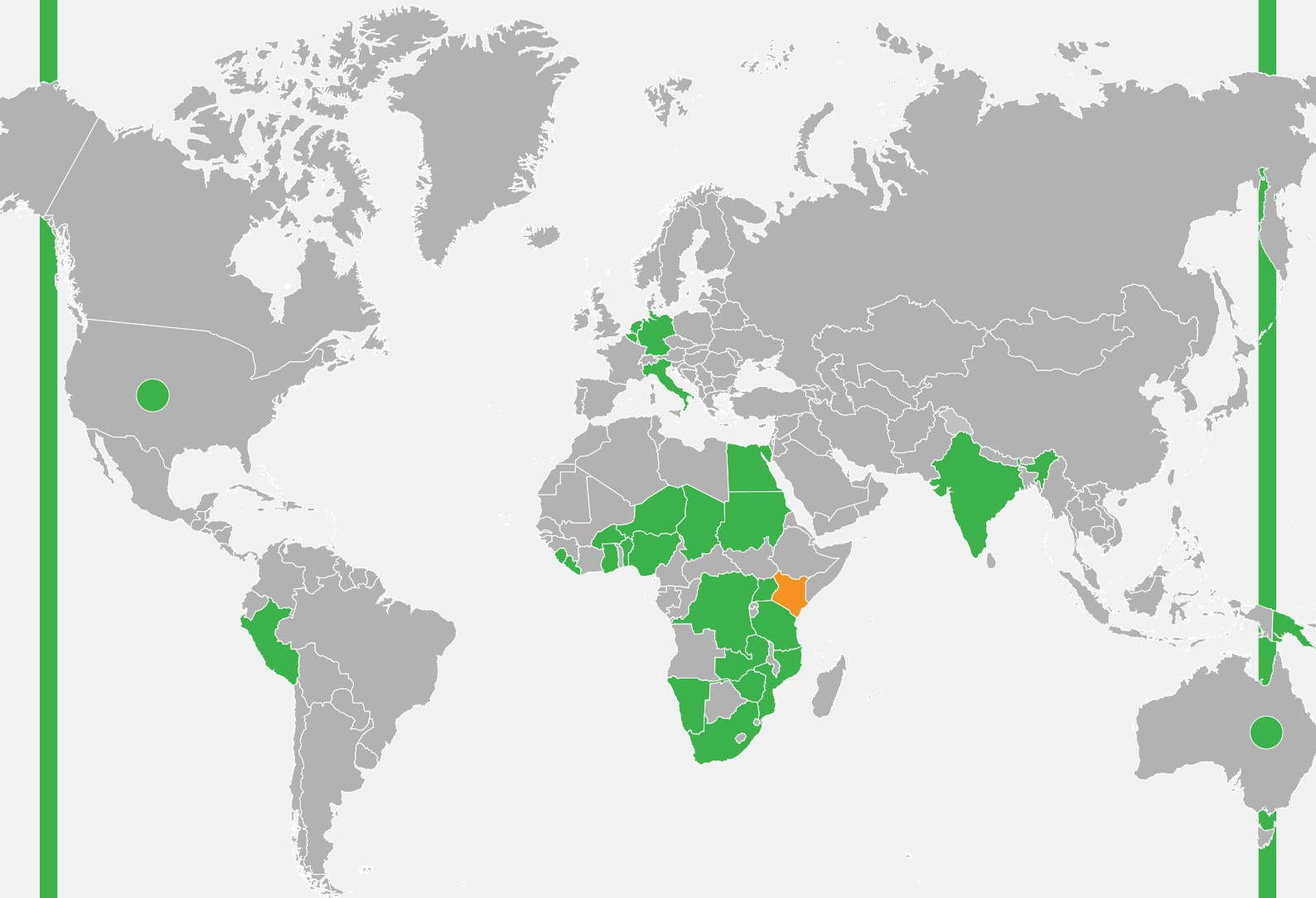


ANNUAL REPORT 2016



Members



Years of EPN



Countries

OUR VISION

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

OUR MISSION

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

OUR VALUES

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

Integrity

Compassion

Respect for others

Conscientiousness

Continuous learning

Professionalism

Fairness

ABBREVIATIONS

EPN	Ecumenical Pharmaceutical Network
NGO	Non-Governmental Organization
NCDs	Non-communicable Diseases
AMR	Antimicrobial Resistance
DSO	Drug Supply Organizations
JMS	Joint Medical Stores
MEDS	Missions of Essential Drugs and Supplies
MEMS	Missions of Essential Medical Supplies
BUFMAR	Bureau des Formations Médicales Agrées au Rwanda
MCH	Maternal & Child Health
ZACH	Zimbabwe Association of Church-Related Hospitals
WCC	World Council of Churches
CHAK	Christian Health Association of Kenya
USAID	United States Agency for International Development
SIAPS	Systems for Improved Access to Pharmaceuticals and Services
SDGs	Sustainable Development Goals
CHIs	Church Health Institutions
CHA	Churches Health Associations
CHAN	Christian Health Association of Nigeria
ESP	Ecumenical Scholarship Program
EPP	Essentials of Pharmacy Program
NAP	National Action Plan
EACPP	East African Community Pooled Procurement
HIV	Human Immuno-Deficiency Virus
TB	Tuberculosis
ReAct	Action on Antibiotic Resistance
RAN	ReAct Africa Node
CSO	Civil society organizations
WAAW	World Antibiotic Awareness Week
URI	Upper Respiratory Infections
NASCOP	National AIDS & STI Control Programme
IEC	Information, Education & Communication
STGs	Standard Treatment Guidelines
GCH	Gertrude's Children's Hospital
MTC	Medicines and Therapeutics Committee
MOH	Ministry of Health
MOHCC	Ministry of Health and Child Care
HAIs	Hospital-Acquired Infections
LMICs	Low and Middle Income Countries
ASS	Antimicrobial Stewardship Subcommittee
IPC	Infection Prevention and Control
CHAM	Christian Health Association of Malawi
HCWs	Health Care Workers
MDGs	Millennium Development Goals
WHA	World Health Assembly
FBOs	Faith-Based Organizations
CSSC	Catholic Social Service Commission
PCCHS	Presbyterian Church of Cameroon Health Services
CDMU	Community Development Medicinal Unit
CAFPA	Christian Advocacy for Family Planning in Africa Project

ABBREVIATIONS

CCIH	Christian Connections for International Health
FP	Family Planning
HTSP	Healthy Timing and Spacing of Pregnancy
GARDP	Global Antibiotic Research and Development Program
SAMRC	South African Medical Research Council
BftW	Bread for the World
CHAK	Churches Health Association of Kenya
ECWA	Evangelical Church Winning All
Difaem	German Institute for Medical Mission
DCMP	Dépôt central médico-pharmaceutique - 8ième
MEG	Medical Export Group
CADIMEBU	Centrale d'approvisionnement et de distribution des médicaments essentiels de Bunia
CBCHB	Cameroon Baptist Convention Health Board
PCC	Presbyterian Church In Cameroon
BTHSB	Baptist Training School for Health Personnel
ECCSDC	Ethiopian Catholic Church Social and Development Commission
AIC	Africa Inland Church
CVD	Cardiovascular diseases
IDF	International Diabetes Federation
WDF	World Diabetes Foundation
DAZ	Diabetes Association of Zambia
UNFPA	United Nations Fund for Population Activities

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Letter from the Executive Director



Mirfin M. Mpundu

Another year ended positively for us at the Secretariat, working with you towards achieving our vision of being a valued global partner for just and compassionate pharmaceutical services. Access to quality-assured medicines still remains a major problem for many populations in the countries we serve. We have made strides and achieved much yet there is still so much work to be done. Your partnership and support has been humbling and greatly appreciated.

In 2016 we had several projects in different countries that included India, Zambia, Zimbabwe, Cameroon, Burkina Faso, Niger, Sierra Leone, Uganda, DRC, Chad, Nigeria, Kenya, and Tanzania. These projects were under the newly rolled out 2016 – 2020 Strategic Plan that focuses on these areas: Non-communicable diseases (NCDs), Antimicrobial Resistance (AMR) and Infectious Diseases, Maternal & Child Health (MCH) supported by Advocacy, Pharmaceutical Services Capacity Development and Research and Information Sharing. The larger network of 36 countries benefited from our publications, member meetings and advocacy work.

2016 was also an important year in EPNs history as we celebrated our 35th Anniversary during the EPN Forum in Tubingen Germany, in May 2016. We had a great Forum, on the account of many, and the theme we deliberated on for 2- days, “AMR and NCDs – Pharmaceutical Challenges in the 2030 Agenda, was found to be timely and discussions enriching.

The Forum also provided the EPN family a great opportunity to bid farewell to its long-serving Board Chair, Albert Petersen in his home town, witnessed by his family, friends, and colleagues. Many gave glowing tributes sharing Albert’s contribution and dedication to efforts on equitable access to essential medicines for all for many years.

No words could suffice to express our gratitude for Albert’s contribution to EPN, but all we say is “asante sana” for such dedication Albert and wishing you God’s blessings.

We also welcomed with great joy, a new Chairman for EPN, Mr. Marlon Banda and his vice Christoph Bonsmann. Marlon is no stranger to many, so please join me, in wishing him success and God’s blessings, as he serves. This is the first time that Africa has taken on the chairmanship role of EPN.

I would also like to sincerely thank 2- outgoing board members, Dr. Sue Parry and Ms. Daisy Isa, who served EPN with so much dedication and grace. We all will miss their services.

It is my sincere hope that we continue our efforts to strengthen pharmaceutical systems to become more resilient and better able to efficiently respond to pharmaceutical needs in the countries we are serving in.

May God bless and grant you a very successful 2017.

Kindest regards- Mirfin

A handwritten signature in black ink that reads "Mirfin Mpundu". The signature is fluid and cursive.

Mirfin M. Mpundu PharmD, MBA, MPH

Letter from the Board Chair

Dear Friends and Partners,

It was humbling to be elected as EPN Board Chair at the 2016 Annual General Meeting, receiving the baton from Mr. Albert Petersen, who had contributed so much to the Network, the size of his shoes will be hard to fill. My desire and goal is to continue to grow the work of EPN; focus its reach and influence, so we can work towards a world where access to quality-assured medicines and treatment becomes a reality for all.

We have a new board that is committed to serving its members and cognizant that we have been called to Serve. As I indicated in my acceptance speech, quoting from Jeremiah 6:16 'This is what the LORD says: "Stand at the crossroads and look; ask for the ancient paths, ask where the good way is, and walk in it, and you will find rest for your souls'. We will not forsake or walk away from our mission and vision, we will continue this work that God has called us to; and depend on the grace that He provides.

We have many challenges to address in our constituencies. We will stay on course and continue to focus on the 2016 – 2020 Strategic Plan to make a difference on the ground. We will need your support, support of partners and friends in this work. We need strong and resilient pharmaceutical systems and I remain resolute that together we can achieve this.

I have a special history with EPN. This connection has played a great role in my professional life and that of the Churches Health Association of Zambia with regard to drug procurement. In Zambia, we have successfully integrated our Drug Supply Organizations into becoming a key player in the supply chain of medicines and medical supplies. Other DSOs can agree with me on the benefits EPN has made possible. Benefits we can extend and will work towards replicating within the entire network.

Lastly, I would like to express my gratitude to Albert for his many years of service to EPN, the lives he has touched, initiatives implemented under his dependable leadership and the success that EPN has enjoyed. On behalf of all the members, I wish him the Lord's blessings and success in the next chapter of his Walk.

Friends pray that our hard persistent work will take us closer and closer to our vision of becoming a full-fledged global partner for just and compassionate pharmaceutical services for all. Let us continue supporting our Churches and Church Health Systems through the provision of just and compassionate quality services as enshrined in our constitution.

Wishing you the very best and God's blessings for 2017.

Yours sincerely,

Marlon Banda

Marlon Banda



Marlon Banda

HIGHLIGHTS OF THE YEAR

EPN launched its new Strategic Plan for the Period 2016 – 2020 in January 2016. Among the considerations made in developing it, were the current public health challenges most relevant to EPN members and the global health agenda. The new strategic plan builds on the former and focuses on the following strategic health areas:

- Antimicrobial Resistance (AMR) and Infectious Diseases such as HIV, TB and Malaria and others
- Maternal Child and Health
- Non-communicable Diseases (NCDs)

The strategic health areas are supported by these core operational strategies:

- Advocacy
- Pharmaceutical Services Capacity Development and,
- Research and Information Sharing



The participants in a group photo during ZACH's award giving ceremony for best journalist for AMR coverage

Zimbabwe Associations of Church Related Hospitals (ZACH) hosted an award ceremony for the Best Journalist Coverage of AMR on Prime Time National Television on October 6th, 2016. ZACH Executive Director Mrs. Vuyelwa Sidile-Chitimbire officiated the ceremony. ZACH supported by EPN in association with USAID through Systems for Improved Access to Pharmaceuticals and Services (SIAPS) courted the media to partner in reporting on AMR and raising public awareness.



EPN bade farewell to its long-serving Champion and Board Chairman Albert Petersen.



EPN Elected a new Board Chair, Mr. Marlon Banda (Left), Vice Chair Mr. Christoph Bonsmann (Right).



Participants of the EPN Forum pose for a group photo

EPN successfully held its 16th Biannual Forum hosted by EPN member, Difeam in Tübingen Germany from May 18th – 20th 2016 and celebrated its 35th Anniversary. The Forum's theme was, "Antimicrobial Resistance (AMR) and Non-Communicable Diseases (NCDs) – Pharmaceutical Challenges in the 2030 Agenda (Sustainable Development Goals)"



5
From left to right: Dr. Wycliffe Nandama, MEDS, Dr. Jonathan Kiliko, MEDS, Mr. Organes Lema, MEMS, Ms. Liliane Uwatege, MEMS, Dr Mirfin Mpundu, EPN and Rev. Baraka Kabudi, MEMS, during a Pooled Procurement meeting.

East Africa Pooled Procurement Initiative involving 4- DSOs, Joint Medical Stores (JMS), Mission for Essential Drugs (MEDS) and Supplies, Mission for Essential Medicines Supplies (MEMS) and Bureau des Formations Médicales Agréées du Rwanda (BUFMAR) reached a milestone in their pooled procurement initiative by placing a joint tender to leverage on pooled resources and economies of scales.



6
Ms. Mercy Naitore of EPN (5th from left) and Mr. Morgan Mutondo of CHAZ (6th from left).

Six (6) EPN Ecumenical Scholarship Recipients graduated from pharmacy schools in Tanzania and Zambia and are currently serving in Church Health Institutions in Cameroon and Zambia. This is a program supported by EPN's partner, Bread for the World aimed at increasing pharmaceutical human capacity in Church Health Institutions (CHIs). A crucial intervention, as the pharmacy departments of most CHI's, are run by non-pharmacy trained staff.



7
The participants of the EPN Forum reciting the AMR Call-to-Action

Antimicrobial Resistance (AMR) Call to Action – EPN called for concerted action in addressing the threat of AMR to public health and health systems.

RETIRED



Dr. Sue Parry - World Council of Churches



Ms. Daisy Isa - CHAN Medi-Pharm

NEW EPN BOARD MEMBERS



Ms. Astrid Berner-Rodoreda – Bread for the World



Mrs. Vuyelwa Sidile Chitimbire - Zimbabwe Association of Church Related Hospitals



Dr. Mwai Makoka – World Council of Churches

Many EPN network members provide health services in the most remote and rural locations with limited resources. Our duty is to assist in making that care as quality-assured as possible.



YEAR IN REVIEW

ANTIMICROBIAL RESISTANCE PROGRAMS



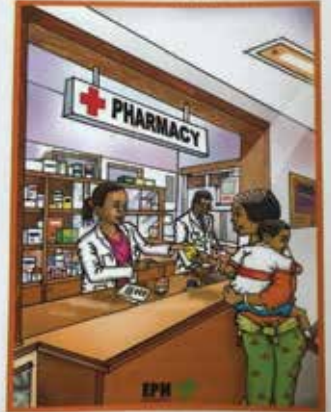
Rational Use Of Medicine

National Action Plan



ESSENTIALS OF PHARMACEUTICAL PRACTICE - EPP HANDBOOK

Ecumenical Pharmaceutical Network



Access To Children's Medicine

ADVOCACY



CAPACITY BUILDING IN PHARMACEUTICAL SERVICES



NON-COMMUNICABLE DISEASES



Diabetes Research

ACCESS TO QUALITY ASSURED MEDICINE

Pooled Procurement



Family Planning Advocacy Through Religious Leaders



MATERNAL AND CHILD HEALTH

Acting on the threat of Antimicrobial Resistance (AMR)

Responding to the threat of antimicrobial resistance (AMR) and the heavy burden of infectious diseases such as Malaria, HIV and TB in sub-Saharan Africa, EPN implemented several projects around this strategic area with partners; Bread for the World, Action on Antibiotic Resistance (ReAct) and Systems for Improved Access to Pharmaceuticals and Services (SIAPS).



Important AMR messages disseminated during the AMR awareness week in Zimbabwe as part of ZACH AMR awareness activities

The **threat of AMR** has been on the rise with documented instances of many **antibiotics losing their effectiveness** and making the **treatment of common infections**; such as urinary tract infections (UTIs), upper respiratory infections (URIs), simple pneumonia, malaria including HIV and TB difficult to treat. Additionally, AMR has increases the cost of treatment of infections, longer



IEC materials at the Stakeholder workshop on AMR Meeting at National AIDS and STIs Control Programme (NASCOP) Afya Annex, Nairobi ready for distribution during the AMR Awareness Week.

hospital stays, use of more expensive antibiotics as the 1st and 2nd line treatments may not work, promoting the use of more expensive 3rd and 4th line antibiotic treatments to be used. This also leads to an increase in the overall cost of treatment for health systems beyond individuals.



A section of participants in the Stakeholders' Workshop on AMR at the NASCOP Afya Annex offices, Nairobi Kenya during the AMR Awareness week

Projects implemented included raising awareness about AMR in Church Health Institutions (CHIs), promotion of collaborative activities on AMR with the Ministries of Health at the country level, academia, civil society organizations (CSOs) and other partners concerned about AMR. EPN was active during the World Antibiotic Awareness Week (WAAW) in November by giving lectures and presentations on AMR in hospitals and institutions of learning, providing TV and radio interviews in various countries, sharing EPN and ReAct materials on AMR and working with journalists in the print media to bolster awareness.

On an operational level, EPN also provided technical capacity on AMR National Action Plan development in Kenya, Zimbabwe, Zambia and Nigeria.



University of Nairobi School of Pharmacy students after disseminating AMR IEC materials at the Kenyatta National Hospital, Nairobi Kenya during the AMR Awareness week

Involving the Media in the fight against AMR Raising Awareness about Antimicrobial Resistance Contributing to Rational Use of Antimicrobials among Zimbabwean Public for a Healthy Future



ZACH Programme Officer Annah Rufu in front of AMR awareness poster

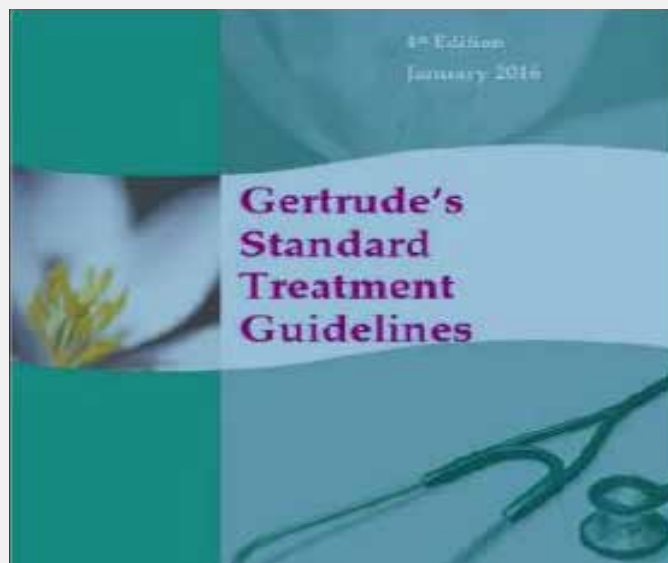
The Zimbabwe Association of Church Related Hospitals (ZACH) partnered with the Ministry of Health and Child Care (MOHCC) and other relevant ministries, the Ecumenical Pharmaceutical Network (EPN) and the Systems for Improved Access to Pharmaceuticals and Services (SIAPS) to **engage the media in raising awareness of AMR** by training journalists on AMR. The trained journalists, from local media houses, went on to write articles and conducted radio and TV interviews. All in all, over 20 publications from the media on AMR were produced in less than 6 months. The project showed the key role media plays, as a public announcer, and the importance of engaging them in the dissemination of health information.



An article on "Resistant infections plague the globe" featured in the Sunday Mail newspaper

Improving Adherence to the 4th Edition of the Standard Treatment Guidelines (STGs) at Gertrude's Hospital in Kenya

Irrational use of antibiotics is a global concern and is contributing to the emergence of resistant pathogens worldwide. Kenya is no exception. As a leader in pediatric healthcare in the region, Gertrude's Children's Hospital (GCH), through its Medicines and Therapeutics Committee (MTC), strives to ensure judicious use of antimicrobials. Improving the use of antibiotics is an important patient safety and public health issue. In 2015, an audit to determine compliance with rational antibiotic use indicators in the in-patient setting revealed a compliance rate of 10%. Currently, antimicrobial stewardship interventions at GCH include the use of Standard Treatment Guidelines (STGs) for common conditions. Other interventions include Prospective Audit and Feedback on use of reserve antibiotics and staff education on the rational use of antibiotics.



GCH participated in an **antimicrobial resistance (AMR) containment project** with the support of EPN and SIAPS program between April and October 2016. The objective of this project was to conduct pre- and post-intervention STG adherence assessments, with interventions to improve adherence to the 4th edition of standard treatment guidelines at Gertrude's Children Hospital (GCH).

The baseline audit conducted in May 2016 found 26.2% adherence to the STGs. General and individual findings of the baseline audit were communicated to prescribers while highlighting

gaps noted and the need to improve. This was done through group educational sessions and individual feedback in August and September 2016. Three (3) educational sessions were held that trained 44 staff including 29 prescribers and 15 pharmacy staff. A total of 12 prescribers out of the 47 with very low adherence at the baseline audit were given individual feedback on their prescribing errors. The final post-intervention audit conducted in October 2016 obtained 31.2% adherence.

A questionnaire on the prescribers' barriers and motivators to using the standard treatment guidelines revealed 'time' and 'effort required to use' as the major barriers. 'Believing that using the clinical guidelines would improve clinical outcomes for patients' was a major motivator. A significant proportion of prescribers also indicated that making the guidelines "actionable" i.e. clear, evidence-based and flexible to accommodate provider judgment, would increase their adherence.

Proposed strategies to eliminate barriers and enhance the motivators were reviewed by the Antimicrobial Stewardship Subcommittee (ASS) and forwarded to the MTC for implementation. These included providing a user-friendly print & android version of the STGs for ease of reference, which the MTC is currently developing. There was also a suggestion to have the appropriate treatment recommended by the STGs appearing on the prescribing software once a diagnosis is made, which is being explored.

Major limitations noted were the inability to have more prescribers attend the educational sessions as they were on shift and capacity of the Hospital Resident Pediatricians to give feedback to the targeted Prescribers in their satellite units. This may have contributed to the marginal change in adherence rate. In future, we will consider the use of an online platform to provide educational material and incorporation of prescriber feedback as part of supervision and mentorship.



Fatuma Ali, a doctor at Getrude's Children's Hospital Kenya, referring to the Standard Treatment Guidelines

Hand-washing Project for Infection and Control (IPC) at Daeyang Luke and Likuni Hospitals in Lilongwe, Malawi

Many hospitals struggle to prevent and contain hospital-acquired infections (HAIs) also referred to as nosocomial infections, which are the most common causes of morbidity and mortality, indiscriminate of age. The cost of HAIs is high because of increased treatment of secondary infections, long hospital stays that causes a strain on individuals' financial resources. The toll and strain on the health system is through increased treatment costs, materials, and increased human resource needs.

A high prevalence of HAIs is an evidence of poor quality of health service delivery in which poor hand-washing plays a major role. As simple as this truth is, the practice and adherence to hand-washing is a major challenge in health facilities around the world. In LMICs that is compounded by the lack of running water, hand washing soap or disinfectants and poor infrastructure.



Successful implementation of Infection Prevention and Control (IPC) Measures within health facilities become critical. These include measures such as hand washing, proper disposal of medical waste, use of personal protective equipment, prevention of needle pricks and respiratory hygiene and cough etiquette.

The Christian Health Association of Malawi (CHAM) (with the support of EPN and USAID funded Systems for Improved Access to Pharmaceutical Services (SIAPS) Program) selected Likuni and Daeyang Luke Hospitals, as the best sites to implement a project to promote hand-washing. The project would involve all staff and patients alike. Specific objectives were to:

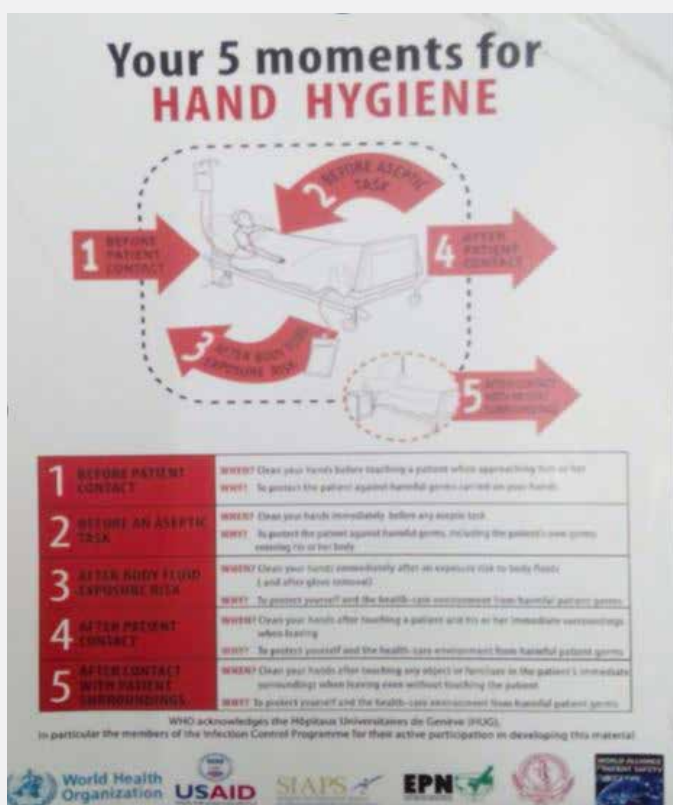
1. Identify barriers and motivators to hand hygiene practices at Likuni and Daeyang Luke hospitals
2. Establish, on an ongoing process, Infection Prevention Control Programs at Likuni and Daeyang Luke Hospitals
3. Monitor and measure hand hygiene practice changes through pre- and post-intervention assessments
4. Lastly, as an ad-hoc objective, access and reinforce knowledge of AMR as it relates for Health Care Workers (HCWs).

and hand-rub, strategic display and distribution of Information, Education and Communication Materials (IEC) on hand-washing and the establishment of facility-led support of hand-washing committees.

Through these interventions, positive results were reported and observed. HCWs exhibited higher awareness of the vital life-saving need of proper hand washing in infection prevention and control. HCWs were observed using proper techniques of hand-washing. Additionally, the number of sinks equipped with hand-washing soap increased by 30%. CHAM also distributed and posted posters in patients' rooms called, 'Five Hand Hygiene Moments' meant to act as visual reminders to HCWs and patients.

CHAM made general recommendations that can be used in any clinical settings and for scale up activities within CHAM health system:

- All health staff in any facility undertaking an Invention Prevention Program need to be targeted for hand-washing and taught proper hand-washing techniques
- Continuous supply of hand-washing resources highly dictates the success of hand-washing practices
- IPC committees should be empowered to take the lead in coordinating IPC activities and should include proper hand-washing techniques on a regular basis
- Information Education and Communication materials on proper hand washing techniques and their benefits must be strategically placed throughout facilities as visual reminders to reinforce the message of why proper hand-washing saves lives and costs.



The major challenges noted at the start of the project that contributed to poor hand-washing practices included:

- Inconsistent supply of water in the institutions
- Lack of knowledge of proper hand-washing techniques and procedures by health care workers (HCWs)
- Lack of resources, such as soap and facilities i.e. poor positioning of sinks.

Activities implemented by CHAM included; hand-washing training of HCWs, the supply of soap

EPN 16th Biannual Forum: AMR and NCDs – Pharmaceutical Challenges in 2030 (Sustainable Development Goals)

fully held its 16th Biannual Forum in Tübingen, Germany focusing on Antimicrobial Resistance (AMR) and Non-Communicable Diseases (NCDs) and pharmaceutical challenges that affect these conditions. One hundred and five (105) participants from 52 organizations in 26 countries attended.

Dr. Jane Masiga from Mission for Essential Drugs and Supplies (MEDS) who has attended

all the forums, appreciated the high caliber and scientific scope of the topics/ presentations, from experts practicing on the ground working on AMR, infections diseases and NCDs.

The main topics covered included:

- Responding to the threat of AMR & NCDs in the post-Millennium Development Goals (MDGs) era and the transition to the Sustainable Development Goals (SDGs) era
- Tackling AMR in Church Health Institutions (CHIs) and promoting access to quality medicines
- Exploration of the current situation and foreseeable challenges for the future with regard to medicines for AMR and NCDs
- The role of pharmaceutical staff in CHIs to combat AMR and the NCD challenge



Dr. Jane Masiga, Head of Operations, Mission of Essential Medicine and Supplies (MEDS)

The Forum provided a unique **platform for south-south exchanges and discussions**. Some lighter moments included the presentations and display of posters developed on best practices from EPN member institutions. The Poster Exhibition included topics on the following subjects:

1. Best practices implemented around AMR Stewardship Program
2. NCD management
3. Procurement and Supply chain
4. Professional capacity building Initiatives

It was very encouraging to see the efforts made in many interventions encouraging best practices displayed by EPN members.

EPN Hosts Action on Antibiotic Resistance (ReAct) 2nd Annual Conference in Limuru, Kenya

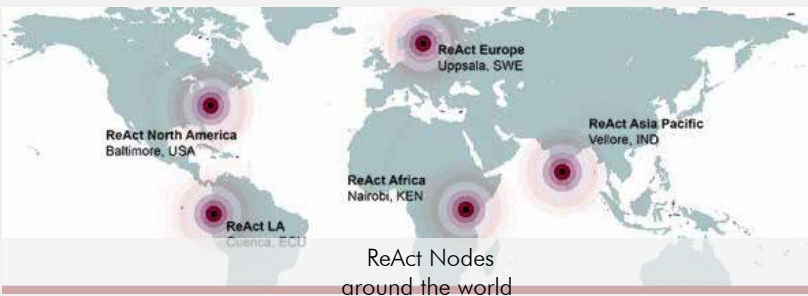
Following the passage and adoption of World Health Assembly resolution, WHA A68/20 in May 2015 - addressing AMR, member countries committed to developing AMR National Action Plans (NAPs) within 2- years, EPN and ReAct supported efforts in some African countries towards the attainment of this goal. Efforts included provisions of technical assistance, facilitation of stakeholder meetings and distribution of tools.

It was encouraging to see EPN members lead the FBO participation in country efforts. Some members who were active and had AMR activities included the Zimbabwe Association of Christian Related Hospitals (ZACH), CHAN-Medipharm in Nigeria, Churches Health Association of Malawi (CHAM), CDMU in India, Catholic Social Service Commission (CSSC) in Tanzania and Presbyterian Church of Cameroon Health Services (PCCHS) in Cameroon.

In order to support the country and WHO efforts, EPN hosted an Action on Antibiotic Resistance (ReAct) Annual Conference supported by ReAct in Limuru, Kenya. The main aim of the conference was to support countries with the AMR NAP development by providing a platform for discussions for African countries, CSOs, NGOs, academia, government ministries both from the human and animal sectors and international organizations and sharing of tools. Participants were drawn from thirteen countries.



RAN Conference participants enjoy a light moment. The conference drew participants from 11 African countries



Dr. Anna Zorzet, Head of ReAct Europe makes a presentation during the 2016 RAN Conference



RAN Conference participants enjoy a light moment. The conference drew participants from 11 African countries

Pre-Conference on Family Planning

Preceding the 16th EPN Bi-annual Forum, a preparatory conference on **Family Planning (FP)**, under the Christian Advocacy for Family Planning in Africa Project (CAFFPA) with the support of Christian Connections for International Health (CCIH) and Bill and Melinda Gates Foundation, was held in Tübingen Germany on May 18th, 2016. Thirty-one (31) participants from Drug Supply Organizations



Dr. Irene Yankou – Director of Pharmacy EEC, Cameroon holding one of the family planning materials used in the pre-conference as a show of commitment

In many countries, **gaps exist** with regards to **access to family planning (FP) commodities** and **knowledge, especially in Church Health Institutions (CHIs)** with the main reasons being; **misinformation about FP methods coupled with strong religious and cultural beliefs.** Participants noted that consequent interventions on FP, needed to address these barriers with delicate empathy and dignity in order to win over the corporation of grassroots organization and religious leaders, without whose support, acceptability at the local level would be difficult. Once the notion of FP commodities was accepted by FBOs, the next challenge would be to assuring **FP commodity security.** This could only be tackled by strengthening pharmaceutical systems at government (local and national) and institutional level.

A consortium of like-minded organizations signed on as partners (on-the-ground and for technical support) which included: US-based Christian Connections for International Health (CCIH), EPN, Churches Health Association of Kenya and Churches Health Association of Zambia (CHAZ). The overall goal of this event was to empower pharmacists, pharmacy technicians and members of the EPN network with knowledge and technical skills in increasing access to family planning commodities and programs.

Participants made commitments to FP Action Points after the conference to promote healthy families and family planning commodity security. Some of these commitments included working with pastors in the local churches to improve understanding of family planning and its benefits, advocating for inclusion of FBOs in FP commodity distribution from the government central stores, strengthen quantification and distribution within Church Health Systems.

Mrs. Karen Sichinga Executive Director, Christian Health Association of Zambia (CHAZ) committed to advocating for the availability of FP commodities at facility level with the Ministry of Health.



Mona Bomet of Christian Connections for International Health (CCIH) leading discussions on family planning during the pre-conference on Family Planning in Tübingen Germany



A session of discussions on family planning during the pre-conference on family planning

Promoting Access to Quality Medicines

Advocacy efforts to push EPN's primary agenda of **access to quality medicines for all** is woven into each intervention. However, Advocacy efforts on a larger national scale continue to be ambitious and in 2016 were aimed at:

1. Adherence to Standard Treatment Guidelines, bring global awareness on Antimicrobial Resistance (AMR)
2. Improve the efficiencies systems of delivery of medicines
3. Improve the pharmaceutical systems at institutional level and
4. Advocate for rational use of medicines

EPN's advocacy efforts range at various levels: national, regional and global. Some of our contributions include:

- The Executive Director Dr. Mirfin Mpundu presented at the 9th Global Conference on Health Promotion on Antimicrobial resistance: *'How can progress on SDGs 2, 3 and 12 be accelerated by strengthening good governance for health through action across government sectors?'* in Shanghai, China in November 2016.
- Dr. Tracie Muraya presented at a Health and HIV Partner Consultative meeting hosted by Bread for the World (BftW) partners in November 2016 in Limbe, Cameroon. Dr. Muraya presented on Access to medicines, vaccines & diagnostics with regard to pricing, patents, costs, availability, and quality.

At the end of the consultation, the following were take-home points:

1. Comprehensive Health Systems, as opposed to Disease-Specific Health Systems, are vital for Strengthened Health Systems.
2. All health care services must be people- rather than systems-centered.
3. Communities/civil societies must be engaged, at one stage or the other, in contributing to the establishment of policies prior to their approval/ implementation.

These were some of the findings that would be included in the final Health and HIV policy draft.

- The Board Chair Marlon Banda, the Executive Director Mirfin Mpundu and members Mathew Azoji from CHAN-MediPharm and Mwai Makoka, attended

a meeting in Cape Town on *'Antimicrobial Research and Innovation'*, organized by the Global Antibiotic Research and Development Program (GARDP) and the South African Medical Research Council (SAMRC)

ReAct Africa Node – Advocating for Global Action on AMR Threat

As, the Africa node for ReAct, EPN is at the frontier of AMR threat efforts on the continent. In collaboration with the Center for Disease Dynamics, Economics and Policy, EPN and ReAct have been providing **technical support to countries developing AMR National Action Plans (NAPs)**. Significant activities have taken place in Kenya, Zimbabwe, and Zambia.



Christian Connections for International Health (CCIH) is leading advocacy efforts in Family Planning within the Church and CHIs, by partnering with EPN and its members from Zambia (Churches Health Association of Zambia - CHAZ) and Kenya (Churches Health Association of Kenya - CHAK) and Evangelical Church Winning All (ECWA) funded by the Bill and Melinda Gates Foundation. These were aimed at promoting FP access and commodity security. EPN has focused on Nigeria with specific activities aimed at:

1. Building the capacity of EPN members in Nigeria to advocate for better Family Planning resources at faith-based organizations and
2. Establishing evidence-based advocacy planning policy change and resource mobilization in FBOs.

The EPN implementing partner in this program is the Evangelical Church Winning All (EWCA) in the Plateau State of Nigeria. The advocacy efforts were approached on two fronts. The first step was to equip church leaders within EWCA through building capacity in Family Planning using biblical principles and addressing misconception

of family planning. The second step was for the church leaders to advocate with the county health offices to solicit for **CHIs inclusion in the family planning products distribution.**



From left: Samuel Shanju - EPN, Ibrahim Aridi, Edrin Aderemi – Pathfinder, Habib Salami – Pathfinder, Mona Bormet - CCIH, Dr. Mirfin Mpundu - EPN and Rev. Bawa G. Andu - Jos DCC during Pathfinder Meeting in Abuja on September, 2016 discussing a collaboration with FP2020 Partners



Rev. Bawa Andu, the then Jos DCC Secretary (FP Advocates behind him) reads the CALL-TO-ACTION to the plateau State Ministry of Health at the end of the Healthy Timing and Spacing of Pregnancy (HTSP) Training Workshop in Miango, May 31 – June 3, 2016

EPN- Minilab Network supported by Difaem

The German Institute for Medical Mission (Difaem) is a Christian Non-Governmental Organization (NGO) offering **technical expertise** and **financial support for health services in resource-limited settings**. Over the last few years, Difaem has been supporting EPN members through the EPN-Minilab Network, on raising and addressing the quality of medicine. This has been done through training on quality of medicines and provision of Minilabs' equipment used to do preliminary screening of medicines to ascertain they meet quality standards. The Minilab Network currently has 15 members.

In 2016 the Minilab Network members tested 1110 products of which 10 were confirmed to be falsified through confirmatory testing, 3 sub-standard following the assay and 2 sub-standard failing of dissolution tests.



The Global Pharma Health Fund (GPHF)-Minilab that contains the essential lab ware and chemicals

Further, it is important to mention that the Awareness Tools developed by the EPN members who attended

the Minilab Workshop in Kampala 2015 are indispensable to the operationalization of these Minilabs and far-exceeded their intended benefits. These benefits include the following:

- Health facilities are more informed about the importance of quality of medications
- Have a 'go-to' contact when a product is discovered to be doubtful and
- Procurement policies have become more robust and investigative.
- Members have successfully strengthened their relationship to the government and regulatory agencies - medicine control authorities. Evidence of this synergy has been reported from Congo, Burundi, and Ghana. In Cameroon, the Cameroon Baptist Church was requested to train high-level government staff in the use of Minilab. An amazing recognition of respecting themselves as professionals in Medicine Quality Control.
- Increased networking i.e. exchange of ideas, queries, discoveries among the members organically creating a Knowledge Exchange Platform.
- Ownership of the project by the countries involved, which is a vital component of sustainability, as documented by the substantial financial contributions of the governments to the budgets of the regional workshops.
- The collaboration with the University of Tubingen through Prof Lutz Heide (representing Difaem and is also an EPN member) conducted a resilience and consistency scientific analysis of the medicine tested in 2015 from the Minilabs as a monitoring and evaluation measure. The results are scheduled



The DIFAEM-EPN Minilab Network

to be published by an international journal in 2017. And a new sampling/testing project between Difaem-University and the Minilab Members in DRC DCMP and CADIMEBU will be carried out in 2017 under scientific conditions.

We are proud to see that project which started with a “seed” agenda among EPN, Difaem and each single Minilab-Member has resulted into such an enriching and upscale-able project. The vigilance in the activities on quality of medicines assurances will continue.

Addressing the Challenge of Access to Medicines in East Africa through Pooled Procurement

One of the major challenges that many low and middle-income countries (LMICs) face is the challenge of access to affordable, quality-assured essential medicines. This challenge trickles down to health facilities who **struggle to maintain adequate levels of essentials medicines for their patients.** Other factors impacting access include increased costs of medicines on the local market as most medicines are imported, the proliferation of, poor quality and counterfeit medicines, challenged supply chain systems, and proliferation of illegal outlets and suppliers.

One of the solutions to improving access to affordable

quality-assured medicines and medical products is through **Pooled Procurements.** This helps lower the costs through bulk purchasing and pooled negotiations, assurance of quality and stable supplies. Four East African Drug Supply Organizations (DSOs), coordinated by EPN, have been working on a pooled procurement initiative, which successfully completed its first drug tender in 2016.

These DSOs play a critical role in supplying quality essential medicines and medical supplies at affordable prices to faith-based health organizations, non-governmental health programs and public health care facilities in the region. Their primary focus is Church Health Institutions before serving the secondary market.

Partnering in this pooled procurement effort are the following DSOs:

- Mission for Essential Medicines and Supplies (MEMS)– Tanzania
- Mission for Essential Drugs and Supplies (MEDS)– Kenya
- Joint Medical Stores (JMS) - Uganda
- Bureau des Formations Medicales Agréées du Rwanda (Bufmar).

This initiative will promote the availability and lower costs of medicines and supplies for patients as these organizations maximize gains through synergies and economies of scale and pass on this benefit to patients.



Dr. Jane Masiga (2nd from left) of MEDS, Mr. Paschal Manyuru (left) of MEDS Dr. Bildard Baguma (6th from left) of JMS and Mr. Samuel Shanju (7th from left) of EPN at the Medical Export Group medical stores

Scholarship Program

EPN has been supporting its network members in 'Pharmaceutical Services Capacity Development' through its Essentials of Pharmacy Practice (EPP) and the Ecumenical Scholarship Program (ESP) supported by Bread for the World.



Ms. Mirabel Kejika, Ecumenical Scholarship Program (ESP) recipient for Cameroon Baptist Convention Health Board (CBCHB)

The ESP program seeks to tackle the acute **pharmaceutical human resource crisis in church hospitals** in selected countries of Sub-Saharan Africa through scaling up skills and upgrading of existing pharmacy staff. This is achieved through the provision of 2-3 year Pharmacy (diploma and certification level) training scholarships, to staff from hospitals in the EPN Network. The students are supported to attend and graduate from a recognized institution within their country of residence.



EPN Scholarship recipient Sr. Selestine Restituta Mwanamshiki (2nd left) with some of her colleagues in a lab at the Catholic University of Health and Allied Sciences in Mwanza Tanzania

The 2014-2017 ESP Program has supported 40 students from 8 countries, Ghana, Cameroon, Zambia, Kenya, Tanzania, Uganda, and Chad. Six (6) students graduated in 2016. These students are currently working in church health facilities in Zambia (5 students) and Tanzania (1 student).

Pharmacy administrators and supervisors of the graduates have reported, upon reintegrating the members back into the facilities, that pharmacies are working more efficiently and noted the following improvements:

- Systematic monitoring of the availability of medicines
- Better prescription patterns from prescribers
- Improved rational use of medicines
- Better dispensing practices
- Better stock management
- Provision of clinical interventions during ward rounds in some facilities
- Decreased patient waiting times
- Improved transfer of knowledge to other pharmacy staff members and health care workers.

'It is with much joy and gratitude that I was selected for the EPN Scholarship. I consider it as a miracle that I was chosen. When I thought of dropping out from the course due to lack of financial sustainability, EPN came in at just the right time and rescued me. I was able to forget the stress of finances and study. This helped me to study well until I graduated, with good grades, as a Pharmacy Technician. It has spurred me towards pursuing more education to further improve on my skills. All I have to say now is a big "THANK YOU" to EPN. I will continue to work hard and improve. Thanks again.'



(From left) Ms. Ndosak Raphaela, Fidelis Nyaah (Consultant) and Bayena Mirabel in Banso Baptist Hospital, DRC

Mirabel graduated on 22nd August 2015 from the Baptist Training School for Health Personnel (BTSHP), Bango-Cameroon. EPN is proud to have impacted her life!

Essentials of Pharmacy Practice (EPP) Courses

EPN conducted 2- Essentials of Pharmacy Practice (EPP) courses in Ethiopia and Niger with the objective of improving pharmaceutical skills of staff working in pharmacies and dispensaries with no pharmaceutical training.

The course in Ethiopia was conducted in collaboration with the Ethiopian Catholic Church Social and Development Commission in Addis Ababa. The focus of the training was on:

- Supply Chain Management: selection, procurement, distribution and use
- Elements of Rational Use of Medicines i.e. Medicine and Therapeutic Committees (MTCs), formulary, medicine safety, quality assurance, dispensing, medicine use and AMR.

The training conducted in Niger brought participants from two other regional countries, namely Burkina Faso and Sierra Leone. This training focused on:

- Medicine management (availability, quantification, quality assurance, selection, procurement)
- Rational use of medicines (prescribing, dispensing, adherence, STG's)

EPP courses are life-changing for Health Care Workers (HCWs) and improve pharmacy practices and care for patients. The courses built capacity of pharmacy staff in critical areas of pharmacy practice and essential knowledge that is proven to be life-saving.

The EPP courses are especially impactful as presence of non-professionally trained staff working in pharmacies and absorbing the duties of pharmacists is fairly common in many CHIs and rural public hospitals. This is due clearly to the lack of availability of trained staff in many sub-Saharan African countries, pharmacy schools, brain drain and challenges to attain trained staff from major cities with good paying jobs. However, these

informally trained staff are incredibly valuable and cannot be over looked. They have acquired on-the-job training, are trusted by their communities and sometimes, the only choice that facilities have. Under these circumstances improving their technical skills and knowledge remains paramount.



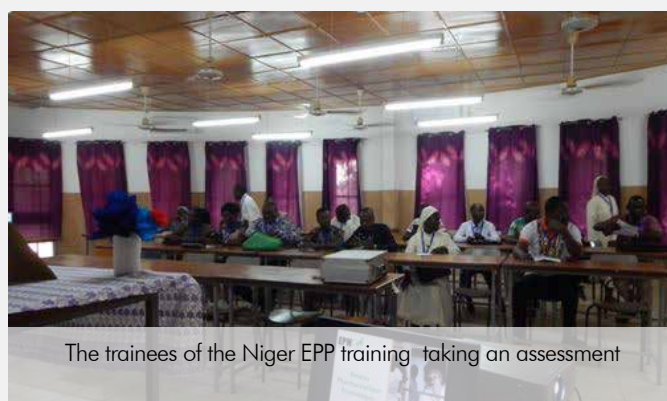
EPP Training participants engage in group discussions in Ethiopia



Hagos Adhana, Operations Manager - Ethiopian Catholic Church Social Development Commission Health Department- ECC-SD Health Department. giving closing remarks after the EPP training in Ethiopia



EPP training session



The trainees of the Niger EPP training taking an assessment

Access to non-Communicable Diseases' Medicines

Non-communicable Diseases (NCDs) continue to be a **Public Health Priority**. EPN and its network members continued to work on initiatives that **promote access, availability, and affordability of quality-assured medicines and management**. The focus areas primarily on their pharmacy staff development in the areas of selection, quantification, forecasting, procurement, supply and dispensing of NCD medicines with a secondary focus on clinicians on management of NCDs. EPN also focused on promoting the use of Standard Treatment Guidelines (STGs) for select NCDs – diabetes, asthma, hypertension and Chronic Obstructive Pulmonary Diseases COPD, rational use of medicines and better management of NCDs to realize desired health outcomes. This would also lead to reduced healthcare costs for patients and institutions. The training also included clinical staff, doctor's nurses, clinical officers on the management of NCDs.

EPN conducted a training in Kenya with the Africa Inland Church (AIC) health facilities in Kenya where 32 staff (pharmacy staff, doctors and nurses) were trained focusing on cardiovascular diseases (CVDs), respiratory diseases, diabetes, and cancers. The focus was on diagnosis and management of these conditions. In addition, EPN handed a reference packet of materials to participants on how best to utilize the STGs as well as disease specific information.

Addressing Non-Communicable Diseases (NCDs) in Nigeria, Kenya, and Tanzania

The ingredients to successful implementation and sustainable impact is through **understanding the situation, involving the key stakeholders, effective planning, and implementation**. EPN conducts situational analysis or baseline studies that help in understanding the gaps, causes and helps design sustainable interventions. In this process the involvement of an implementing partner is irreplaceable.

EPN conducted baseline studies on the top 5 NCDs (Diabetes, Hypertension, CardioVascular Diseases, Cancer and Asthma) in 3 countries Nigeria, Kenya, and Tanzania. These countries were selected following an indication and declaration of interest to address the burden of NCDs and the role CHIs play in their health systems. The study looked at the burden of disease, knowledge, attitude, and practice (KAP), issues around access to NCD medicines in these countries and any national programs that are available for, not only the Public Health Systems but the Church Health Systems. The results will both help EPN members, advocate for solutions that address this public health threat (that has shown increased incidence of NCDs such as cancers, respiratory diseases, diabetes and cardiovascular conditions) but encourage a sustainability-driven approach of how to respond.



Healthcare personnel during Non-Communicable Diseases (NCDs) training in Machakos, Kenya

Zambia Diabetes Project Website Summary

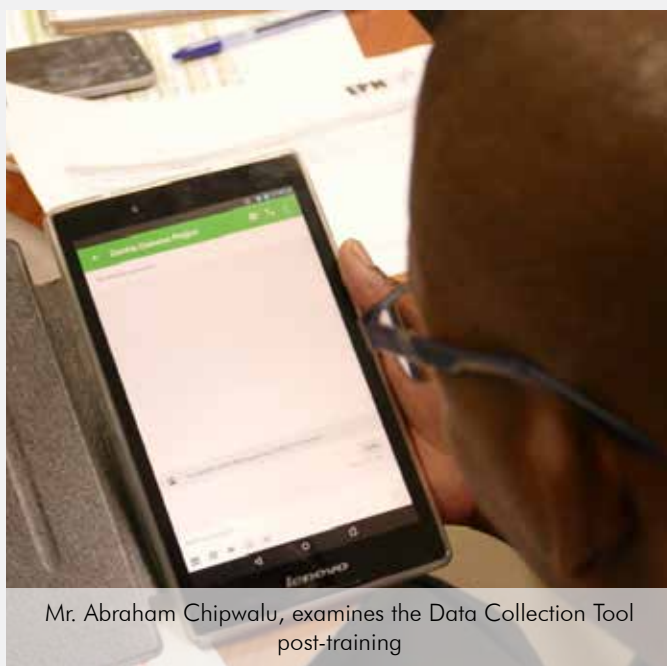
According to the 2016 WHO Global Report on Diabetes, the number of people living with diabetes has almost quadrupled since 1980 (108 million) to 422 million adults, with most living in developing countries. Diabetes is increasingly becoming a global health threat and its prevalence in Zambia is fast escalating. In 2015, the International Diabetes Federation (IDF) recorded 21,200 cases of diabetes in Zambia and 8,282 adult deaths.

It is against this background that EPN with the generous support of the World Diabetes Foundation (WDF) is undertaking a project to “*Improve the Pharmaceutical Type 2 Diabetic Care in Zambia*”. Implementation will be done in partnership with The Churches Health Association of Zambia (CHAZ) and the Diabetes Association of Zambia (DAZ). The project will target faith based health facilities in seven provinces of Zambia, namely; Central, Copper belt, Eastern, Lusaka, Southern, Western and Northwestern provinces. The target beneficiaries will be diabetic patients in the catchment areas of the health facilities and staff without formal pharmaceutical training in the targeted health facilities. The project’s overall goal is to improve the quality of Type 2 Diabetes Care through increased availability of quality-assured diabetic medicines and improved dispensing practices. A great percentage of staff in pharmacies of faith based health facilities in Sub-Saharan Africa are generally not formally trained in pharmacy practice. This project is aimed at building the capacity of non-formally trained staff in 40 health facilities in Zambia.

Three data collectors from the Churches Health Association of Zambia (CHAZ) who will be responsible for the data collection during the baseline assessment of the current stock management and dispensing practices at the start of the project were trained in November 2016 at the CHAZ offices in Lusaka Zambia. The data collection will be done in the first quarter of 2017.



Data Collectors Training for the World Diabetes Foundation project at the Churches Health Association of Zambia (CHAZ) offices (sitting left to right) Mr. Wilbroad Kangwa, Mr Abraham Chipwalu and Ms. Emma Katupisha



Mr. Abraham Chipwalu, examines the Data Collection Tool post-training



From left: Mr Abraham Chipwalu (CHAZ), Mrs. Julian Nyamapachitu (EPN), Mr. Wilbroad Kangwa (CHAZ) and Ms. Emma Katupisha(CHAZ) outside the CHAZ offices

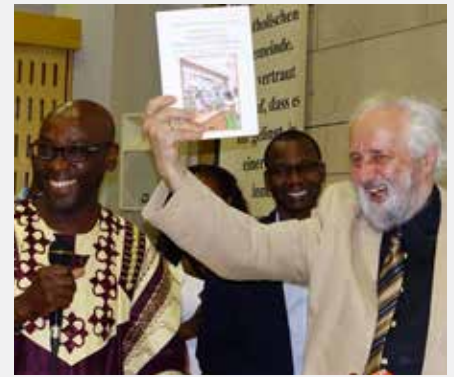
Maternal and Child Health Baseline Studies

The majority of EPN interventions are with members in sub-Saharan Africa, a region which has documented high rates of morbidity and mortality of children and women. EPN member health facilities are affected by these high rates of maternal and child deaths, which are preventable. However, insufficient supply of high-quality commodities; poor regulation of these commodities and the lack of access remain major challenges as reported by

the UNFPA.

EPN working with its members in 3- countries, Uganda, Burkina Faso, DRC, and Chad initiated projects beginning with baseline studies to enhance the knowledge base on priority MCH conditions and treatments. They also focused on strengthening pharmacy staff knowledge on Supply Chain Management. This is a key component in promoting access and medical knowledge on diagnosis and treatment for clinicians. This project will continue into 2017 with interventions materializing then

ALBERT PETERSON'S FAREWELL



2016 BOARD MEMBERS



FROM L TO R: MR. MARLON BANDA - CHAIRMAN, MR. CHRISTOPH BONSMANN - VICE CHAIR, DR. MIRFIN MPUNDU EX OFFICIO, MR. MICHAEL MWANGI - TREASURER, MS. ASTRID BERNER-RODOREDA - BOARD MEMBER, DR. SUJITH CHANDY - BOARD MEMBER, MRS. VUYELWA SIDELE-CHITIMBIRE - BOARD MEMBER, DR. FIDELIS NYAAH - BOARD MEMBER DR MWAI MAKOKA- BOARD MEMBER

Statement of Comprehensive Income
For the year ended 31 December 2016

	2016 US\$	2016 Kshs	2015 US\$	2015 Kshs
INCOME				
Grants received	910,022	92,307,621	684,869	66,240,518
Other income	49,706	5,041,871	40,592	3,926,046
	<u>959,728</u>	<u>97,349,491</u>	<u>725,461</u>	<u>70,166,564</u>
EXPENDITURE				
Advocacy	6,596	669,059	-	-
Pharmaceutical Services				
Capacity Development	110,481	11,206,544	241,047	23,314,089
Research and Information Sharing	20,839	2,113,747	9,532	921,898
Non-Communicable Diseases	46,132	4,679,393	6,050	585,130
Maternal and child health Antimicrobial Resistance and Infectious Diseases	49,928	5,064,467	7,202	696,536
Overhead Expenses	167,470	16,987,213	80,965	7,830,917
	398,291	40,400,391	342,835	33,159,045
	<u>799,736</u>	<u>81,120,814</u>	<u>687,630</u>	<u>66,507,615</u>
BALANCE FROM OPERATIONS	<u>159,992</u>	<u>16,228,677</u>	<u>37,830</u>	<u>3,658,949</u>
FOREIGN EXCHANGE LOSSES	13,287	1,347,769	29,233	2,827,431
NET BALANCE FOR THE YEAR	<u>146,705</u>	<u>14,880,908</u>	<u>8,597</u>	<u>831,517</u>

Statement of Financial Position
As at 31 December 2016

	2016 US\$	2016 Kshs	2015 US\$	2015 Kshs
RESERVES				
Restricted funds	182,914	18,746,088	28,262	2,975,784
Sustainability Fund	112,092	11,583,097	105,489	11,106,991
Capital Fund	28,016	2,871,243	10,334	1,087,963
Foreign Exchange Reserve	(42,520)	(4,452,996)	(29,233)	(3,077,967)
	<u>280,502</u>	<u>28,747,432</u>	<u>114,852</u>	<u>12,092,770</u>
REPRESENTED BY:				
Non- current assets				
Intangible Assets	2,168	222,231	1,162	122,390
Furniture, fittings and equipment	25,848	2,649,012	9,171	965,561
	<u>28,016</u>	<u>2,871,242</u>	<u>10,333</u>	<u>1,087,950</u>
CURRENT ASSETS				
Receivables and prepayments	44,189	4,528,768	43,975	4,630,038
Cash and cash equivalents	344,448	35,300,992	185,196	19,499,256
	<u>388,637</u>	<u>39,829,760</u>	<u>229,171</u>	<u>24,129,295</u>
CURRENT LIABILITIES				
Payables and accruals	136,151	13,953,572	124,652	13,124,475
Net current assets	52,486	25,876,188	104,519	11,004,820
	<u>280,502</u>	<u>28,747,432</u>	<u>114,852</u>	<u>12,092,770</u>

THANK YOU FOR CHANGING MILLIONS OF LIVES THROUGH THE EPN NETWORK

Brot
für die Welt

 **CCIH**
Christian Connections
for International Health

 **DIFAEM**
Institut Allemand pour
la Mission Médicale


Kinder
MISSIONSWERK
DIE STERNINGER

BILL & MELINDA
GATES foundation

MISEREOR
IHR HILFSWERK


USAID
FROM THE AMERICAN PEOPLE

 **World Council
of Churches**


WORLD **DIABETES** FOUNDATION

ReAct
Action on Antibiotic Resistance

 **msh**
Management Sciences for Health

 **action
medeor**
Das Medikamentenhilfswerk

SIAPS 
Systems for Improved Access
to Pharmaceuticals and Services

Country	Member Category	Member Name
Australia	Individual	John James Carrol
	Individual	Spencer Makangwala
	Individual	Robin Warren
Austria	CHI	Austrian Leprosy Relief Association
Belgium	Associate	Africa Europe Faith and Justice Network
Benin	CHI	Hôpital Bethesda
Burkina Faso	CHA	Association Evangélique d'Appui au Développement
	CHI	Office de Développement des Eglises Evangéliques
Burundi	CHA	Lifenet International
Cameroon	CHA	Cameroon Baptist Convention Health Board
	CHA	Ceuvre de Santé de l'Eglise Evangélique Luthérienne au Cameroun
	CHI	Conseil des Eglises Protestantes du Cameroun
	CHI	Hope Services Clinic and Maternity
	CHI	Lecordon Cameroun
	CHA	Organisation Catholique pour la Santé au Cameroun/coordination diocésaine de la santé à Bafoussam
	DSO	Pharmacie Centrale de l'Eglise Evangélique
	DSO	Presbyterian Church in Cameroon Health Services Central Pharmacy
	Individual	Nkiese J. Kenkoh
	Individual	Nkwan Jacob Gobte
Central African Republic (CAR)	Individual	Richard Yobunwa Gabuin
	Individual	Stella Bongwa Zekeng
Chad	DSO	Association des Œuvres Médicales des Eglises pour la Santé en Centrafrique
	CHA	Association Evangélique pour la Santé au Tchad
	CHI	Bureau d'Appui Conseil
	CHI	Centre hospitalier de bebalem
	CHI	Hopital Evangélique de Koyom
Democratic Republic of Congo (DRC)	CHA	Union Nationale des Associations Diocésanes de secours et developpement Caritas
	DSO	Bureau de la coordination medicale (BCMU)Synode Urbain/ECC de Kinshasa
	DSO	Bureau des œuvres médicales de la Communauté des Eglises des Frères Mennonites au Congo
	DSO	Bureau des œuvres médicales de la Communauté Mennonite au Congo
	DSO	Centrale d'approvisionnement et de distribution des médicaments essentiels de Bunia (CADIMEBU)
	CHI	Centre Médical Evangélique de Nyankunde
	CHA	Communauté Baptiste au Centre de l'Afrique
	DSO	Dépôt central médico-pharmaceutique - 8ième CEPAC (Eglise du Christ au Congo)
	CHI	Institut Médical Chrétien du Kasai/Hôpital Bon Berger Tshikaji
	Associate	Mouvement Universel Pour la survie de L'Humanite
Egypt	CHA	Soins De Santé Primaires En Milieu Rural (SANRU)
	Individual	Emmanuel Goumou
Ethiopia	CHA	Ethiopian Catholic Secretariat 'Ethiopian Catholic Church Social and Development Commission (ECC-SDCO) Health Department'
	CHA	Ethiopian Evangelical Church Mekane Yesus Development and Social Services Commission
	CHA	Apotheker Helfen E.V.
Germany	Associate	German Institute for Medical Mission
	Associate	German Medical Aid Organization Action Medeor e.V.
	Associate	Pharmacists Without Borders - Germany
	CHA	Anke Meiburg
	Individual	Birger Fels
	Individual	Lutz Heide
	Individual	Peter Vollmer.
Ghana	CHA	Christian Health Association of Ghana
	Associate	Health Access Network
	CHA	National Catholic Health Service (Catholic Drug Centre)

Country	Member Category	Member Name
India	CHA	Emmanuel Hospital Association
	CHI	Christian Medical College Vellore
	DSO	Community Development Medicinal Unit ODISHA (CDMUO)
	DSO	Community Development Medicinal Unit West Bengal (CDMU)
	Individual	Dr. Guru Prasad Mohanta
Kenya	Individual	Vijay Roy
	CHA	AIC Health Ministries
	CHI	AIC Kijabe Mission Hospital
	CHA	Christian Health Association of Kenya
	Associate	Gertrude's Children's Hospital
Liberia	DSO	Mission for Essential Drugs and Supplies
	Individual	Dr. Collins Jaguga
	CHA	Christian Health Association of Liberia
	CHA	Christian Health Association of Lesotho
	CHA	Christian Health Association of Malawi
Lesotho	Associate	Coalition for Rational and safe Use of Medicines
Malawi	CHA	Catholic Health Services
Moldova	Associate	I+Solutions
Namibia	CHA	Union des Eglises Evangéliques Protestantes au Niger
Netherlands	CHA	CHAN Medi-Pharm Ltd/Gte
Niger	DSO	Christian Health Association of Nigeria
	CHA	ECWA Central Pharmacy
	DSO	Agwo Fabian Yilshal
	Individual	Agnes Ndasule Ayekame
	Individual	Egbodo Egweye
	Individual	Meshak Alex Simeon Dayol
	Individual	Rachel Odesanya
	Individual	Christian Health And Remedial Training Centre
Papua New Guinea	CHI	Servicio de Medicinas Pro-Vida
Peru	CHI	Bureau des Formations Médicales Agréées au Rwanda
Rwanda	DSO	Christian Health Association of Sierra Leone
Sierra Leone	CHA	Affordable Medicines for Africa
South Africa	DSO	Caritas Torit – Diocesan Social Development Wing of the Catholic Diocese of Torit.
South Sudan	CHA	Christian Health Association of Sudan
	Individual	Akpen Esther Nyomi
	Individual	Karin Wiedenmayer
Tanzania	DSO	Action Medeor International Healthcare Tanzania Ltd
	CHA	Christian Social Services Commission
	CHI	Dodoma Christian Medical Centre, Trust
	DSO	Mission for Essential Medical Supplies
	CHI	St. Luke Foundation
Togo	Associate	Alliance Nationale des Consommateurs et de l'Environnement (ANCE-Togo)
	CHA	Association Protestante des Oeuvres Médico-sociales et Humanitaires du Togo
	Individual	Dzimado Koumavi Kounetsron
Uganda	DSO	Joint Medical Store
	CHA	Uganda Catholic Medical Bureau
	CHA	Uganda Protestant Medical Bureau
	Individual	Sr. Anthonia Nakamya
USA	Individual	Donna Kusemererwa
	Associate	IMA World Health
	Individual	Elias Bongmba
Zambia	Individual	Richard Laing
	CHA	Churches Health Association of Zambia
Zimbabwe	CHA	Zimbabwe Association of Church-Related Hospitals

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