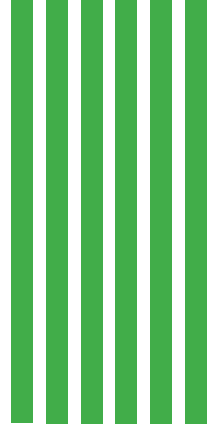


ANNUAL REPORT 2017



For over 35 years, dedicated to the just and compassionate access of quality pharmaceutical services

EPN
Ecumenical Pharmaceutical Network
Réseau Pharmaceutique Œcuménique



About Ecumenical Pharmaceutical Network

Who we are

The Ecumenical Pharmaceutical Network (EPN) is a Christian, not for profit, independent organization based in Nairobi, Kenya. We are committed to the provision of quality pharmaceutical services as a means to achieve global goals and targets on health and access to medicines. We are a Network with members from all over the world. The Network is run by a professional team at the secretariat in Nairobi and is overseen by a board of experts in our field of work.

Why we exist

Access to medicines and rational use of medicines is still a big problem, especially in Low-and Middle-Income countries (LMICs). Healthcare in these countries is often provided by churches as governments lack resources to provide healthcare to all especially in the low resourced settings, rural areas. EPN's mission is to support these churches to provide just and compassionate quality pharmaceutical services.

Where we work

Our Network spans five continents and 37 countries. EPN is a Network of associations such as Church Health Associations (CHAs), Drug Supply Organizations (DSOs), institutions, and individuals who have an interest in or are involved in the delivery of just and compassionate quality pharmaceutical services. We implement our projects through our local members that are based at the grass root level, that know the local culture and communities so they can, with our support, make a real change.

What we do

EPN's strategy seeks to strengthen the church pharmaceutical sector and enhance interventions that improve people's access to quality pharmaceutical services, informed by EPN's experience of supporting church pharmaceutical systems for over three decades.

Our strategic focus areas for the period 2016 - 2020 are:

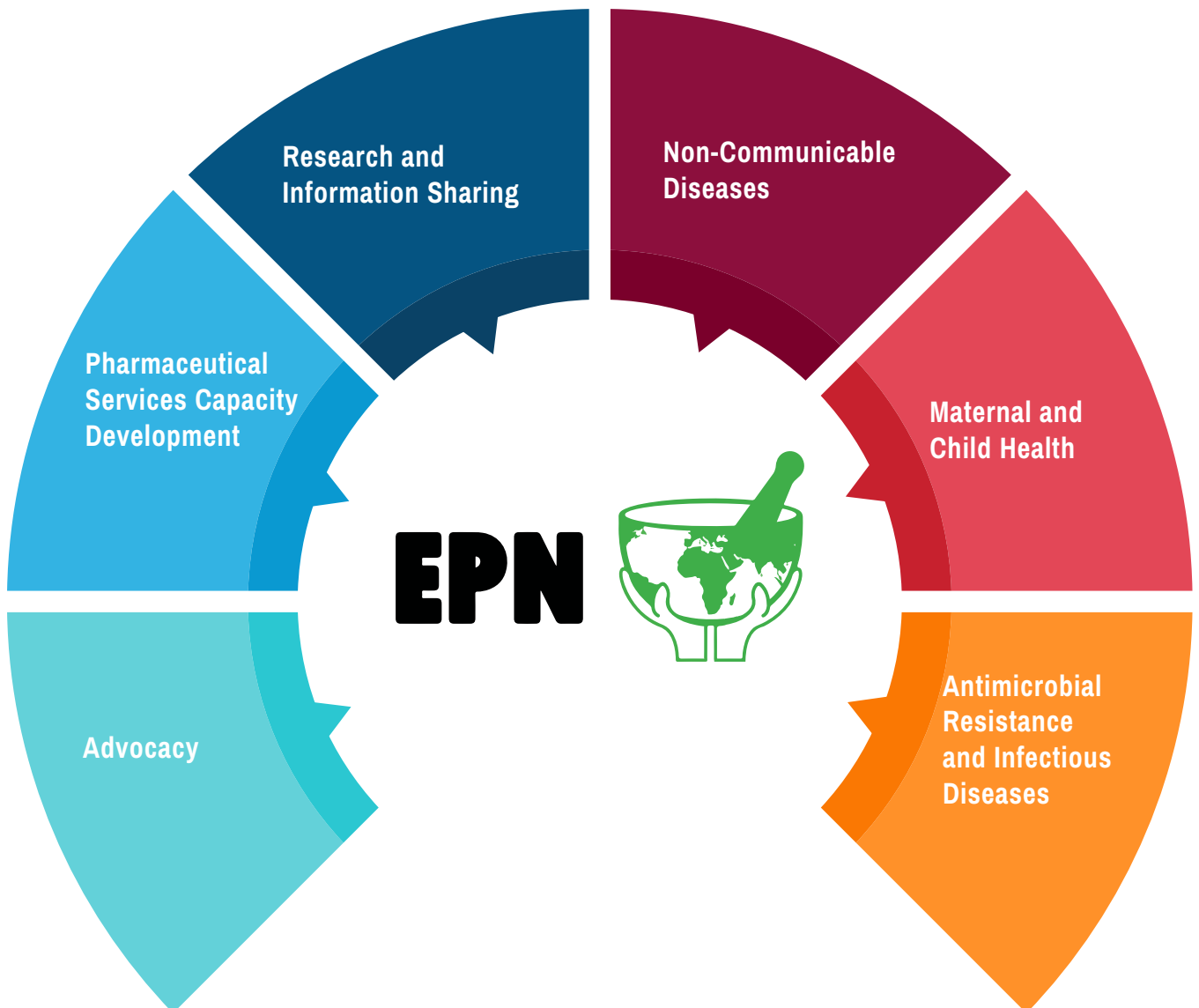


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What We Believe In

- 1 Access to quality pharmaceutical services is a fundamental human right.
- 2 Quality-assured medicines and its rational use is a guiding principle to quality pharmaceutical care.
- 3 Consistent support and training, church health facilities have the potential to offer world class pharmaceutical care.
- 4 Practicing standard pharmaceutical guidelines strengthens health systems.
- 5 Strong health systems save lives.

#PharmaceuticalCare #MedicinesForAll

MISSION

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

VISION

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



Students in a Nursing School in Chikankata, Zambia

Executive Director Letter



Mirfin Mpundu

Executive Director, Ecumenical
Pharmaceutical Network and Head, React
Africa, Kenya)

Dear Friends,

We had another wonderful year in the Network as we continued implementing our Strategic Plan 2016 -2020. By God's grace and through the generous support of our partners we implemented projects in many countries. A sample of projects included, working on establishing Antimicrobial Stewardship, Infection Control and Prevention and Drug & Therapeutic Committees in Cameroon, DRC, Uganda, and Ghana - efforts aimed at containing antimicrobial resistance, preventing hospital-acquired infections and promoting access and rational use of antimicrobials and other essential medicines through stewardship.

We saw students we supported graduate from pharmacy schools and take up positions in church health institutions in 7 countries, we contributed to pharmaceutical systems strengthening through a number of trainings and mentoring members on supply chain, commodity security, pooled procurement, addressing priority medicines for maternal and child to non-communicable diseases priority medicines.

Our efforts did not just end within the Network but took on regional and global initiatives. Notably, from advocacy activities on access to quality-assured medicines; inclusion of church health systems in country; supporting countries develop their AMR National Action Plans to sitting on technical expert committees with various partners including WHO, United States Pharmacopeia, Action on Antibiotic Resistance (ReAct), World Council of Churches and many others.

We were glad to welcome new partners like the World Diabetic Foundation who are supporting pharmaceutical diabetic care in Zambia working with the Churches Health Association of Zambia (CHAZ). We cannot do this work alone but depend on the generous support of our partners, our members, government Ministries of Health, bilateral and multilateral organizations.

Yet, the journey continues. We still have friends, neighbors, families, and countrymen who still do not have access to quality-assured medicines, that cannot afford the high costs of medicines and healthcare. We will not relax or take our feet off the pedal. Together, let us continue to work, create opportunities for the under-advantaged and uncensored in low-resource settings until every human being realizes the right to access to quality-assured medicines.

Heartfelt thanks to all of you and wishing you a prosperous 2018 and the Lord's blessings.

A handwritten signature in blue ink that reads "Mirfin". The signature is written in a cursive, slightly stylized font.

Mirfin M Mpundu, Pharm D, MBA, MPHA
Executive Director

EPN Board Chairman Letter



Marlon Banda

EPN Board Chairman and Pharmaceutical and Logistics (Supply Chain) Director at Christian Health Association of Zambia (CHAZ).

Dear Friends,

EPN – at its core, as do many Networks – exists at the pleasure of its members. Therefore, I would like to sincerely thank every EPN network member for making it a pleasure for us, the Board and the Secretariat, to work with you in 2017.

For the last two years, we have been implementing programs according to our 2016-2020 Strategic Plan. Our vision is steadily coming to fruition and by mid-2018, we will be half-way into the plan. I trust that as we all congregate at the May of 2018 Annual General Meeting, we will gain a deeper understanding of the strategy. The occasion will also be an opportunity to have some face-time with the members and for renewing our vision through our interacting and networking. We look forward to reconnecting with old friends and to meeting new ones.

We are very grateful to our funders and partners for facilitating the implementation of the EPN programs thus far, by their financial support, but also as mentors. We achieve nothing without the trust and visionary support that funders and partners bring to our mission. I thank you all.

I would also like to take this opportunity to address all the members who participated in EPN activities in 2017, at various levels of program implementation and collaboration. We acknowledge your openness and cooperation as we work towards our shared commitment to advancing access to quality-assured medicines and their rational use, in faith-based health facilities.

To my fellow board members, I thank each one of you, for your; hard work, passion, compassion and diligence in embracing EPN's core values. To our dear Executive Director and staff at the Secretariat, I give my hearty thanks. Your selfless devotion deserves praise from us all. You bear the brunt and sweat of every challenge the network faces. May the LORD reward you for your good works to relieve each of the least of His brothers and sisters across the world.

We look upwards to 2018 with a shared vision of success in the strengthening of pharmaceutical and health systems in faith-based health facilities across our Network.

God bless,

A handwritten signature in black ink that reads "Marlon Banda". The signature is written in a cursive style.

Marlon Banda

Chair, Ecumenical Pharmaceutical Network

Executive Director, Christian Health Association of Zambia

2017 AT A GLANCE

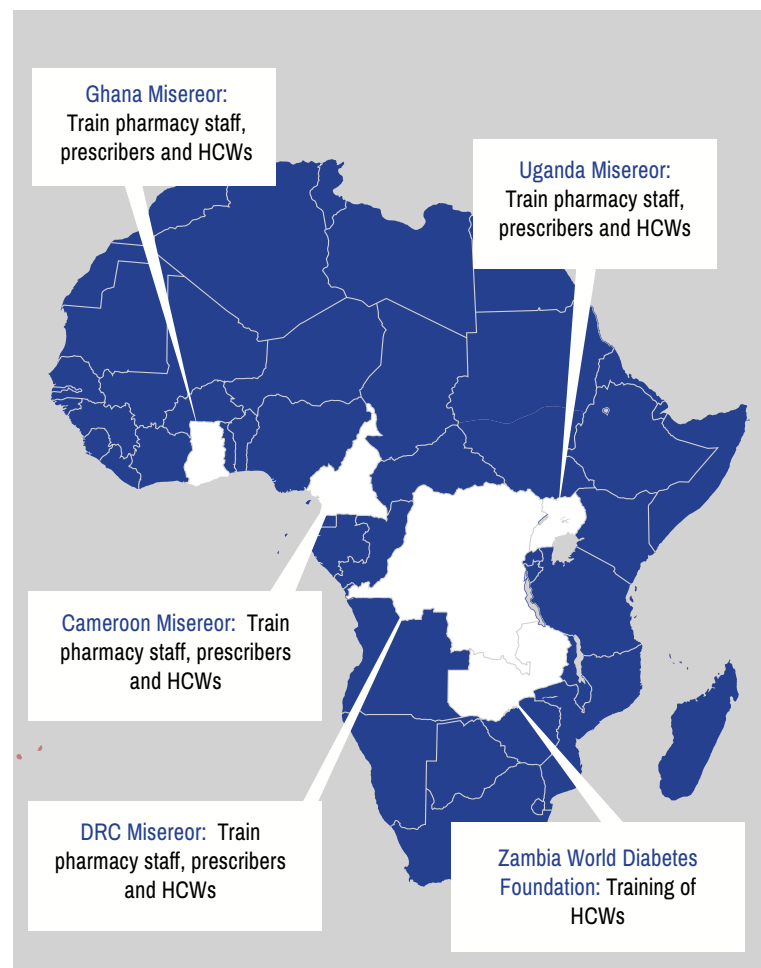
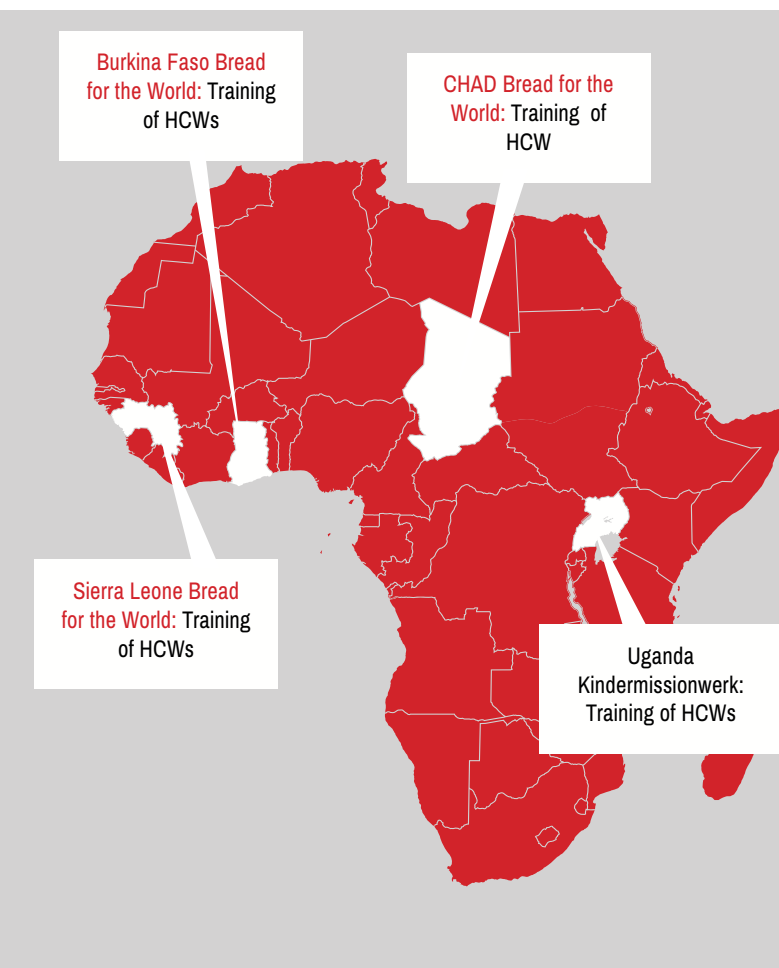
Advocacy
Research & Info sharing

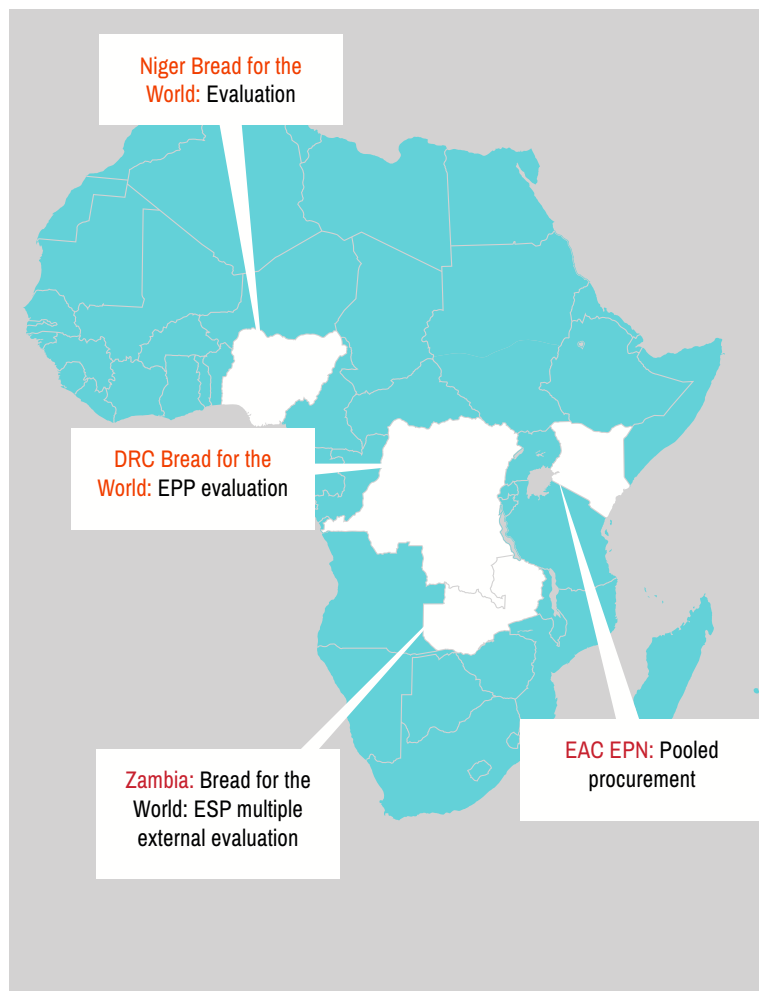
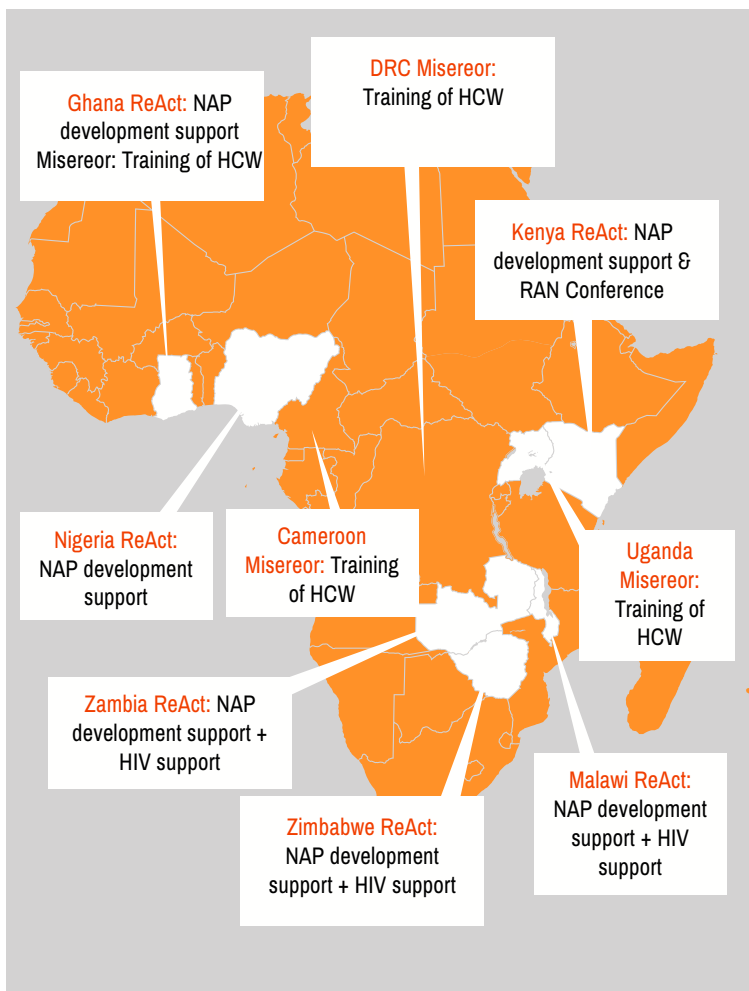
Maternal & Child Health

Non-Communicable Diseases

AMR & Infectious Diseases

Capacity Building





Global health meetings attended in 2017



Launch of the 'Rome-report': EPN participated and contributed in the development of a Call to Action document and launch of work titled “Combating the Emergence and Spread of Antimicrobial Resistance: A Workshop to Strengthen Faith-based Engagement”. This event was hosted by the Bureau of Oceans and International Environmental and Scientific Affairs U.S. Department of State and the Vatican. EPN’s Executive Director, Mirfin Mpundu joined via Skype.

UNGA panel discussion USP: EPN was part of the panel discussing AMR and quality of medicines. Other panelists will include Jesse Goodman from Georgetown, Mike from USP, the governments of Ghana, Argentina and 2 other countries. It was a follow up meeting to the sidebar meeting that USP held in Geneva during the WHA 2017



Ad-hoc working group meeting on implementation of antimicrobial stewardship programs in LMICs: EPN’s Executive Director, Mirfin Mpundu, co-chaired and participated in the Ad-hoc working group meeting at the WHO in Geneva, Switzerland. Discussions targeted the countries in need of stewardship, principals for national programs and the role of EML AWARE categorization.

Gallery



Day of an African Child commemoration in partnership with INERELA, Kenya +



A signage to a health facility in Burkina Faso on EPN MCH Project



EPN support school with psychosocial therapy in Kibera, Kenya post election unrest.



The participants of EPN's Burkina Faso MCH training show their certificates after a training workshop



EPN program Officer, Dr. Tracy Muraya demonstrates on handwashing to healthcare workers during a training in Uganda.



Dr. Jarred Nyakiba (MOH) presenting at the World Antibiotic Awareness Week talk at the Kenya Medical Training College



Advocacy meeting for Family Planning for Religious Leaders with B&MG Foundation with partners from CCIH, CHAK, CHAZ and EPN



Dr. Mirfin Mpundu, Executive Director of EPN makes presentation at John's Hopkins University



Mothers on line to fill prescriptions in the Eastern Province of Zambia.



AMR Call to Action on AMR organized by the Wellcome Trust, MOH Ghana, UK Government and Royal Thai Government in Berlin, Germany



World Antibiotic Awareness Week event in Nigeria, organized by the University of Obafemi, Awolowo with support from React Africa



The signing of EPN and Pamela Steele Associate (PSA) Memorandum of Understanding



DTC Training in DRC



An attendee of the CCIH conference share her thoughts on integrating faith and healthcare and their passion for global health

Other Network News

EPN Director Appointed to WHO's Strategic Advisory Group on AMR.

Mirfin M Mpundu

In recognition of his commitment to the faith-based sector and his contributions in the fight against AMR, EPN's Executive Director, Dr. Mirfin Mpundu was appointed to the Strategic and Technical Advisory Group on Antimicrobial Resistance (STAG-AMR) by the Director-General of WHO Dr. Tedros Adhanom. The news was communicated by Dr. Marc Sprenger, Director AMR Secretariat. Dr. Mpundu's term commenced on 5 October 2017 and will end on 30 September 2020. The Network is happy to have this representation.



Mr. Pascal Manyuru

Missions for Essential Drugs and Supplies bade farewell and celebrated the tenure of their long serving Managing Director Mr. Pascal Manyuru at a ceremony attended by his family, colleagues, suppliers, EPN and other well-wishers. EPN remains very grateful for the vision, passion and collaborations it shared with Mr. Manyuru in making access to quality-assured medicines a worthy goal to live by. EPN wishes him and his family God's blessings.

Dr. Jane Masiga

In the same token, EPN was also at hand to welcome the new Managing Director of MEDS Dr. Jane Masiga, who is no stranger to the EPN family having had worked for MEDS in other positions and previously served on the EPN Board for many years



Albert Petersen

Albert Petersen, former EPN Board Chairman, retired from DIFAEM after many years and contributing immensely to access to quality-assured medicines in many LMICs through his joint positions with DIFAEM and EPN. Albert worked tremendously on pharmaceutical systems strengthening. He has been succeeded by Ms. Christine Häfele-Abah.

Christine Häfele-Abah

Christine has over 15 years of experience in development, specifically in pharmaceuticals. Among other responsibilities, she is in charge of coordinating the "DIFAEM EPN Minilab network" and further ongoing projects to improve the supply chain and pharmaceutical management in faith-based health facilities, currently especially in Malawi, Chad, DRC and Liberia. We are excited to work with Christine. Karibu, Christine.



Placing a priority on pharmaceutical services for Maternal Child Health in Chad, Burkina Faso and Uganda.



Lessons Learned

The vital link between quality of pharmaceutical services and maternal and child health is well established yet under-emphasized. More needs to be done to address preventable deaths of mothers and children through initiatives that promote access to quality-assured priority medicines, capacitation of staff to better manage these conditions and strengthening pharmaceutical supply chain and care are critical. West African francophone countries require further study and relationship building with government officials, as indicated in Chad. Healthcare workers are enthusiastic and apt to more training. The trainings were well appreciated and the knowledge acquired deemed necessary.

Child and maternal causes of morbidity and mortality continue to be among the top drivers of health loss in most countries in Sub-Saharan Africa. These causes of morbidity and mortality are often preventable. We know that insufficient supply of high quality commodities; poor regulation of these commodities; and the lack of access and awareness of how, why and when to use them, are the main barriers to the access and appropriate use of medicines and health supplies for MCH. To exacerbate this situation, the ever-increasing costs of health care and medicines plus the influx of poor quality medicines; all highly contribute to morbidity and mortality.

EPN, working together with its members in Chad, Burkina Faso and Uganda, has been working hard to reverse this through interventions that improve access to quality-assured medicines and strengthen the management of maternal and child illnesses.

Implementing partners were Association Évangélique pour la Santé au Tchad (AEST) in Chad, Association Évangélique d'Appui au Développement (AEAD) in Burkina Faso, Joint Medical Stores (JMS) and Uganda Protestant Medical Bureau (UPMB) in Uganda.

Forty-seven (47) health care workers (HCWs) that included doctors, nurses and pharmacy staff were trained with the objective of facilitating the ability of faith-based health systems to offer competitive pharmaceutical services.

The specially adapted training included the:

- Use of standard treatment guidelines (STGs) for managing common mother and child diseases:
- Use of Essential Medicines List (EML) for selection and procurement, quantification of needs and stock management for the pharmacy staff including good dispensing practices.

Additionally, the project included an advocacy activity geared towards the Ministry of Health (MOH) in Chad that advocated for the inclusion and increased availability of quality-assured essential medicines.

It is worth noting that accessing quality-assured essential medicines is a major challenge in a number of Francophone countries that are landlocked. This is due to an underdeveloped pharmaceutical manufacturing industry and very few medical wholesalers.

The Chad government noted the issues presented and committed to addressing them.

Preliminary results from the project show that all facilities sampled have MCH guidelines, Essential Medicines Lists (EMLs) and are

using stock cards for stock monitoring. Pharmacies have also implemented the First Expiry First Out in inventory management. This is incredibly encouraging. The end of project evaluation will be conducted in 2018.

Addressing lack of availability of children's medicines in Uganda

Children are not little adults, an old adage says. Unfortunately, they are treated as such in most Low- and Middle-Income Countries (LMICs), specifically where medicines are concerned. Vital, child-friendly medicines and formulations, such as solutions, suspensions, dispersible tablets like amoxicillin, children tablet dosages, combination of ORS and Zinc, are rarely ordered or are often out-of-stock. This results, inevitably, in bad pharmacy practices, such as breaking of adult tablet doses as a solution to treat a child. The chances of under dosing or over dosing a child increase dangerously with this practice, especially where tablet cutters are not used.

In a study we conducted in 2011 with a sample of sub-Saharan African countries; Chad, Ghana, Kenya and Uganda, it was indeed shown that there was poor availability of child-specific formulations, especially dispersible amoxicillin tablets, syrups and suspensions. To pilot interventions that could be scaled up in other EPN member countries, we implemented a project in Uganda to address this finding. In partnership with EPN members Ugandan Protestant Medical Bureau (UPMB) and Uganda Catholic Medical Bureau (UCMB) and the support of Kindermissionwerk, Germany, the project was an intervention to improve the availability of children's essential medicines in faith-based health facilities in Uganda. The project was initiated in 2015 and completed in 2017.





Lessons Learned

Any development intervention requires an inclusion of advocacy activities towards other stakeholder actors at various social constructs, whose function impacts on the intervention success and indeed, sustainability. However, advocacy yields results and a very slow pace that requires patience and persistence. While the TOT concept proven to have commendable reach to health facilities for sustainable capacity building, in order to successful up scale this intervention and be successful, more advocacy work is required, especially with medicines supply chain and resource allocation. Pharmaceutical systems strengthening is critical in addressing gaps surrounding access to children medicines. Further, health facilities need to be sensitized in the importance of prioritizing children medicines and formulations and the benefits of doing this.

The intervention was designed as a Training of Trainers (TOT) which reached 72 healthcare facilities across Uganda. The outcomes of the projects have been very encouraging and include:

- Increased awareness by appropriate stakeholders on the importance of stocking children specific formulations and medicines
- Improved good dispensing practices amongst the pharmacy personnel
- Commitment by the Ministry of Health (MOH) to engage not-for-profit (NFP) organizations in the National Health Budget including FBOs and inclusion of children-based formulations in the National Essential Medicines List. And ensuring availability.

Despite this initial encouraging progress, by the end of 2017 there was no marked improvement in the chronic stock-outs of dispersible tablets of amoxicillin. The drug was simply still not on the market. Overall, dispensing practices have improved at the pharmacy level, stock management, supply chain performance and staff are using their training and taking more time to explain and ensure patients, especially parents, understand how to responsibly administer medicines to their children. We are optimistic that this will be sustained.

Tackling HIV and AIDS when Healthcare Workers are also living with it

Despite the undeniable gains in making ARVs available in most countries, the issues around church leaders' understanding of HIV transmission, treatment and stigma remain a major challenge. Thus, within church health facilities, this leads to the poor counseling of such patients within congregations and consequentially, delayed uptake of treatment. In addition, health care workers (HCWs) living with HIV and AIDS in church health facilities tend to be even more susceptible to stigmatization and delay treatment uptake.

In collaboration with INERELA + Kenya, we hosted a "Framework for Dialogue Impact Assessment" meeting in Nairobi in February 2017 with the major objective of finding out the current challenges, strategies of decreasing stigma, capacitating church/religious leaders on HIV and AIDS treatment and care.

Included in the discussion were ways of addressing discrimination faced by HCWs in faith-based and public health facilities.

It became clear, very quickly in this meeting, that stigma was still an issue that HCWs living with HIV and AIDS continue to face. The level of discrimination at work is significant, which makes it harder for some to self-identify and sadly, they then avoid being tested.

Results of this meeting included:

- Reviving of the dormant network of HCW-Living With HIV in Kenya and
- Building the capacity of members on steps to create a support system with each other and patients.

The participants of Framework for Dialogue Impact Assessment meeting in Nairobi in February 2017



Lessons Learned

Treatment Literacy Programs for church leaders on HIV and AIDS remains a major need in promoting treatment adherence, acceptance of patients in society and strengthening of social structures. This is also a strong antidote against the faith-healing movement which contributes to the drop out of patients from treatment programs by proclaiming them healed and that they do not need to take their medications. Therefore, messaging on HIV and AIDS i.e. testing, self-delacration, uptake of medication should be coordinated from the pulpit to the health facility

Research and Information Sharing - EPN to launch an e-learning Course on Pediatric HIV



Dr. Mirfin Mpundu, the Executive Director EPN, speaking at the launch of Zimbabwe National Action Plan and Situation Analysis reports on AMR in Harare Zimbabwe. Photo courtesy of Health Times Zimbabwe

Among the challenges for HCWs, are the ever changing protocols and guidelines for HIV treatment, especially in pediatrics. These can be very confusing and hard to keep up with particularly for those working in rural areas and small health facilities. At EPN, we made it a priority to reach these hard-to-reach church health facilities and support our members on HIV and AIDS treatment literacy – no matter what. Let us keep in mind that HIV and AIDS still remains to be one of the most challenging infectious diseases

to deal with in n Africa, thus we cannot lose focus for one moment. We have developed an e-learning Pediatric HIV and AIDS Course that is scheduled to launch in January 2018. It is a four-week course to be accessible offline once registered. On this e-learning portal, participants have access to modules on Management of HIV-Exposed Infants/Children & Adolescents, ART in pediatrics and Opportunistic Infections. The course will also be offered in French for our Francophone members.

Playing our part in the fight against the threat of Antimicrobial Resistance (AMR)

Antimicrobial resistance (AMR) threatens to reverse the gains made in the post-antibiotic era as treatment failures to once treatable infections are reported around the world. In Church Health Institutions (CHIs) we have also noted pathogens failing to respond to treatment with certain antibiotics. AMR is quickly proving to be a major challenge in the prevention and treatment of many infectious diseases. The backlash of this phenomenon is the increasing of health care costs as a result as morbidity and mortality rates. It is estimated that over 750,000 people die each year globally due to AMR. If nothing is done, 10 million people will be dying every year by 2050.

Antibiotics are needed to treat infectious diseases, this is a fact. We know that the highest burden of AMR is in Africa, where most of our members provide healthcare to many communities, often with strapped medical resources. Antibiotics do remain the

cornerstone of modern medicines yet, ironically, they also threaten the achievement of a number of sustainable development goals, especially the one on Health.

To expand awareness and action on the threat of AMR, EPN has been working with its members with the support and collaboration of ReAct and Misereor, in establishing Antimicrobial Stewardship (AMS) Programs and Infection Prevention and Control (IPC) Programs to promote rational use of antimicrobials and infection prevention and control practices in health facilities respectively. We are proud to have been able to implement projects in Cameroon with Presbyterian Church in Cameroon Health Services Central Pharmacy (PCC), in DRC with Dépôt central médico-pharmaceutique - 8eCEPAC (Église du Christ au Congo) - DCMP and in Ghana with Christian Health Association of Ghana (CHAG) and National Catholic Health Service (Catholic Drug Centre).

The targeted facilities have set up AMS and IPC committees in the select hospitals for piloting, with a view to scale up in their health systems. The process of setting up AMS committees involved the following steps:



The IPC Committee formation followed a similar process as AMS. Activities performed have included:



Hand-washing



Tracking hospital acquired infections (HAIs)



Management of soiled linen



Waste and expired medicines

Hand-washing remains one of the key ways to prevent HAIs and community acquired infections (CAIs). Implementation of HAIs is often very challenging in health facilities for many reasons such

as poor practices, hospital infrastructure, lack of running water etc..More still needs to be done and AMS and IPC committee are an important starting point..

ReAct Annual Conference 2017 – Moving beyond AMR National Action Plan Development to Implementation.



ReAct Africa node is hosted by EPN. In September of 2017, the ReAct Africa annual conference was held bringing together participants from various African countries with a keen interest and working in the area of antibiotic/antimicrobial resistance. Participants were drawn from the Ministries of Health, Agriculture Fisheries and Livestock (who are AMR focal points in their countries), the environmental sector, academia, civil society organizations (CSOs), non-governmental organizations (NGOs), faith-based sectors, private hospitals, WHO, OIE, FAO and participants from the North to promote South-to-South exchanges of best practices and knowledge sharing. The conference was officially opened by Dr. Marc Sprenger, Director AMR Secretariat at WHO.

The ReAct Conference theme was, “Moving beyond AMR National Action Plans Development to Implementation” and presented a forum for African countries: Ethiopia, Ghana, Kenya, Malawi, Mozambique, Nigeria, South Africa, Uganda, Zambia, Cameroon, Liberia, Rwanda and Zimbabwe to provide updates on their National Action Plans. Also present were participants from Sweden and India to promote the South-to-South exchanges.

We heard about the progress made by represented African countries on their NAP on AMR development and implementation including challenges and lessons learned.

The conference objectives included the following;

- Provide an opportunity for engagement and sharing updates on the progress of NAP development in African countries and how countries are approaching implementation (costing of the NAPs, prioritization and implementation);
- Discuss challenges experienced, lessons learned and how the One Health Approach will be actualized throughout the interventions;
- Explore collaborations, involvement and roles of civil society organizations, NGOs and Faith-Based Organizations among others in moving the global AMR agenda forward;
- Discuss effective approaches from previous campaigns to raising awareness, AMR Stewardship Programs at country level that will lead to behavioral changes that were proven to be sustainable based on previous campaigns.
- Consider options for future action at the national level, regional and explore opportunities for co-operation internationally, including taking AMR forward on the global agenda.

An important outcome was a report generated from stimulating discussions. It was circulated widely around the world and provided some ideas and solutions to challenges that some countries are utilizing in their implementation efforts. The report contributed to the regional and global dialogue on AMR. Other outcomes included networking and co-learning among participants.



The participants of the ReAct Africa conference held in Nairobi Kenya in September 2017



From left to right: Dr. Mirfin Mpundu, Executive Director EPN and Head of ReAct Africa presents a gift to Dr. Marc Sprenger, Director of the World Health Organization (WHO) Secretariat for antimicrobial resistance, Dr. Laetitia Gahimbare, Technical Officer for AMR, WHO Regional Office for Africa, Martha Gyansa-Lutterodt, the Director of Pharmaceutical Services and the Chief Pharmacist of Ghana, Otto Cars, Senior Advisor and Founding Director, ReAct and Dr. Pacifica Onyancha Deputy Director of Medical Services, Ministry of Health, Kenya at the RAN Conference

Media Training on AMR Awareness in Kenya

The media play a major role in promoting good public health practices and are a key stakeholder in disseminating and sharing information with the masses of varied demographics. Recognizing this, EPN partnering with ReAct and Kenya Medical Research Institute (KEMRI) hosted a media training workshop on AMR for media houses in Kenya to sensitize, create awareness and

increase knowledge. From the twenty-five media professionals that were trained, it resulted in 5 articles in the main local papers and 1 youtube video. Social media, on platforms like Twitter and Facebook, also provided some traction on the message of AMR, however, it was not as wide spread as we had hoped.



Ms. Zainab Ismael (right), a media journalist contributes to discussion session at the media training. Looking on is Dr. Collins Jaguga, program Officer, EPN.



AMR media awareness training participants representing media houses, private journalists, KEMRI, ReAct Africa and EPN at the end of the training workshop.

Tackling the growing trend of Non-communicable Diseases (NCDs) in Africa



Improving Diabetic Care in Zambia

According to the International Diabetes Federation, the number of adults living with diabetes was estimated to be 425 million globally in 2017.

It is projected to rise to about 629 million by 2045, with most living in Low- and Middle-Income Countries (LMICs), where EPN has its major presence. Diabetes is increasingly becoming a global health threat and its prevalence in Zambia is also on the increase. It is against this background that EPN, with the generous support of the World Diabetes Foundation (WDF), implemented a project to "Improve the Pharmaceutical Type 2 Diabetic Care in Zambia".

The implementation was performed in partnership with EPN member Churches Health Association of Zambia (CHAZ) and the Diabetes Association of Zambia (DAZ). The project targets faith-based health facilities in seven provinces of Zambia, namely; Central, Copperbelt, Eastern, Lusaka, Southern, Western and North-western provinces. The target beneficiaries are HCWs, especially pharmaceutical staff in the target health facilities and diabetic patients in the catchment areas of the 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 working in pharmacies of faith-based health facilities in Sub-Saharan Africa are generally not formally trained in pharmacy practice. Those that have trained still need continuous professional development. EPN works with this type of cadre to build and strengthen capacity.

Three Information, Education and Communication (IEC) materials were developed and distributed to both diabetic patients and

healthcare workers as tools to further raise awareness of Type 2 Diabetes and provide tips on best practices. Following the successful training of the pharmaceutical staff from the health facilities, supervisory visits were conducted in the month of November to all the 37 facilities that were represented in the training to offer support and track implementation progress of the action plans developed after the training. The project will continue into 2018 and its impact will be evaluated.

DIABETES EDUCATION

Diabetes Complications

| Controlled Diabetes | Uncontrolled Diabetes |
|----------------------------------|----------------------------------|
| Fasting Blood Glucose < 6 mmol/L | Fasting Blood Glucose < 8 mmol/L |
| 2 Hour Post meal < 8 mmol/L | 2 Hour Post meal < 10 mmol/L |
| HbA1c < 7% | HbA1c < 9% |

Information Educational Material developed to raise Diabetes awareness

A summary of key milestones achieved in 2017 include:

A baseline study targeting 15 facilities conducted in May to measure and assess the current situation of stock management and dispensing practices in the dispensaries/pharmacies.

A three-day Training of Trainers (TOT) for 3 pharmacists from CHAZ was conducted in July and the main training was held in August where the trained CHAZ staff took the lead to train others from health facilities.

The training had 38 participants (15 female and 23 male) from 37 health facilities representing 7 out of the 10 provinces in Zambia.



Training of pharmaceutical healthcare workers on Diabetes in Zambia

Improving pharmaceutical services and healthcare by improving access to quality-assured essential medicines in Church Health Systems

With the generous support of EPN's partner Misereor, we implemented projects in Ghana, Cameroon (PCC), DRC (DCMP& CBCA) and Uganda (JMS) with the overall goal of improving the management of NCDs in Church Health Institutions as was previously done around AMR. Members have been doing the following to achieve this:

- Promoting awareness of NCDs and facilitating increased access and rational use of affordable quality-assured medicines for NCDs
- Supporting CHIs set up Drug and Therapeutics Committees (DTCs) to improve the use of medicines in treating NCDs, which will benefit medicine management for other conditions as well, through knowledge transfer.

The approach taken was to train a small group of pharmacists, doctors and nurses from the selected institutions on NCDs and DTCs and empower them as champions in their home-facilities and to promote the interventions developed. In total 53 HWCs were trained in the 4 countries.

As is our intervention procedure, activities comprised of a baseline study on current practices, development of interventions, meeting with hospital management for awareness raising, training of health care workers on the selected NCDs and in this case, establishing of DTCs to promote prudent use of medicines. The project runs until December 2018.



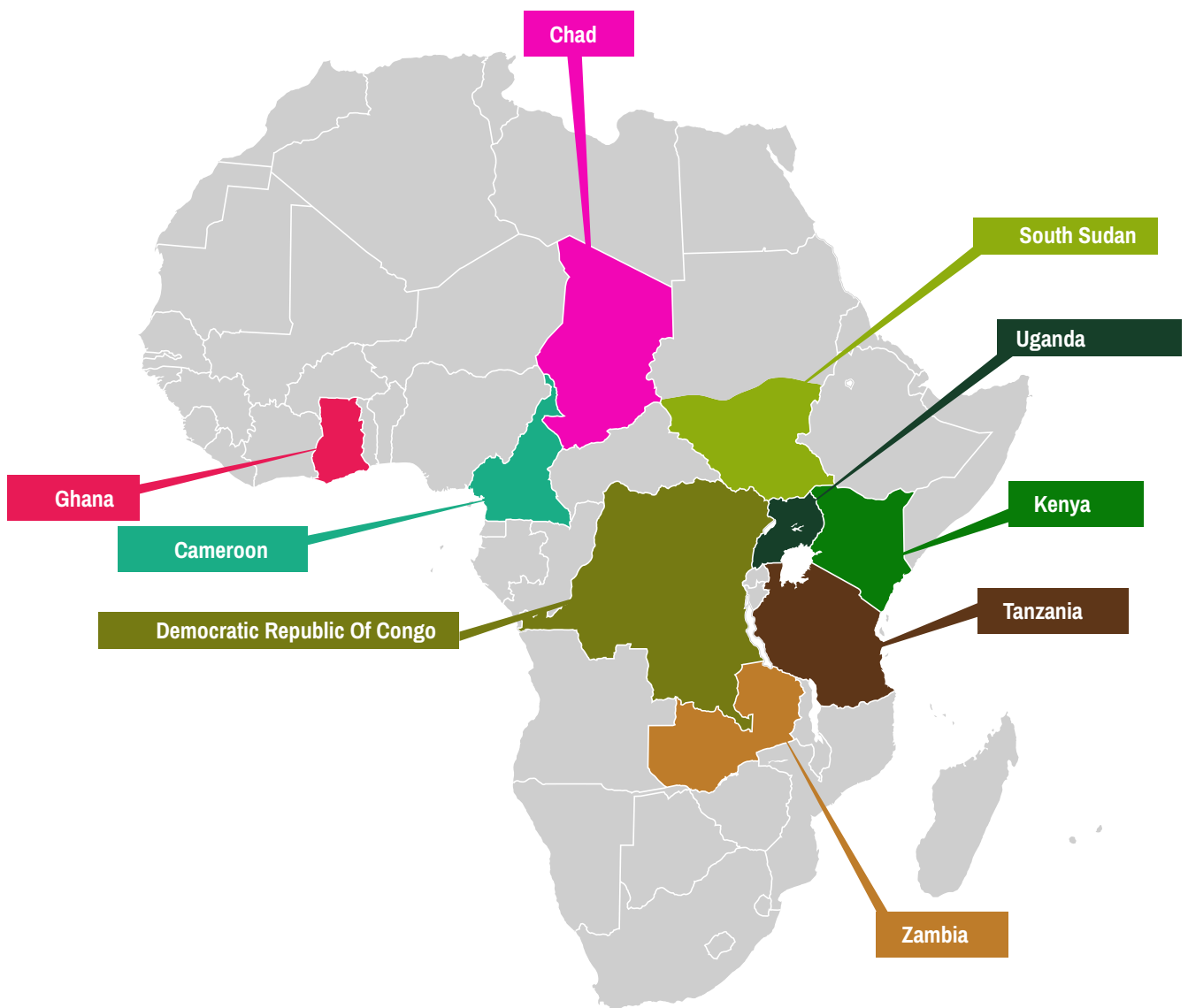
DTC training activities in DRC

Pharmaceutical Services Capacity Development – Training pharmaceutical staff to serve in church health institutions

EPN has been running two major flagship programs, the Essentials of Pharmacy Practice (EPP) a program targeted at training low cadre staff working in pharmacies and dispensaries that have not had formal pharmacy training and the Ecumenical scholarship Program

(ESP) that supports Pharmacy Technician/Technologist training. The project is supported in partnership with Bread for the World. The aim of these programs is to increase the number of trained pharmaceutical staff in church-run health facilities.

40 staff have benefited from the ESP program EPN members in :



Eighteen (18) graduated by December 2017 and are working in church run health facilities. Three (3) dropped off the program in DRC while the remaining students graduate in 2018.

Student Recipient Testimonials & Supervisors



Salome Mwansa, working at Lufwanyama District Hospital in Zambia had her supervisor (Mrs. Deborah Mukali), make the following observations about her performance:

"Salome is practical in applying the knowledge and skills acquired from college. Upon noticing some shortfalls in the way medicines were kept in the bulk store, she proposed and made changes, tidying up the store and organizing the store room. Through her work the department has reported an increase in reporting rates from 70% to 95-100%, physical counts accuracy has increased to anywhere between 80 – 100% from 65% and record keeping has improved".



Prosper Kusaasira, EPN Scholarship Beneficiary 2017: UCMB-Uganda

"In the first place, I thank God the Almighty for having enabled me to successfully complete my course. This is the first time in my life that I have received a scholarship and it was at the right time. My heartfelt sincere appreciations go to the entire EPN team and Karoli Lwanga hospital for the support in paying my tuition, up keep, travel costs and all other needs. This is great because I need support and the hospital needs trained and qualified pharmacy staff.



Marlon Banda

"CHAZ is a beneficiary of EPN support to train pharmacy technologists. We can now deploy qualified pharmacy personnel to rural church health institutions who would otherwise not be able to attract these staff"



Baraka Kabudi (MEMS)

"In Tanzania we are doing well and I thought I should share the appreciations from Tanzania Christian Medical Association members for EPN and your leadership. Indeed most of members are happy and thankful to EPN for EPP Course and Scholarship offered to Pharmacy students in different institutions in Tanzania. It transformation at these facilities is notable. I for one, would ask you if we can still have another intake of EPP course in Tanzania? In a meeting in Dar, they asked about it but I wasn't sure about the funding then I did hesitate to promise anything the I left it in very suspense."

EPN continues to advocate on behalf of patients and its members on different issues among which is sustainable access to quality-assured essential medicines. EPN staff attended and presented at several meetings and workshops that included the following:

1. Advocacy work and partnerships

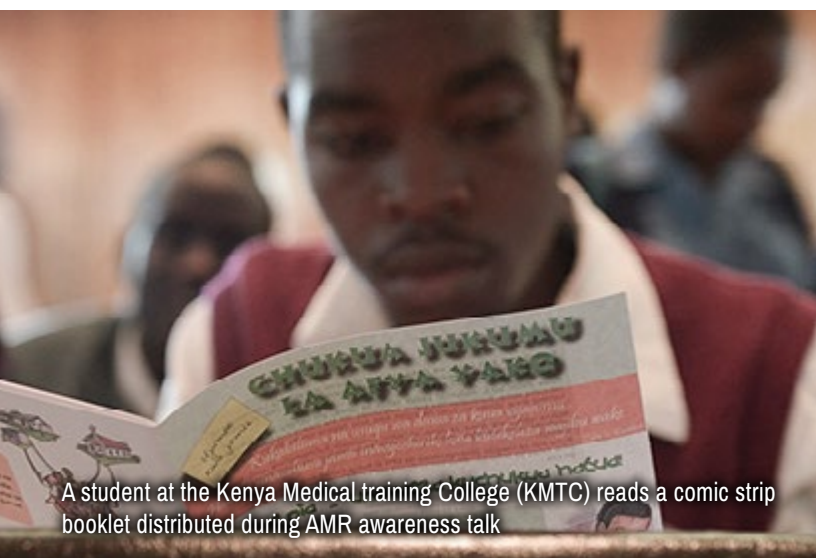
EPN values partnerships and knows that working with partners on challenges of access to medicines can only be achieved through such synergies. Through its Executive Director, Mirfin Mpundu, EPN attended and presented at a consultative “No Free Lunch” meeting organized by MEZIS– “MeinEssen zahleichselbst” (translated as: I pay for my food myself). It brought together international participants from 15 countries from September 15th to 17th under the theme “Future Perspective – Another Medicine is Possible Acting with the

South” in Berlin. Moderated by EPN’s former board member Astrid Berner-Rodoreda, Mirfin presented on the subject of the theme, “Future Perspective – Another Medicine is Possible, Acting in and with the South” highlighting the need of inclusion of the global South in sustainable solutions that include medicines and diagnostics development. Another medicine is indeed possible that considers the peculiar needs of the South and not just the North.

2. Global World Antibiotic Resistance Awareness Week

The WHO World Antibiotic Awareness Week (WAAW) saw EPN join forces with its members and other partners, specifically those active in AMR work, in their respective countries on various activities. Activities included sharing of Information, Education and Communication (IEC) Materials, giving lectures in hospitals, nursing

schools and colleges on AMR. To mention a few, the EPN Secretariat joined the Ministries of Health in Kenya, Ghana and Nigeria as well as academic institutions such as Obafemi Awolowo University (Nigeria), Kenya Medical Training College (Kenya) and Kijabe Nursing School and, finally research and policy partner, ReAct.



A student at the Kenya Medical training College (KMTC) reads a comic strip booklet distributed during AMR awareness talk



A procession to mark the World Antibiotic Awareness week in Nairobi Kenya.

4. Collaboration with Antibiotic Resistance Coalition on Global Efforts on AMR

EPN is a member of the ARC and participated in a global dialogue on AMR. The NGO Dialogue with WHO's AMR Director Dr. Marc Sprenger, was hosted in Washington DC. At this meeting ARC members engaged Dr. Sprenger on the UN's Interagency Coordination Group with regard to concerns and suggestions that CSOs have for addressing AMR.

EPN is also one of the signatories to a letter to the IACG Public Consultation on their work plan to provide practical guidance for approaches needed to ensure sustained effective global action to address antimicrobial resistance, including options to improve coordination, taking into account the Global Action Plan on Antimicrobial Resistance. Among the recommendations was the recognition that the IACG is to recommend ways of reducing the gaps identified and improve coordination of financing mechanisms to assist countries in their AMR National Action Plans implementation. The majority of LMICs showed major gaps in the implementation of their NAPs. The ARC called upon the IACG to develop a list of options for financing of objectives beyond those currently funded (e.g., surveillance under Fleming Fund) and that are necessary for an effective response to AMR. It was widely observed that other areas (such as animal husbandry) are not receiving the funding needed for the transition of Low- and Middle-Income Countries in their National Action Plans that would promote sustainable farming. Other recommendations focused on sustainable access of antibiotics.

5. EPN contributes to the World Council of Churches (WCC) Workshop on mapping Church health

Driven by the desire to do a mapping study of church health facilities and the contribution they make to global health, the World Council of Churches through the leadership of its Program Executive for Health and Healing, Dr. Mwai Makoka, organized a workshop to develop key indicators that could be used.

Currently, the data available doesn't indicate accurate contributions of the Christian family to global health. Old data exist for 11 countries in n Africa and has provided some indication of the contribution of CHAs in this region, albeit incomplete and without clear indicators.

There is also no central repository of critical data, such as location of the church facilities/programs, their range of services, and populations served.

At this workshop, EPN presented on "Christian contribution to access to essential medical products and technologies" by Dr. Sujith Chandy, EPN board member.

Results of such a mapping study would be very useful for many purposes, including; advocacy efforts for inclusion of church health facilities in global health initiatives, resource mobilization and inclusion in country, regional and global dialogue on health.



At this workshop, EPN presented on "Christian contribution to access to essential medical products and technologies" by Dr. Sujith Chandy, EPN board member.

Promoting Access to Quality-Assured Medicines and Medical Products through Pooled Procurement- East African Drug Supply Organization Initiative

East Africa like other sub-Saharan African countries faces a double burden of high infectious diseases and non-communicable diseases (NCDs). In addition, increasing unemployment and poverty, a rapid population growth and urbanization provide major challenges in the access to quality health services and products. Church health systems in this region provide on average 40% of health care services with a higher concentration in the rural areas.

With increasing costs of healthcare, many families are finding it challenging to access health care services and affordable quality-assured essential medicines. The East African region, like other regions in Africa, has been flooded with substandard and falsified medicines and other medical products among its many challenges. The 4 DSOs, Mission for Essential Drugs and Supplies (MEDS)

based in Kenya, Mission for Essential Medicines (MEMS) in Tanzania, Bureau des Formations Médicales Agréées du Rwanda (BUFMAR) from Rwanda and Joint Medical Stores (JMS) from Uganda, have joined hands in an effort to provide quality-assured medicines and medical products, at affordable prices to their communities especially the church health sector, through the East African Community Pooled Procurement Initiative.

2017 saw the DSOs place another yearly joint tender with the support of EPN, where 46 pre-qualified bidders (local and international companies) participated for 277 products. Though the number of products actually purchased was less, the average savings was about 12%. The project has a potential of growing as we saw an increase in product lines from 135 in 2016 to 277 in 2017.



Lessons Learned

Pooled procurement is not without challenges, with individual countries having their own national registration requirements, it limits the number of products that pooling resources can be leveraged on. However the positive commitment of the CEOs of the 4 DSOs was encouraging to see and some lessons learned included the following,

- In order to get more competitive prices the DSOs would benefit from open and not closed tenders.
- Number of products will be limited in 2018 to maximize on products registered in all the countries by increasing volumes but also concentrating on non-pharmaceutical products with less stringent requirements in terms of the registration process.
- Pooled procurement is a great option that more EOPN members should engage in even at country level as it has the potential of increasing product availability, pricing and increasing confidence in health systems.

A bidder submits her tender document onto the tender box during the Tender opening ceremony in Nairobi Kenya. Looking on is Dr. Collins Jaguga, Program Officer, EPN.

Minilab Network activities 2017

The number of members in the “DIFAEMEPN Minilab Network” increased from 14 to 17 partners in 11 countries. Seven of the approx. 1000 medicine samples analyzed with the “GPHF Minilab” in 2017 were confirmed to be falsified. They were found in Cameroon and DRC and contained virtually no active pharmaceutical ingredient. In addition, an antibiotic with only 47 percent active ingredient content was identified in Chad.

One partner in Congo and another partner in Chad were equipped with a new “GPHF Minilab”, the portable laboratory for analyzing the quality of medicines, and trained on its use especially on thin layer chromatography methods. In Chad, three representatives of the national regulatory authority took part in the training as well, because so far they had no opportunity to test the quality of medicines themselves. From that point onwards, there has been close cooperation between the government authority and the faith-based Minilab partner.

For a study with the University of Tübingen/Germany, four Minilab partners in Eastern Congo and Cameroon performed Minilab analysis on several hundreds of samples of 12 different essential medicines which were collected in a randomized sampling approach from public, faith-based and private facilities, including illegal street vendors. Full pharmacopeia analysis for all samples is being done by the University lab.

For all cases of falsified products, there was close cooperation between the local partners, DIFAEM and WHO – who published official “Medical Product Alerts”.

In August 2017, DIFAEM organized an intensive training for 13 employees of seven Minilab partners in Limbe, Cameroon. Prof. Lutz Heide, Head of the Pharmaceutical Institute at the University of Tübingen, and Albert Petersen from DIFAEM taught and strengthened the networking between the partners.



In September 2017, a report on Minilab testing activities was published in the scientific journal "Plos-one" jointly prepared by the University of Tübingen and DIFAEM: "Surveillance for falsified

and substandard medicines in Africa and Asia by local organizations using the low-cost GPHF Minilab".



Participants of Minilab Network Workshop in Limbe, Cameroon, August 2017



Participants of Minilab training workshop in Chad.

Report of the independent auditor

To the members of Ecumenical Pharmaceutical Network (EPN) For the year ended 31 December 2017

Opinion

We have audited the accompanying financial statements of Ecumenical Pharmaceutical Network

(EPN), set out on pages 6 to 18 which comprise the statement of financial position as at 31 December 2017, the statement of comprehensive income, statement of changes in funds and statement of cash flows for the year then ended, and notes, including a summary of significant accounting policies and other explanatory information.

In our opinion, the accompanying financial statements give a true and fair view of the financial position of the Organization as at December 2017, and of its financial performance and cash flows for the year then ended in accordance with International Financial Reporting Standards and the requirements of the Kenyan NGOs Coordination Act.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (ISAs). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are independent of the organization in accordance with International Ethics Standards Board for Accountants' code of Ethics for Professional Accountants (IESBA Code) together with the ethical requirements that are relevant to our audit of the financial statement in Kenya, and we have fulfilled our ethical responsibilities in accordance with these requirements and the IESBA Code. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Other Information

The directors are responsible for the other information. Other information comprises the information included in the Annual Report, but does not include the financial statements and our auditor's report thereon.

Our opinion on the financial statements does not cover the other information and we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Director's responsibility for the financial statements

The directors are responsible for the preparation and fair presentation of the financial statements that give a true and fair view in accordance with International Financial Reporting Standards and the requirements of the Kenyan NGOs Coordination Act, and for such internal control as the directors determine is necessary to enable the preparation of financial statements that are free from material misstatements, whether due to fraud or error.

In preparing the financial statements, the directors are responsible for assessing the organization's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the directors either intend to liquidate the organization or to cease operations, or have no realistic alternative but to do so.

To the members of Ecumenical Pharmaceutical Network (EPN) For the year ended 31 December 2017

Auditors' responsibilities for the audit of the financial statements

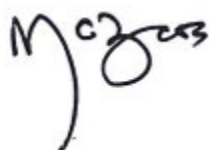
Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs will always detect a material misstatement when it exists. Misstatements can arise from fraud and error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with International Standards on Auditing, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

1. Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal control.
2. Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the organization's internal control.
3. Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
4. Conclude on the appropriateness of the management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the organization's ability to continue as a going concern. If we conclude that material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of the auditor's report. However, future events or conditions may cause the organization to cease to continue as a going concern.
5. Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

The engagement partner responsible for the audit resulting in this independent auditor's report is FCPA Owen Koimburi Practicing Certificate No.445.



26. 3. 2018

MAZARS

Certified Public Accountants (K)

Nairobi

Ecumenical Pharmaceutical Network (EPN) Statement of comprehensive income

| | 2017 | 2017 | 2016 | 2016 |
|---|------------------|---------------------|----------------|-------------------|
| | US\$ | Kshs | US\$ | Kshs |
| Income | | | | |
| Grants received | 568,635 | 58,660,388 | 910,022 | 92,307,621 |
| Other income | 52,187 | 5,383,611 | 49,706 | 5,041,871 |
| | 620,822 | 64,043,999 | 959,728 | 97,349,491 |
| Expenditure | | | | |
| Programme 1: Advocacy | 69,754 | 7,195,822 | 6,596 | 670,359 |
| Programme 2: Pharmaceutical Services Capacity Development | 55,929 | 5,769,635 | 110,481 | 11,206,544 |
| Programme 3: Research and Information Sharing | 27,302 | 2,816,472 | 20,839 | 2,113,747 |
| Programme 4: Non-Communicable Diseases | 65,506 | 6,757,599 | 46,132 | 4,679,393 |
| Programme 5: Maternal and child health | 71,564 | 7,382,543 | 49,928 | 5,064,467 |
| Programme 6: Antimicrobial Resistance and Infectious Diseases | 70,873 | 7,311,258 | 167,470 | 16,987,213 |
| Overhead Expenses | 405,130 | 41,793,211 | 398,291 | 40,400,391 |
| | 766,058 | 79,026,540 | 799,736 | 81,122,115 |
| Balance for the year before exceptional item | (145,236) | (14,982,541) | 159,992 | 16,227,376 |
| Exceptional item | | | | |
| Foreign exchange losses | 9,375 | 967,125 | 13,287 | 1,347,769 |
| Balance for the year after exceptional item | (154,611) | (15,949,666) | 146,705 | 14,879,607 |

Ecumenical Pharmaceutical Network (EPN)

Statement of financial position

| | 2017 | 2017 | 2016 | 2016 |
|-----------------------------------|----------------|-------------------|----------------|-------------------|
| | Us\$ | Kshs | Us\$ | Kshs |
| Reserves | | | | |
| Restricted funds (page 8) | 32,161 | 3,319,980 | 182,914 | 18,746,088 |
| Sustainability fund (page 8) | 120,007 | 12,388,323 | 112,092 | 11,583,097 |
| Capital fund (page 8) | 25,618 | 2,644,547 | 28,016 | 2,871,243 |
| Foreign exchange reserve (page 8) | (51,895) | (5,357,121) | (42,520) | (4,452,996) |
| | 125,891 | 12,995,729 | 280,502 | 28,747,432 |
| Represented by | | | | |
| Non- current assets | | | | |
| Intangible assets | 2,186 | 225,661 | 2,168 | 222,231 |
| Furniture, fittings and equipment | 23,432 | 2,418,886 | 25,848 | 2,649,012 |
| | 25,618 | 2,644,547 | 28,016 | 2,871,242 |
| Current assets | | | | |
| Receivables and prepayments | 13,787 | 1,423,232 | 44,189 | 4,528,768 |
| Cash and cash equivalents | 150,059 | 15,490,591 | 344,448 | 35,300,992 |
| | 163,846 | 16,913,823 | 388,637 | 39,829,760 |
| Current liabilities | | | | |
| Payables and accruals | 63,573 | 6,562,641 | 136,151 | 13,953,572 |
| Net current assets | 100,273 | 10,351,182 | 252,486 | 25,876,188 |
| | 125,891 | 12,995,729 | 280,502 | 28,747,432 |

Ecumenical Pharmaceutical Network (EPN)

Statement of cash flows

For the year ended 31 December 2017

| | 2017 | 2017 | 2016 | 2016 |
|---|------------------|---------------------|----------------|-------------------|
| | US\$ | Kshs | US\$ | Kshs |
| (Deficit)/Surplus for the year | (154,611) | (15,949,666) | 146,705 | 14,880,908 |
| Adjustments for: | | | | |
| Depreciation | 7,554 | 779,271 | 8,545 | 866,732 |
| Amortization | 1,092 | 112,651 | 971 | 98,493 |
| Loss on asset disposal | 1,032 | 106,461 | - | - |
| Interest income | (7,915) | (816,511) | (7,252) | (735,632) |
| (Deficit)/Surplus before working capital changes: | (152,848) | (15,767,794) | 148,968 | 15,110,501 |
| Decrease/Increase in: | | | | |
| Receivables and prepayments | 30,402 | 3,105,536 | (214) | 101,270 |
| Payables and accruals | (72,578) | (7,390,931) | 11,499 | 829,097 |
| Net cash (used)/generated in operating activities | (195,023) | (20,053,189) | 160,253 | 16,040,868 |
| Cash flows from investing activities: | | | | |
| Purchase of furniture & equipment | (7,281) | (751,617) | (8,253) | (814,188) |
| Interest income | 7,915 | 816,511 | 7,252 | 735,632 |
| Translation adjustment (Forex) | - | 177,894 | - | (160,576) |
| Net cash used in investing activities | 634 | 242,788 | (1,001) | (239,131) |
| (Decrease)/Increase in cash and cash equivalents | (194,389) | (19,810,401) | 159,251 | 15,801,736 |
| Movement in cash and cash equivalents | | | | |
| At the start of the year | 344,447 | 35,300,992 | 185,196 | 19,499,256 |
| (Decrease)/Increase | (194,389) | (19,810,401) | 159,251 | 15,801,736 |
| At end of the year | 150,059 | 15,490,591 | 344,447 | 35,300,992 |

Sponsors

EPN depends on voluntary donations to deliver our pharmaceutical and health strengthening programs. A special thank you to all our donors and partners, and the governments and individuals who stand by our side in the fight for access to quality-assured medicines and its rational use.

To donate to our programmes join find out more about our work; visit www.epnetwork.org

We are grateful for all the donors that have supported EPN in 2017. A special thanks goes to the following

Brot
für die Welt

MISEREOR
IHR HILFSWERK



WORLD **DIABETES** FOUNDATION



BILL & MELINDA
GATES foundation



APOTHEKER OHNE GRENZEN
DEUTSCHLAND e.V.

| | |
|-------------------|--|
| HAIs | Hospital Acquired Infections |
| HCW | Health Care Workers |
| HIV | Human Immunodeficiency Virus |
| IACG | Interagency Coordination Group |
| IEC | Information, Education and Communication |
| INERELA | International Network of Religious Leaders |
| IPC | Infection Prevention and Control |
| JMS | Joint Medical Stores |
| KEMRI | Kenya Medical Research Institute |
| LMIC | Low - and Middle - Income Countries |
| MCH | Mother and Child Health |
| MEDS | Mission for Essential Drugs and Supplies |
| MEMS | Mission for Essential Medical Supplies |
| MEZIS | MeinEssen zahl ich selbst |
| MOH | Ministry of Health |
| NAP | National Action Plans |
| NASCOP | National AIDS and STIs Control Programme |
| NCD | Non-Communicable Diseases |
| NCHS | National Catholic Health Service |
| NFP | National Health Budget |
| NGO | Non-Governmental Organizations |
| OIE | World Organisation for Animal Health |
| ORS | Oral Rehydration Salts |
| PCC | Presbyterian Church in Cameroon |
| ReAct | Action on Antimicrobial Resistance |
| SCC | Stock Control Cards |
| STAG | Strategic Technical Advisory Group |
| STAG - AMR | Technical Advisory Group on Antimicrobial Resistance |
| STGs | Standard Treatment Guidelines |
| TOT | Training of Trainers |
| UCMB | Catholic Medical Bureau |
| UPMB | Uganda Protestant Medical Bureau |
| WAAW | World Antibiotic Resistance Awareness Week |
| WCC | World Council of Churches |
| WDF | World Diabetes Foundation |
| WHO | World Health Organization |

Acronyms

| | |
|---------------|--|
| AEAD | Association Evangélique d'Appui au Développement |
| AEST | Evangelical Association for Health |
| AIDS | Acquired Immunodeficiency Syndrome |
| AMR | Antimicrobial Resistance |
| AMS | Antimicrobial Stewardship |
| ARC | Antibiotic Resistance Coalition |
| API | Active Pharmaceutical Ingredient |
| BUFMAR | Bureau des Formations. Médicales Agréées du Rwanda |
| CAI | Community Acquired Infections |
| CCIH | Christian Connections for International Health |
| CHAG | Churches Health association of Ghana |
| CHAZ | Churches Health Association of Zambia |
| CHIs | Church Health Institutions |
| CMA | Christian Medical Association |
| CSO | Civil Society Organizations |
| DAZ | Diabetes Association of Zambia |
| DCMP | Dépôt central médico-pharmaceutique - 8ième |
| DIFAEM | German Institute for Medical Mission e. V. |
| DRC | Democratic Republic of Congo |
| DSO | Drug Supply Organization |
| DTC | Drug Therapeutic Committees |
| EACPP | East African Community Pooled Procurement |
| ECC | Eglise du Christ au Congo |
| EML | Essential Medicines List |
| EPP | Essentials of Pharmacy Practice |
| ESP | Ecumenical scholarship Program |
| FAO | Food and Agriculture Organization |
| FEFO | First Expiry First Out |
| GPHF | Global Pharma Health Fund |

EPN

Ecumenical Pharmaceutical Network
Réseau Pharmaceutique Œcuménique



Bayswater Court, Ngong Road (opposite Nairobi Baptist)

P.O. Box 749 - 00606, Nairobi, Kenya

info@epnetwork.org

+254 786 425 721, +254 724 301755

www.epnetwork.org