania Ltd
- Affordable Medicines for Africa
- Africa Europe Faith and Justice Network
- Africa Inland Church Health Ministries
- AIC Kijabe Mission Hospital
- Akpene Esther Nyomi
- Alliance Nationale des Consommateurs et de l'Environnement
- Anke Meiburg
- Apotheker Helfen e.V.
- Apotheker ohne Grenzen Deutschland e.V.
- Association des Œuvres Médicales des Eglises pour la Santé en Centrafrique
- Association Evangélique d'Appui au Développement
- Association Protestante des Œuvres Médico-sociales et Humanitaires du Togo
- Birger Fels
- Bureau d'Appui Conseil
- Bureau de la coordination medicale (BCMU) Synode Urbain/ECC de Kinshasa
- Bureau des Formations Médicales Agréées au Rwanda
- Bureau des œuvres médicales de la Communauté des Eglises des Frères Mennonites au Congo
- Bureau des œuvres médicales de la Communauté Mennonite au Congo
- Cameroon Baptist Convention Health Services
- Catholic Health Services
- Centrale d'approvisionnement et de distribution des médicaments essentiels de Bunia
- Centre hospitalier de bebalem
- Centre Médical Evangélique de Nyankunde
- CHAN Medi-Pharm Ltd/Gte
- Christian Health And Remedial Training Centre
- Christian Health Association of Ghana
- Christian Health Association of Kenya
- Christian Health Association of Lesotho
- Christian Health Association of Liberia
- Christian Health Association of Malawi
- Christian Health Association of Nigeria
- Christian Health Association of Sierra Leone
- Christian Health Association of Sudan
- Christian Medical College Vellore
- Christian Social Services Commission
- Churches Health Association of Zambia
- Coalition for Rational and safe Use of Medicines
- Communauté Baptiste au Centre de l'Afrique
- Communauté des Eglises de Pentecôte en Afrique Centrale
- Community Development Medicinal Unit Orissa
- Community Development Medicinal Unit West Bengal
- Conseil des Eglises Protestantes du Cameroun
- Dépôt central médico-pharmaceutique - 8^{ième} CEPAC (Eglise du Christ au Congo)
- Dodoma Christian Medical Centre, Trust
- Donna Asiimwe Kusemererwa
- Dr Guru Prasad Mohanta
- Dzimado Koumavi Kounetsron
- ECWA Central Pharmacy
- Elias K. Bongmba
- Emmanuel Goumou
- Emmanuel Hospital Association
- Ethiopian Catholic Secretariat
- Ethiopian Evangelical Church Mekane Yesus Development and Social Services Commission
- German Institute for Medical Mission
- Gertrude's Children's Hospital
- Health Access Network Ghana
- Hope Services Clinic and Maternity
- Hôpital Bethesda
- Hôpital Evangélique de Koyom
- i+solutions
- IMA world health
- Institut Médical Chrétien du Kasai/Hôpital Bon Berger Tshikaji
- John James Carroll
- Joint Medical Store
- Karin Wiedenmayer
- Lecordon Cameroun
- LifeNet International
- Lutz Heide
- Mission for Essential Drugs and Supplies
- Mission for Essential Medical Supplies
- Ms Robin Warren
- National Catholic Health Service
- Nkwan Jacob Gobte
- Œuvre de Santé de l'Eglise Evangélique Luthérienne au Cameroun
- Office de Développement des Eglises Evangéliques
- Organisation Catholique pour la Santé au Cameroun / coordination diocésaine de la santé à Bafoussam
- Pharmacie Centrale de l'Eglise Evangélique du Cameroun
- Presbyterian Church in Cameroon Health Services Central Pharmacy
- Richard Laing
- Servicio de Medicinas Pro-Vida
- Soins de santé primaires en milieu rural
- Spencer Makwangwala
- St Luke Foundation
- Uganda Catholic Medical Bureau
- Uganda Protestant Medical Bureau
- Union des Eglises Evangéliques Protestantes au Niger
- Union Nationale des Associations Diocésanes de secours et de développement Caritas
- Vijay Roy
- Zimbabwe Association of Church-related Hospitals

HUMAN RESOURCES AND ADMINISTRATION

BOARD MEMBERS 2014

In October 2014, Karen Sichinga, Dr Ndilta Djékadoum and Matthew Azoji stepped down from the EPN Board membership after serving the organization for several years. The secretariat proudly welcomes the new Board members; Daisy Isa, Marlon Banda and Dr Fidelis Nyaah on Board!

EPN Board members as at 31/12/2014

- Albert Petersen - Chairman
- Sujith Chandy - member
- Sue Parry - member
- Daisy E. Isa - member
- Fidelis Nyah - member
- Marlon Banda - Vice Chairman
- Michael Mwangi - Treasurer
- Mirfin Mpundu - ex-officio & secretary



New EPN Board Members; Mr Marlon, Ms Daisy & Dr Fidelis.

SECRETARIAT STAFF MEMBERS 2014

- Andreas Wiegand - Programme Officer Product development and Strategic Communication
- Anne Gitau - Communications Intern
- Grace Gathua - HIV Programme Assistant
- Irene Tindi - Office Assistant
- James Mireri - Accountant
- Mercy Naitore - Support Services Officer
- Mirfin Mpundu - Executive Director
- Susanne Kuehle - Programme Officer, Pharmaceutical Services
- Tom Ojeya - Driver



Bonds of collaboration, bonds of friendship.
EPN Forum 2014.

FINANCE

INCOME AND EXPENDITURE ACCOUNT

Operating statement for the year ended 31 December 2014.

	2014	2014	2013
	KShs	USD	USD
INCOME			
Grants received	52,273,856	601,402	521,123
Other incomes	4,141,876	47,652	47,758
Total Income	56,415,732	649,054	568,881
EXPENDITURE			
Programme 1 - Access to and Rational Use of Medicines	10,315,926	118,683	95,605
Programme 2 - HIV and AIDS Treatment	226,774	2,609	8,589
Programme 3 - Professionalization of pharmaceutical services	21,935,305	252,362	110,419
Programme 4 - Pharmaceutical Information Sharing	852,511	9,808	1,011
Programme 5 - Institutional Strengthening	9,076,795	104,427	84,512
Establishment expenses (overhead expenditure)	20,126,469	231,552	225,881
Total expenditure	62,533,780	719,441	526,017
BALANCE FOR THE YEAR	(6,118,048)	(70,387)	42,864

BALANCE SHEET

Financial position as at 31 December 2014.

	2014	2014	2013
	KShs	USD	USD
NON-CURRENT ASSETS			
Property and equipment	919,092	10,574	14,823
Intangible assets	119,776	1,378	792
Total non-current assets	1,038,868	11,952	15,615
CURRENT ASSETS			
Cash and bank balances	14,565,793	167,577	223,181
Debtors and prepayments	4,111,316	47,300	16,551
Total current assets	18,677,109	214,877	239,732
LESS: CURRENT LIABILITIES			
Payables and accruals	10,106,449	116,273	74,404
NET CURRENT ASSETS	8,570,660	98,604	165,328
TOTAL ASSETS	9,609,528	110,556	180,943
FINANCED BY			
Property & equipment fund	1,038,840	11,952	15,616
Sustainability fund	8,068,262	92,824	81,677
Restricted fund	502,426	5,780	83,650
TOTAL FUNDS	9,609,528	110,556	180,943

IN-KIND CONTRIBUTIONS

Special thanks to the following for their contribution to the EPN 2014 activities:

- Dr Ndita Djékadoum
- Michael Mwangi
- Sue Parry
- Matthew Azoji
- Dr Fidelis Nyaah
- Gerald Tabeteh
- Albert Petersen
- Sujith Chandy
- Laura Bleicher

ACKNOWLEDGEMENTS

EPN wishes to express sincere appreciation to its partners for their continued support financially and technically. We would not have achieved the 2014 activities without you!

- Bread for the World
- Kindermission
- Misereor
- Difaem
- Action Medeor
- MSH/SIAPS
- ICCO
- ReACT
- World Council of Churches

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