



Access to and Rational Use of Medicines



Advocacy



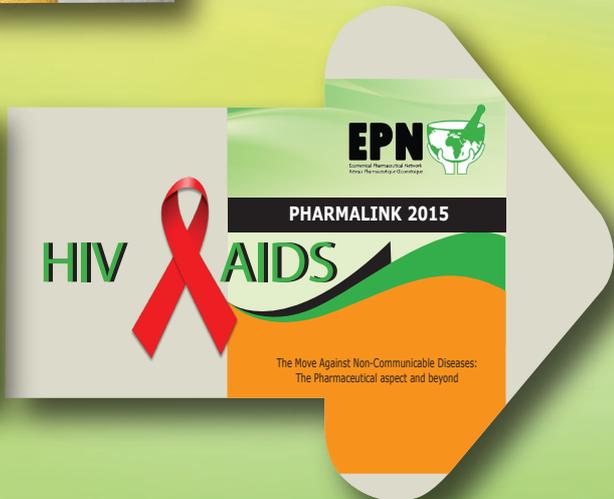
Professionalization of Pharmaceutical Services

EPN

Ecumenical Pharmaceutical Network
Réseau Pharmaceutique Œcuménique

ANNUAL REPORT 2015

Sharing Pharmaceutical Information



Vision

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

Mission

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

Values

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

*Integrity
Compassion
Respect for others
Conscientiousness
Continuous learning
Professionalism
Fairness*

**JUST
COMPASSIONATE**

QUALITY

PHARMACEUTICAL

**WE
PROMOTE**

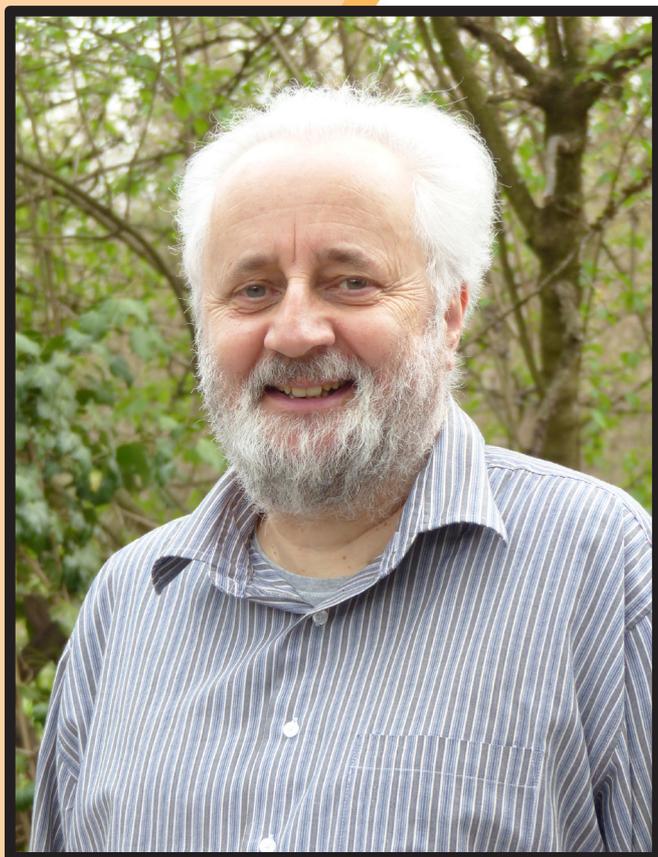


SERVICES

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Message from the Board Chairman, Albert Petersen

We make it – we achieve it!

These are the words of the German chancellor, Angela Merkel, convincing the public to contribute to the challenge of accompanying and integrating more than one Mio refugee that came to Germany. Up to-date, even though highly criticized by her own party colleagues, she is not tired to repeat this. And she has managed, through this positive call, to convince thousands of volunteers to start and continue supporting in many different ways. I think Merkel is that strong because of her faith. She grew up in a Pastor's house and she knows it is our responsibility to take care of those in need.

We make it!

There are so many challenges in the world, so many things are not really working. After 35 years of EPN's existence, so many people are still suffering and dying because medicines are unaffordable and inaccessible. So many facilities are without trained staff in pharmacy and so many people are still excluded from their human right to health or accessibility to basic health care. Should we be pessimistic in saying: we can't make it? We give up? We are too weak or we have limited human and financial resources? Or should we say "yes, we can make it"? With God's guidance, with his support we will be strong enough to carry out our assignment. Not to build the paradise but to

show His light and His love to individuals who got cured because of the outcome of our work. Let's continue and never give up!

I feel grateful as I look back. The year 2015 was a challenging but successful year for EPN. Guided by a strong and very hard working Executive Director- Mirfin, who has a great team working under him, projects were finalized successfully. This was accompanied by a strong Board and the continued support of old and new donors and partners. We are still far from EPN's sustainability and there are ups and downs but we are moving on! Thanks to each single person and organization that has contributed to the work of EPN. Remember EPN is not the secretariat; EPN is a Network of so many different but strong organizations and individuals. I am proud to be part of it and so should you!

I am grateful and thankful looking back. Fourteen (14) years of chairing the Board of EPN will come to an end in May 2016. For now I can only say this: The Board Chair is not able to move or guide anything if he is not supported by other active Board members, an active Secretariat, a strong Executive Director and so many friends within the Network itself. The Chairman can't achieve anything without the support and guidance from the Lord. This is my experience, walking along this long road for 14 years. When we are together, we are strong, and we don't give up!

Thanks to everyone that has been part of this journey with me.

EPN will continue, no doubt! EPN will get a strong new Chair of the board and I am convinced that he will take EPN further on this long road.

Albert Petersen



Message from the Executive Director

Dear Friends,

2015 saw the eclipsing of the Millennium Development Goals Era and the dawning of the Sustainable Development Goals (SDGs) era. Certain milestones were achieved like the adoption and passage of the antimicrobial resistance (AMR) Global Action Plan by the World Health Organization member countries.

These reminded us yet again of the real challenges and gaps that still exist towards meeting the inherent human right of having access to quality essential medicines for all, which indeed is one of the pillars and cornerstones of achieving the MDGs, SDGs or containment of AMR. Without achieving access to quality medicines and health care when patients need them, like we saw in 2015 with the failure of attaining the MDGs in health (despite some milestones), SDGs attainment and AMR containment, will remain such a far cry. Other MDGs or SDGs that focus on the environment, education, social services or reduction of poverty can only be achieved when individuals, families and communities are healthy.

This is one reason that EPN continued with its mission of supporting churches and church health systems to provide just and compassionate quality pharmaceutical services. Projects such as the pooled

procurement, children medicines or strengthening components of the pharmaceutical systems, resulted in improved access and affordability of medicines in member church health systems. Efforts of capacity building in 7 countries equally yielded results and made a difference, just as provision of pharmaceutical information contributed to improvement of pharmaceutical care. More projects were implemented successfully in all 4- strategic areas compared to 2014.

Like the MDGs, EPNs 2010 – 2015, Strategic Plan was coming to an end too. The Secretariat worked with members and the board, which epitomized the member engagement in mapping the future course of EPN. This resulted in the development of the 2016 – 2020 Strategic Plan with an emphasis on Non-communicable diseases, Maternal Child and Health, Antimicrobial Resistance and infectious diseases supported by Advocacy, Pharmaceutical services capacity development and Research and information sharing. Thank you for your contributions during this process. We are also grateful to our partners who reviewed the plan and also made comments.

This was also going to be the last full year for our Board Chairman, Albert Petersen, as he was completing his term, stepping down in May 2016 at the AGM as board member. It is therefore fitting for me to sincerely thank Albert for his unmatched, dedicated, par excellence service of 14 years as Chair. He lived and breathed EPN and assured me he wasn't leaving EPN, I am confident, he will be a great ambassador of EPN as he has been. He leaves us with a great legacy. God bless you and your family.

Thanks to the hard working Secretariat and to all our members and partners without whom our work would not be possible. I carry the vision and mission of many who long to see that access to quality essential medicines is a not only a dream but a reality to all patients who need them and when they need them, this is humbling for me.

For 2015 I can only say that "What if the Lord had not been on our side?" Psalm 124.2

I wish you a prosperous 2016.

**In His Service,
Mirfin Mpundu Pharm D, MPH, MBA**

ACKNOWLEDGEMENT

Before delving into the annual report in detail, EPN wishes to thank all donors who contributed to its achievements in 2015. Without the support we received from our valued donors and partners, we wouldn't have made it this far. Our deepest appreciation goes to:

- Action Medeor
- Action on Antibiotic Resistance (ReAct)
- Bill & Melinda Gates Foundation
- Bread for the World
- Christian Connections for International Health (CCIH)
- DIFAEM
- Interchurch Organization for Development Cooperation (ICCO)
- Kindermissionwerk
- Management for Sciences and Health – System for Improved Access to Pharmaceuticals and services (SIAPS)
- Misereor
- Pharmaceutical Systems Africa
- Pharmacists Without Borders
- Porticus
- World Council of Churches (WCC)
- World Diabetic Foundation
- World Health Organization (WHO)

NUMBERS AND IMPACT AT A GLANCE

During 2015, EPN carried out projects in various countries including Malawi, the Democratic Republic of Congo (DRC), Chad, Ghana, Nigeria, Tanzania, South Sudan, Zambia, Uganda, Zimbabwe, Cameroon, Kenya and India:

- A total of 164 pharmacy staff members from member institutions in Chad, Malawi, the Democratic Republic of Congo (DRC), Tanzania, Nigeria and South Sudan received training in the Essentials of Pharmacy Practice (EPP) Course;
- Forty (40) students from church health facilities in seven (7) countries benefited from EPN's Scholarship Program aimed at supporting church health institutions (CHIs) so that they can have staff with accredited diploma's or associate degree's in pharmacy. The students were from Zambia, DRC, Uganda, Tanzania, Ghana, Kenya, Cameroon and Chad;
- Difaem's & EPN's 15 Minilab Network members were trained on a medicine quality awareness course and continued monitoring the quality of medicines entering the church health systems and products from their local markets. The Minilab Network Members are from Ghana, DRC, Cameroon, Uganda, Kenya, Tanzania, India and Nigeria;
- A total of 887 samples of medicines were tested through the Minilab project;
- Availability of children's medicine increased in 59 facilities in Cameroon and Tanzania from an average of 57% to 74% by the end of 2015;
- A cross sectional, exploratory study of 125 Antiretroviral therapy (ART) clients who missed treatment for more than two weeks at four (4) mission hospitals offering HIV treatment services was carried out in Zimbabwe;
- Following identification of problems of access, affordability and availability to quality-assured medicines in Cameroon, EPN has been working with the three major FBOs with over 300 facilities under them to improve access and availability to address these gaps. This has improved the availability of the 50 drugs that were selected and the big idea is to scale up these activities not only in Cameroon but in other countries as well;
- More than 3000 persons and organizations received information and materials to support them in their pharmaceutical practice and care;
- Through the Children's Medicine project in Tanzania, 57 staff were trained on stock keeping, dispensing and rational use of medicines;
- Seventeen (17) participants took part in a training on quantification of the 13 priority products for the UN Commission on Life-Saving Commodities for Women and Children which was carried out with two EPN member organizations in DRC;

- An advocacy training for religious leaders (identified advocates) took place in Nigeria, where it built the capacity of 11 participants to be engaged in Family Planning (FP) advocacy efforts;
- EPN conducted training for the Community Development Medicinal Unit (CDMU) health system in India, on stock management, use of drug registers and standard treatment guidelines.

EPN is a vast network with member representation in 36 countries around the world:

Australia, Belgium, Benin, Burkina-Faso, Burundi, Cameroon, CAR, Chad, DRC, Egypt, Ethiopia, Germany, Ghana, India, Kenya, Lesotho, Liberia, Malawi, Moldova, Namibia, Netherlands, Niger, Nigeria, Papua New Guinea, Peru, Sierra Leone, Rwanda, South Africa, South Sudan, Switzerland, Tanzania, Togo, Uganda, USA, Zambia and Zimbabwe.

So what's the impact in a nutshell?

1. Health care workers who had no prior pharmaceutical training received formal training through the Essentials of Pharmaceutical Practice (EPP) course, one of EPN's projects. As a result the following have been observed in some facilities:

- Marked improvement in stock management;
- Improved stock levels of essential medicines with a reduction in stock outs;
- Contribution by some staff to the Drug and Therapeutic Committees (DTCs) who are in charge of governance of medicines in hospitals;
- Increased confidence in staff when counseling patients on how to take their medicines;
- Improved labeling to ensure better compliance by patients in taking medicines;
- Trained staff members are able to work with minimum supervision;
- The amount of expired medicines has decreased tremendously (up to 95%) in some facilities;
- Stock availability increased (up to 100%) in some facilities;
- Drug stores are now organized with proper arrangement of drugs in most facilities;
- Adherence to the cold-chain has gone up following quality training and use of thermo-loggers in some institutions;
- Trained staff members are able to share pharmaceutical information to patients and medical staff;
- Stock cards are in place and up to date;
- All essential medicines are available in some facilities.

2. Sharing pharmaceutical information has influenced behavioral change in medicine

dispensers and patients; this is contributing to better overall health outcomes;

3. Medicine storage and stock management systems based on best practices are in place in church health systems;

4. Measures and systems are in place to support continuous availability of quality and affordable medicines such as better quantification and ordering;

5. Measures to implement and promote rational use of medicines are in place in some institutions;

6. Standard operating procedures for transparent procurement are in place;

7. Quality assurance policies for products and services are developed and implemented;

8. Church leaders are aware of key health services and key messages on pharmaceutical issues;

9. Some health facilities provide antiretroviral therapy and are promoting adherence to therapy contributing to the reduction on patients falling out of treatment;

10. Key pharmaceutical information is available within member institutions.

Testimonials

"Being given the opportunity of studying for a diploma in pharmacy at Evelyn Hone College has been one of the greatest opportunities in my life. Thank you EPN once again for giving my colleagues and I this support" Emmanuel Matimba through CHAZ

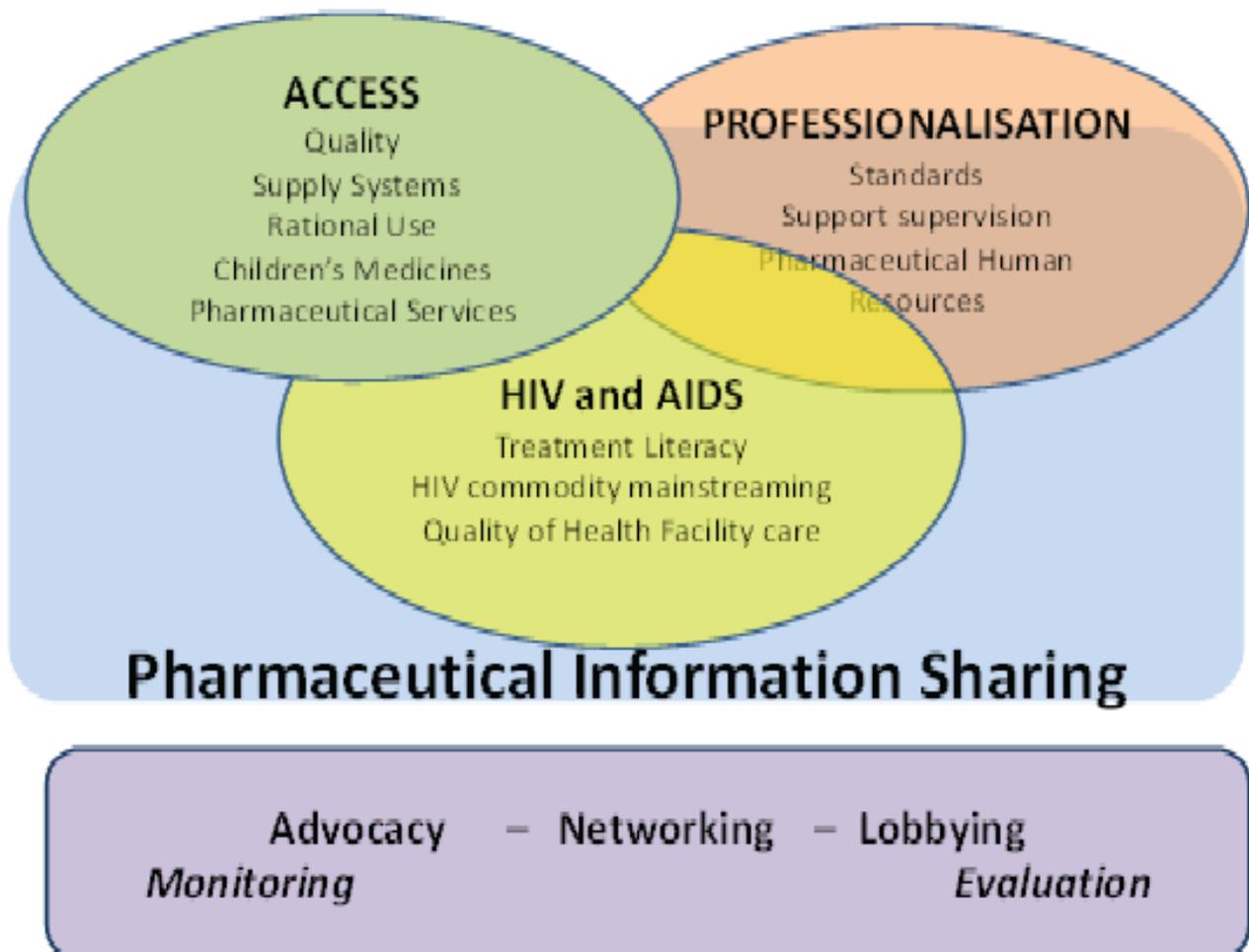
"I became an orphan at 11years old and the only surviving member of a family of 5 (2 sisters, Mum and Dad) all gone. Scriptures say God's plans are not our plans, and his plans are good plans to see us prosper. When my road to Pharmacy school became too rough and I almost gave up due to financial challenges, the Lord remembered me and blessed me with EPN through CHAZ, and I have made it this far." Mvula Felix

"I supported the Pharmacy departments of my supporting institution during the December holiday in several ways. I worked on a part time basis in a Lusaka based retail pharmacy and I supported by offering my services in dispensing of drugs, counseling of patients, stock management and ordering of out of stock medicines. Patients would go back with not only their medication but with a good understanding of what their problem was and with a satisfied look. I thank God for all these opportunities. I Thank EPN and CHAZ for everything; thank you." Obert Musanga

The training programme is relevant because pharmacy personnel play an important role in the optimization of a drug treatment for an individual thus promoting the rationale use of medicines. It has been a great pleasure and honor having the opportunity to be awarded sponsorship through my training." Salome Mwansa.

1. INTRODUCTION

The reporting year (2015) was the last year of EPNs 2010– 2015 Strategic period that focused on access, HIV and AIDS, professionalization of pharmaceutical staff and pharmaceutical information-sharing. This report will be divided in 4 categories as per the strategic areas:



2. PART I: ACCESS TO AND RATIONAL USE OF MEDICINES

Background

Objective: To increase access to and promote rational use of affordable quality medicines in the church health system.

2.1. Pooled Procurement Cameroon

The Pooled Procurement Project in Cameroon was initiated after several months of discussions on how to address the issue of stock outs, poor quality of medicines, high cost of medicines on the market and poor access to most common essential medicines within faith-based organizations (FBOs). Three FBOs: the Presbyterian Church of Cameroon Health Services (PCC), Cameroon Baptist Convention Health Services (CBCHS) and Eglise Evangélique du Cameroon (EEC) came together and committed to addressing these challenges through a Pooled Procurement Initiative supported by the Systems for Improved Access to Pharmaceuticals and Services (SIAPS) – a program of Management for Sciences and Health (MSH), with technical assistance (TA) provided by the EPN Secretariat. PCC, CBC and PCC agreed upon these two objectives:

1. To establish a pooled procurement system in order to increase access to affordable and good quality medicines in faith-based health facilities in Cameroon;
2. To develop a generic pooled procurement toolkit based on lessons learned from this activity which other FBOs can use.

Mirfin Mpundu, the Executive Director of EPN, served as the technical lead of the project. The team followed the following process and framework:

1. Conducting of a situational analysis and a stakeholder's workshop;
2. Signing of the Memorandum of Understanding (MOU) between EPN and the 3 drug supply organizations. The MOU addressed organizational responsibilities, objectives and scope of work, appointment of a technical working group (TWG) and setting out its responsibilities, deliverables and financial accountability, type of procurement and setting up of a virtual Central Purchasing Unit (CPU);
3. Drafting and adopting a framework to follow, terms of reference (TOR) for the TWG which included information such as objectives of the TWG, functions and composition, operationalization of the TWG including meetings and decision making processes.

The TWG composition included, one pharmacist representative from the three

organizations and their CEOs or representatives. The three pharmacists were Dr. Fidelis Nyaah, Dr. Gerald Tabeteh (later replaced by Dr. Edward Ndze) and Dr. Irene Yonkeu from PCC, CBC and EEC respectively. The group also benefited from the support of a Consultant, Mrs. Helen Tata, who was brought on board later in the process.

The framework also detailed the following key steps and activities, such as:

- Defining the type and level of procurement i.e. Informed buying, Coordinated informed buying, Group contracting or Central contracting. Organizations went with a Virtual Central Procurement Unit or Central contracting
- Defining selection criteria for medicines to be included as well as forecasting and quantification methodology;
- Defining selection criteria for suppliers;
- Tender adjudication process;
- Finance management; and
- Receipt of medicines.

4. Postmortem of the project, teasing and synthesizing of lessons learned and finalization of reports including the toolbox was planned for 2016.

The team agreed on piloting with 50 essential medicines that are hard to find or commonly out of stock and overpriced in Cameroon. After lots of work including requesting for tenders and the tender adjudication process, the 3 organizations received their first consignment of medicines and celebrated this major milestone. More shipments are expected in 2016.



Receipt of the first shipment

The pooled procurement has provided the following benefits:

- Favorable pricing on the medicines due to bulk purchasing and pooled negotiations;
- Assured quality of supplied medicines through the use of prequalified suppliers;
- Assured supplies for a year;
- Strengthening of involved organizations' forecasting, procurement and supply chain functions;
- Reduction on prices for patients; and
- Huge savings for the 3 organizations allowing them to invest those savings into other health programs within their health facilities.

2.2. Pooled Procurement East Africa

The East Africa Pooled Procurement project is a collaborative initiative between Missions for Essential Drugs Supplies (MEDS) in Kenya, Joint Medical Stores (JMS) in Uganda, Missions for Essential Medicines Supplies (MEMS) in Tanzania and BUFMAR in Rwanda and all of them are EPN members. The project was initiated in 2012 with the technical support of EPN in order to improve the access and affordability of high quality essential medicines within the East Africa Region.

In 2015, EPN re-initiated consultative discussions with the CEOs Mr. Paschal Manyuru (MEDS-Kenya), Dr. Bildard Baguma (JMS), Mr. Ernest Rwagasana (BUFMAR) and Mr. Orgenes Lema (MEMS) which the former ED Rev Baraka Kabudi had been working on in order to bring the project to full implementation. This initiative was born out of EPN's mandate to provide technical support to its DSO members with the aim of developing and implementing effective market based approaches that make their operations economically sustainable and concurrently achieving just

and compassionate pharmaceutical services for the benefit of their clientele and the population at large.



Members of the TWG from left to right (standing) Dr. Wycliff Nadama, Dr. Jonathan Kiliko, Mr. Andrew Oluga, Seated Ms. Denise and Dr. Susanne Kuehle

A joint CEOs and TWG meeting was convened at MEDS offices in Nairobi, Kenya on March 30, 2015. The main purpose of the meeting was for the CEOs and the TWG members to undertake a critical and comprehensive evaluation of the project's previous activities, identify challenges and develop a new roadmap for successful realization of the project's objectives and outcomes. Of the four organizations, only MEMS' representatives failed to attend, albeit with apology. The meeting resolved that the project should be rekindled and committed to the following:

- a. Pilot pooled procurement with four product categories i.e. Gloves, Gauze roll, Syringes and Needles;
- b. Endorse EPN as the projects main coordinator and allow it to oversee the tendering process, the receipt of tender submissions from bidders, do the tender analysis, negotiations and awards and follow up on supply deliveries. The agreement was that EPN was to work hand in hand with the TWG as per its mandate;
- c. DSOs would draw Local Purchasing Orders (LPOs) in favor of the winning bidder for each item and all the LPOs would be consolidated and forwarded to suppliers by EPN;
- d. Under the four categories of chosen non-pharmaceutical items, each DSO was to

list the specific items and proposed quantities for the order period of July 2015- June 2016. The TWG was mandated to harmonize the standards and specifications for the specific items;

e. The CEOs mandated the TWG to develop an implementable short-term work plan and its timeline for implementing the pilot project as well as a long term work plan that would guide project operations to the full realization of set objectives and intended outcomes.

Much progress was made during the following months i.e. the harmonization of product lists and quantities, tender advertising, tender adjudication process led by EPN, award of tenders and negotiations. Tenders were analyzed based on the criteria that the team had selected which included price, lead times, quality and reports on past performance. The tender was awarded to the Medical Export Group located in the Netherlands. The four organizations were going to save substantial amounts through this project.

Despite making considerable progress the project stalled at the very end of the year for the following reasons: (i) the fluctuation of currencies which was not favorable for some members and (ii) changes in ordered quantities. Plans are underway to continue with the project in 2016. EPN drew many lessons that will be used for further initiatives such as these.

2.3. Children Medicine Project in Tanzania

Objectives

The overall objective of this project was:

- To increase the access to essential medicines for children at all levels of 80 faith-based health facilities in Tanzania.

Other objectives were:

- To increase the capacity and skills of pharmacy staff in inventory management including stock ordering;
- To raise awareness of health facility staff responsible for children medicines, management of adequate children medicines and their recommended use according to national and international recommendations and;
- To provide basic pharmacy equipment and reference materials for health facilities to raise the level of pharmaceutical services especially the dispensing quality.

Implementing partners

Mission for Essential Medical Supplies (MEMS) and Christian Social Services Commission (CSSC).

Methodology and target group

The project was divided into 4 phases in order to reach its objectives:

- Phase 1 – Training of Trainers (TOT) in 5 days for 9 trainers;
- Phase 2 – 3-Day training for 57 pharmacy staff from 46 facilities;
- Phase 3 – Supportive outreach to 59 facilities by the trainers (15 facilities did not receive training);
- Phase 4 – Evaluation visit to 17 facilities.



The Children's medicines Project in Tanzania- Training

To what extent has the problem been resolved?

Availability of children's medicine increased in 59 facilities from an average of 57% in 2013 to 74% in 2015. Additionally, pharmacy staff-members are more capable of handling stock and more aware of the need of children's medication. Almost all of the facilities have now basic pharmacy equipment like stock cards (100%), counting trays (100%), reference materials on medicines (94%) and standard operating procedures (SOPs) (74%). Overall these efforts are reported to have contributed to better management of diseases and health outcomes.

Lessons learned

1. To build more time for evaluation from the 6 monthly mark to 1 year. This would allow sufficient time for implementation and evaluation;
2. To support such interventions while addressing governance issues with hospital managements at the same time. This is very important especially where interventions involve funding that management has to approve such as purchase of medicines and supporting equipment;
3. To have at least 2 trainers in the TOT phase;
4. To translate SOPs (Standard Operating Procedures) in local languages used at facility level to allow for better compliance;
5. To ensure that the evaluation tools measure what is intended to be measured and covers all aspects of the project/ program;
6. To include some basic equipment such as thermometers in the EPN budget to support the cold chain.

2.4. Children's medicine in Cameroon

Objectives

The overall goal of the project was:

To reduce morbidity and mortality related to treatable childhood illnesses within the geographical reach of the project.

The specific objectives of the project were to:

1. Collaborate with umbrella church bodies to undertake studies which would investigate the availability, pricing and factors impacting availability of priority medicines for children in Cameroon;
2. Implement interventions to strengthen pharmaceutical systems at various levels of the health system in the church health sector in Cameroon and fill gaps related to availability of medicines.

The scope of the project was limited to defining actions or interventions aimed at addressing gaps related to the availability and use of medicines and not factors relating to affordability, financing and health system set up which were going to be difficult to address in the life-span of the project.

Anticipated interventions included:

- a. Training of prescribers and dispensing staff on appropriate use of medicines in the management of common childhood illness;
- b. Facilitating the sourcing and stocking of priority child friendly formulations such as Zinc dispersible tablets, amoxicillin dispersible tablets and dispersible ACT tablets at facility level and among the church Drug Supply Organisations (DSOs):
- c. Community empowerment on medicines-use issues using appropriate Information Education Communication (IEC) materials and awareness campaigns

The latter two interventions were changed to the following

- a. Procurement of 'Chlorpheniramine an antihistamine highly used in allergic reactions, coughs and colds which was in short supply in Cameroon. The dispersible zinc tablets were readily available.
- b. Advocacy activities to have morphine included in the national formulary and its availability for managing pain in children. The intervention of community empowerment was changed due to high costs that arose after the project was approved.

Both changes were approved by the donor.

Implementing partners

Presbyterian Church in Cameroon - Health Services Central Pharmacy (PCC);

Cameroon Baptist Convention Health Board (CBCHB).



Methodology and target group

The methodology used included the following steps:

1. Survey of 50 health institutions on the availability of children's medicines;
2. Training of 50 staff from 50 facilities on children's medicines from PCC Health Services, CBC Health Services, EEC Health Services, Lutheran Church Health Services and Catholic Health Services;
3. Procurement of 15,000 units of Cofex expectorant (a cough expectorant containing the antihistamine Chlorpheniramine Maleate in 2.5mg/5ml) and 2,000 bottles of 60ml Lorhist 5mg suspension (containing the antihistamine Loratidine in 5mg/5ml);
4. Inclusion of DSOs of missing medicines and/or paediatric dosages in their formularies and order lists and distributed these through their networks;
5. Development of SOPs for the DSOs to secure inventory management;
6. Advocacy for Morphine with the government (Ministry of Health) which unfortunately did not succeed.

Results and impact

Data was collected and staff members were trained on improving the availability of children's medicines. SOPs were developed and implemented in facilities.

Lessons learned

1. EPN should assess the technical and human resource capacity of implementing partners and provide capacity building where necessary to ensure success of projects;
2. EPN should look at the track record or past experience of implementing partners to better learn, know them and implement measures that would allow the project to be successful. Identifying weaknesses so that EPN can better support its members;
3. Implement a Monitoring and Evaluation System that allows frequent communications with partners and identification of any areas of need and improvement; this has been implemented;

4. EPN to ensure that financial systems are in place at the institutional level and where necessary to provide tools that support institutions so they can strengthen their financial systems and accountability.



Dr. Fidelis Nyaah providing training for pharmaceutical staff in Limbe, Cameroon during the Children Medicine Project

2.5. Quality of Medicines- Minilab Project

Substandard and falsified medicines pose a serious threat to public health, especially in developing countries. Alarming reports have been published on the scale of this problem. EPN member Difaem started supporting EPN members in 2010 to test the quality of medicines used in their facilities to see if they met the standard specifications. Today 14- users of the so called Minilab form the Difaem-EPN-Minilab Network. They are based in Cameroon, Uganda, Kenya, Democratic Republic of Congo, Tanzania, India, Ghana, Nigeria and Burundi. There is a close communication to guarantee results are quickly forwarded to Difaem for further action and that the members receive follow up trainings and re-stocking of the materials used.



Minilab Network members follow these steps as they carry out their tests:

- Perform a physical/visual, disintegration, color-reaction and screening test If the product fails- repeat the test;

If positive

- The sample is sent to another Minilab member for a retest;

If positive

- Samples are sent for confirmatory testing by a WHO (World Health Organization) prequalified laboratory like EPN member Mission for Essential Drugs and Supplies (MEDS) in Kenya;

If a positive confirmatory test is obtained

- Difaem notifies the EPN member alerting them to notify their facilities. Difaem also notifies the WHO which in turn issues an alert and follows up with the Ministry of Health in respective countries and manufacturers of the medicine.

In November 2015 the second Difaem-EPN-Minilab-Workshop took place in Kampala, Uganda, hosted by EPN member Joint Medical Stores and supported by Difaem.

The meeting was led by Albert Petersen from Difaem. Twenty four (24) participants from 12 countries attended the workshop that discussed topics around the quality of medicines, updates on the Minilab profile, challenges, results of 2015 and the 2016 Action Plans.

The Minilab Network reported results from 1274 samples shown in the following table:

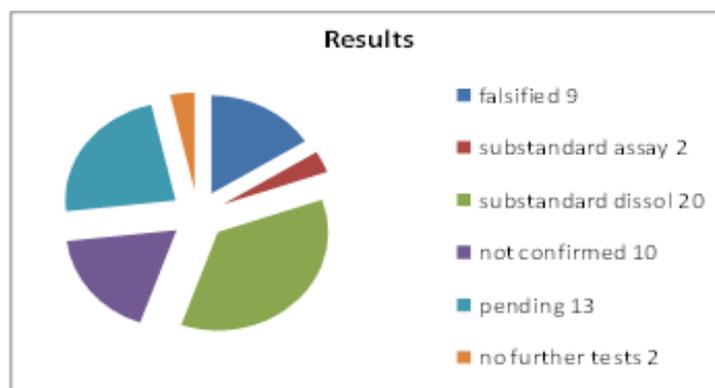
no of samples tested with Minilab in 2015		
Cameroon	CBC	354
Cameroon	PCC	130
DRC	DCMP/Cepac	100
DRC	CADIMEBU	93
Ghana	NHCS	105
India	CDMU	101
India	Tezpur	73
Kenya	MEDS	48
Nigeria	CHAN-Medipharm	100
Uganda	JMS	180
Total		1274

Results

The following were results obtained from tests:

- Thin Layer chromatography did not pass, 36 samples (4.2%);
- Disintegration in less than 1 hour, 20 different samples failed (2.3%);

The main medicines that failed the tests were amoxicillin, cloxacillin, Duo-Cotecxin, mebendazole, erythromycin, sulfadoxine/pyrimethamine, quinine and griseofulvin. Most of these are antibiotics and antimalarials which is very scary as they are among the most widely used medicines for treatment of infections and malaria. The table below shows some examples and a summary by category.



Participants and the workshop organizers expected a broader range of medicines to fail the tests as often reported in the media. However the moderator explained that similar studies done on the quality of medicines showed the percentage failure to be in the same region that EPN found, around 5% failure rate. One such study is the Malaria Medicine Study conducted by the London

School of Hygiene and Tropical Medicine.

Also as a follow up to the 2013 Minilab Workshop held in Limbe Cameroon, participants were introduced to new tools for raising awareness on Quality of Medicines targeting health care workers in church health institutions. The tools had been finalized by EPN and each participant was given the tools to take to their facilities. These tools included IEC materials, posters and powerpoint presentations.

EPN presented a Course it had developed for raising awareness and knowledge on the topic of quality the Minilab Network adopted for use in their facilities.



Finally, in order to foster more collaboration and cooperation at regional level, the Minilab Network formed 3 regional sub groups with a fourth group earmarked to be formed in India. This will encourage sharing of information, best practices, results and technical capacity and competences.

Michael Deats: WHO/SSFC: "...Moreover I would like to say that the relationship with Difaem has been very good, we get very useful results from the Minilab and encourage other countries to use it."

2.6. Christian Advocacy for Family Planning in Africa (CAFPA)

Background

Church health systems in Africa play a major role in the health of women and children as they provide anywhere between 20 to 70% of health care in their respective countries. The just ended MDGs and the new SDG's can only be realized if governments have strategic partnerships with

church health systems and work synergistically to romp up the efforts and reach a wider coverage. However, church health systems are often forgotten in implementing national maternal and child health strategies. This has also been the case for family planning with a high unmet need for family planning in sub-Saharan Africa. Governments through their respective organs must work with church health systems to help them attain the FP2020 goals.

In 2015, EPN in partnership with Christian Connections for International Health (CCIH), Churches Health Association of Zambia (CHAZ) and Churches Health Association of Kenya (CHAK) started implementing a 2- year project with the objective of improving policies and funding environments in Kenya, Zambia and Nigeria by engaging and training FBOs advocates, creating a replicable model for the faith-based advocacy for family planning.



Advocacy Training on Family Planning

EPN selected to work in Nigeria with EPN member the Evangelical Church Winning All (ECWA). It conducted the situational analysis and the first training with church leaders to share the results of the situational analysis, raise awareness of the need for advocacy efforts and developed an advocacy strategy.

The project also included sharing of the baseline results at the CCIH Conference that was held in Arlington, Virginia in the USA. The project will continue in 2016.

2.7. Workshop on quantification of 13 RMNCH commodities in DRC for EPN member organizations–

The Baptist Church in Central Africa (CBCA) and Soins de Santé Primaire en Milieu Rural (SANRU).

Background

Despite progress made in reducing both maternal and child mortality rates over the past decades, both rates still remain high and very few countries are on track to meet the Millennium Development Goal (MDGs) targets of reducing the maternal mortality ratio by three-quarters and the under-five child mortality by two-thirds before the end of 2015. Alarming, a large proportion of these deaths could have been avoided if women and children had access to adequate health services. In recognition of the need for heightened attention to these issues, in 2014 the US Agency for International Development (USAID) and the global maternal, newborn, and child health (MNCH) community renewed their commitment to ending preventable child and maternal deaths by 2035. The global target for an average of fewer than 50 maternal deaths per 100,000 live births and fewer than 20 child deaths per 1,000 live births were set.

The Democratic Republic of Congo (DRC) which has an infant mortality rate of 112 per thousand live births (WHO-Global Health Observatory Data Repository, 2010) and a maternal mortality ratio of 540 per 100,000 live births (Countdown to 2015, the 2012 Report), is one of the priority countries for the UN Commission for improving access to lifesaving commodities for women and children.

Therefore, SIAPS-MSH which is a global program funded by USAID to strengthen the management of pharmaceutical systems and EPN as a network committed to strengthening church health sector and enhancing interventions that improve access to quality pharmaceutical services collaborated to support partners in DRC on quantification methods to avert any stock outs and over stocks. The following were the objectives, purpose and deliverables for the project:

Purpose: SIAPS will work with EPN to provide training on quantification of the 13 priority products for the UN Commission on Life-Saving Commodities for Women and Children to two EPN member organizations in DRC i.e. the Baptist Church in Central Africa (CBCA) and Soins de Santé Primaire en Milieu Rural (SANRU).

Objectives:

Facilitate a workshop on quantification of the 13 priority products for the UN Commission on Life-Saving Commodities for Women and Children. Those are: Oxytocin, Magnesium sulphate,

Misoprostol, 7.1% Chlorhexidine digluconate, Newborn resuscitation devices, Injectable antibiotics, Antenatal corticosteroids, Amoxicillin, Oral Rehydration salt, Zinc, female condom, Contraceptive implants and emergency contraceptive pills.

Deliverable

1. Workshop report
2. Quantification report

The training was successful and it is anticipated that participants will implement their new acquired knowledge and skills in their work.



Participants Training in Bukavu

The total number of participants was 17 from the two organizations.

2.8. Surveys on Quality of Care Indicators in Church Health Institutions by WHO/WCC

EPN supported the World Health Organization (WHO) and World Council of Churches (WCC) to conduct a survey in the field-testing of quality of care indicators in maternal, new born and child health facilities in church health facilities in the Democratic Republic of Congo and Tanzania.

Background and Rationale

Every year, 289 000 women die due to complications in pregnancy and childbirth, and 6.6 million children below 5 years of age die of complications in the new-born period and of common childhood diseases. Many of these deaths could be prevented by providing optimal care at health facilities. Although progress has been made in increasing the coverage of several key reproductive, maternal, new-born and child health interventions over the past two decades, there has been limited progress in improving maternal and pediatric outcomes because of major gaps between coverage and the quality of care provided in health facilities. Therefore, improving the quality of facility-based health care services and making quality an integral component of scaling up interventions to improve health outcomes of mothers, new-born and children is of utmost importance.

A consensus meeting in 2013, which gathered global experts in quality of care, agreed on a list of 19 indicators to measure quality of care for maternal, newborn and child health care.¹ The feasibility to measure and monitor these indicators on quality of care needs to be field-tested within the scope in order to contribute to the development of global core indicators to measure quality of care.

The work was undertaken in collaboration between WHO and WCC (World Council of churches) to field test the feasibility of collecting the quality of care indicators through reviews of patient records, health facility records and monthly reports to HMIS (Health Monitoring Information System) and when needed, direct observations of the infrastructure of the health facility. Five Church-run health care facilities in 5 countries had been identified for the field testing namely Chad, DRC, Tanzania Zambia and Zimbabwe. Collected data was going to feed into the process of developing global core indicators for measuring quality of care for maternal, newborn and child health care and also evaluating the feasibility of measuring and monitoring quality of care at health facilities. The baseline quality of care data would be used for future monitoring of quality of care improvement processes, the church run health care facilities serving as sentinel surveillance sites for quality of care in the near future.

Overall objective and specific aims

The overall objective of the project was to evaluate the feasibility of collecting quality of care indicators for maternal, newborn and child health in faith based health care facilities. Specific aims were:

- To evaluate quality of care for mothers, newborns and children in Church-run

hospitals;

- Contribute to identifying gaps in key areas of quality of care for women, newborn and children and provide feedback for improvement at health facility level;
- To contribute to the process of developing global core indicators to measure quality of care for women, newborns and children's health.

This study was followed with an "In-Depth Feasibility Analysis of 19 Quality of Care Indicators for Maternal, Newborn and Child Care in Faith Based Health Care Facilities in Two Sub-Saharan African Countries', DRC and Tanzania". The analysis and report was done by WHO and will be available for EPN in the first quarter of 2016.

2.9. Thermo-logger Project

Maintaining the cold chain for medicines that need to be refrigerated can be challenging especially during transportation from the DSO warehouse to health facilities leading to compromising the quality of pharmaceutical products. EPN worked with MEDS on a quality project with the objective of ensuring that the cold chain patency is maintained to assure quality of medicines reaching health facilities. Temperatures of the cooler box with medicines were tracked along one component of the supply chain from the MEDS warehouse to health facilities within a 50 Km radius wherein MEDS supplies and delivers. Results will be analyzed and shared with MEDS for quality improvement purposes early 2016. A similar project was implemented with EPN member DMPC (Dépôt Central Medico- Pharmaceutique) in DRC.

3. PART II: HIV/ AIDS CARE AND TREATMENT

3.1. Project with Zimbabwe Association of Church Related Hospitals (ZACH)

Objective: To support the involvement of churches and CHIs in HIV/ AIDS care and treatment. The "Cross Sectional Study on Causes of Treatment Interruptions among People Living With Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) in Zimbabwe".

ZACH with support from EPN carried out a cross sectional, exploratory study of 125 Antiretroviral therapy (ART) clients who missed treatment for more than two weeks at four (4) Mission hospitals offering HIV treatment services in Zimbabwe. The first questionnaire was administered to the health care provider(s) capturing data on the number of clients under HIV care, the number of patients on ART, statistics on default and identification of patients to participate in the study as well as their telephone contacts. The second questionnaire was administered by health workers via phone calls or through face-to-face interviews to capture) medicines related demographic data (excluding names), personal, socio economic and health facility related challenges experienced by persons on ART and other factors that lead to treatment interruptions.

Defaulter rate among clients on ART at the four mission hospitals stands at 2.8%. The average age was 38 years (SD+-12) and females were younger than males with average ages of 43 (SD+-14) and 35 years (SD+-11) for males and females respectively, age range (18 to 74 years). The level of education among defaulters was as follows: primary (17.6%), secondary (60%), tertiary education (12%) and only 10.4% were illiterate. In terms of religious affiliation, this study shows that 12.8%, 24% and 3.2% belong to Catholic, Protestant and Muslim respectively while the majority (60%) belongs to other religions such as Apostolic Sect and Traditional religions.

Accessibility of health facilities, regular change of areas of residence, lack of disclosure and lack of support systems such as treatment buddies are factors contributing to treatment default as cited more frequently by respondents: 44%, 40%, 26% and 24% respectively. Other major challenges include: stopping ARV medicines after feeling much better (20%), forgetting (20%), stopping ARV medicines after getting ill (20%), ARV side effects (16%), delayed services at the hospital (18%) and too busy (14%). There are strong correlations between ARVs side effects and stopping treatment ($p < 0.0000$) and forgetting to take ARVs and having a busy schedule of work ($p < 0.038$). The change in areas of residence was not in any way correlated to the long distance to the health facility, neither lack of trust with health workers nor time spent waiting for services at the health facilities (p -values > 0.5). There is a correlation between the lack of time due to work related issues and the convenience of hospital business hours ($p = 0.013$).

Number	Identified challenge	Proposed interventions	Outputs
1.	Long distances to health facilities from HIV care and treatment services has been noted as a major challenge contributing to high defaulter rate.	To support outreach services so as to bring services closer to where clients stay.	Fuel and per diem support to 16 health care workers (HCW) per month (4 HCW from each of the 4 hospitals) for 6 months.
2.	Lack of disclosure due to stigma and discrimination was cited as a major issue.	Training clinicians in disclosure counseling Sensitization of community leaders Sensitization of Apostolic sect and church leaders	24 clinicians trained in counseling for three days 8 sensitization meetings with community leaders (2 per each hospital). 30 leaders will be invited per meeting.
3.	Lack of interventions to remind clients to take ARVs.	To purchase and distribute pill boxes; To purchase and distribute alarm clocks.	1000 pill boxes 1000 alarm clocks
4.	A large proportion of defaulters stopped taking medicines either because they felt better and thought they had been cured or felt ill after commencement of ARV therapy.	Refresher course for all counselors Training of pharmacy personnel in basic counseling skills since they also have direct contact with clients as they come for re-supply of ARV medicines.	24 counselors trained for three days (6 from each hospital). 12 pharmacy personnel trained for 3 days (3 from each hospital).
5.	Clients stay long hours at the hospitals waiting for services.	Procure and distribute diaries and put in place a booking system.	16 diaries
6.	It is apparent from this survey that some clients are not being given time off to attend to their personal health related issues.	HIV care and treatment sites should map up employers in their catchment areas and visit them for sensitization and work with these employers to implement workplace programmes.	Fuel and per diem (three health care workers per site and 4 visits per site).

In 2016 EPN plans on supporting and conducting studies that take into consideration the involvement of men in HIV and AIDS treatment.

4. PART III: PROFESSIONALIZATION OF PHARMACEUTICAL SERVICES

Background

The need of having pharmacy trained personnel in church health institutions continued to be a challenge. In 2015, EPN conducted a number of capacity building projects in EPN member countries notably the Essentials of Pharmacy Practice (EPP) course in 6 countries, Malawi, Nigeria, Tanzania, South Sudan, the Democratic Republic of Congo (DRC) and Chad. EPN also successfully completed the 'Implementation of Standard Treatment Guidelines & Stock Management Principles to Improve Access to Essential Medicines in Health Centers in Jharkhand, India, working with EPN member Community Development Medicinal Unit (CDMU).



EPP Tanzania

Objective: To increase professionalism and good governance in church health systems as a means of supporting the delivery of efficient and effective pharmaceutical services.

The EPP Courses offered to EPN members focused on the following areas:

- Pharmacy and healthcare;
- Fundamentals of Pharmaceutics;
- Medicine supply Management;
- Basic Therapeutics;
- Rational Medicine Use and Dispensing.

In total 160 Pharmacy staff members were trained. Below is a summary of the EPP training in Nigeria.

Nigeria pioneered the 4-weeks version of the EPP course between May – August 2015. The training was anchored by CHAN MEDI-PHARM, a Drug Supply Organization in Nigeria and a member of EPN. A total of 47 people drawn from all over the country were trained. They comprised 31 females (65%) and 16 males (34%) with ages between 21–49years, the mean age being around 33years. Their work experience in years ranged between 1–22years with average work experience of 7years and total work experience of 374 years. Their educational background was as follows: Degree: 7(14.9%), Certificate in Community Health: 20 (42.5%), Nursing: 4(8.5%);, Diploma: 11(23%), and other courses 5(10.6%).





Participants of the EPP Course Received their Certificates

Learning Design and participants expectation

The learning program was developed from the most current EPP course training syllabus and it was tweaked to meet local needs of the Churches Health Association of Nigeria (CHAN) health facilities. During the process of preparing the training program, adult learning principles were the foundation on which the plan was based. Adults, unlike children, have accumulated experience in the course of their life through work, previous education and experience. Thus they like to know how what is being learnt relates to what they value and know and how everything connects to make them achieve their personal goals.



The summary of participants' expectations is depicted below:

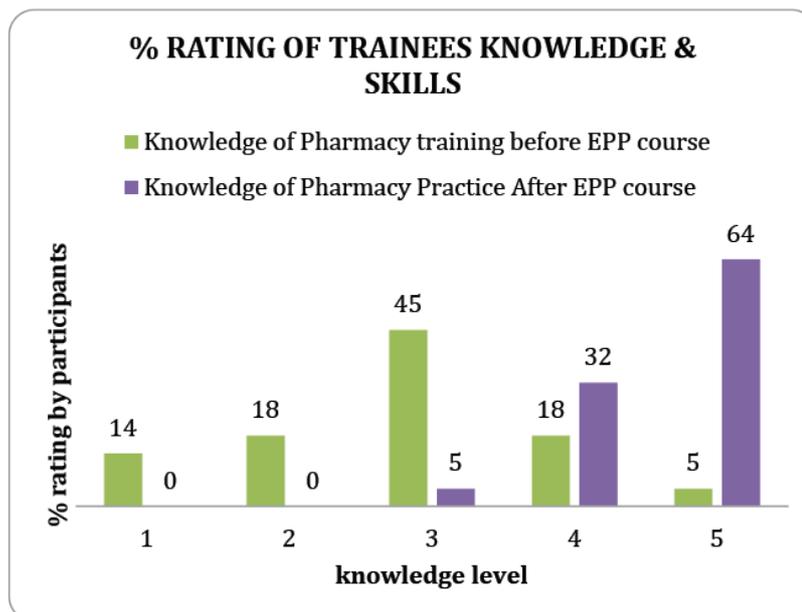
- Applicants that expected to learn more about pharmacy practice: 73%;
- Applicants that expected the course would improve their performance at work places: 50%;
- Applicants that expected to pass with flying colors: 36%.

Participants' Performance and course assessment

Candidates were continuously assessed through exercises, assignments and homework. At the end of the module, candidates were given an end of module examination, which carried a total of 100 marks and a pass mark of 50%. All the participants achieved the minimum pass mark of 50% and received their certificates of successful completion. Additionally, the trainees were very happy with the course and rated it highly as can be seen from the overall feedback:

Participants' evaluation of the course

Question	% Participant s Response	Total number: 47	
Do you think the Workshop/Training met its objective?	Yes 100	No 0	
Question	% Response		
How would you rate the amount of information presented during the course	Too much 50	Just right 41	Too little 9



Trainees' self-assessment of their knowledge and skills level before and after the course (Knowledge level is rated on a scale of 1-5)

Post training assessment-impact evaluation

Two months after the training, an impact survey was conducted with the following objectives:

- To see how the knowledge and skills learned in the training are being put into practice;
- To assess results and impacts of the training programs;
- To assess the effectiveness of the training programs;
- To promote transparency & accountability to project sponsors.

The impact assessment showed that participants improved in the following areas:

Communication- All assessed facilities noted significant improvement in communication skills of trainees:

- This was expressed by removal of communication barriers such as window dispensing;
- Increased patient counselling due to better understanding of medicine use from reference books utilization;
- Increased self-confidence of the trainees compared to their untrained counterparts;
- Willingness and eagerness to implement the new gained knowledge.

Improved store management:

All visited facilities reported that their stores are better arranged, products are arranged according to therapeutic groups, medicine tracking tools such as bin cards are in use, medicine storage is on pallets as opposed to being on the floor, charting of store temperature is done and re-organizations of the store has created more space, making it easier to notice reorder levels and expired medicines and also improved the work flow.

Facilities were using the first expiry, first out (FEFO) rotation of drugs principle that reduces accumulation of expired drugs in the store room. Facilities were enforcing storage of medicines recommendations, based on manufacturer's recommendation-e.g cold chain products are now kept in the fridge between the recommended temperature parameters.

Medicine Management: Surveyed institutions equally reported marked improvement in medicine management as expressed by: Issuing of standard procurement local purchase orders (LPOs), separation of expired stock from viable stock, increased quality consciousness and conduction of visual inspection for ALL received goods, proper medicine quantification based on consumption patterns and better use of Hospital Formularies.

OUTCOMES: One trainee is being supported to pursue further studies in Pharmacy from the training. Five trainees have been promoted and assigned more responsibilities. There is increased demand for the on-site tailored training so that other staff can benefit. There is also a quest for continuous learning and sustainability. A marked increase in medicine quality consciousness was observed which has translated into testing of products using the MINILAB.

4.1. The Ecumenical Scholarship Program

The dearth of pharmaceutically trained staff continues to be a challenge in developing countries. This makes pharmaceutical care challenging and it impacts health outcomes negatively. EPN has

been supporting member organizations to strengthen the capacity of personnel working in their pharmacies and dispensaries (church-run health facilities) who have no formal pharmacy training by providing 2 to 3 years Pharmacy Technician/ Technologist scholarships in accredited colleges in their respective countries. This is one way of helping church health institutions to bridge this gap. In 2015 this program supported by EPN Partner Bread for the World assisted 40 students from the following countries and organizations:

Country	EPN Member organization	Number of Beneficiaries
Cameroon	Presbyterian Church In Cameroon & Cameroon Convention Health Board	9
Zambia	Churches Health Association of Zambia	5
DRC	ECC / Dépôt Central Médico-Pharmaceutique 8ème CEPAC	5
Uganda	Uganda Protestant Medical Bureau; Uganda Catholic Medical Bureau	4
Tanzania	Mission for Essential Medical Supplies; Christian Social Services Commission	5
Ghana	Christian Health Association of Ghana	1
Chad	BEBALEM ; KOYOM Hospital	5
Kenya	Africa Inland Health Ministries; Christian Health Association of Kenya	6

On 15th August 2015, six (6) students from the Cameroon Baptist Convention Health (CBC) Services graduated and took up positions in CBC hospitals. EPN was represented at the graduation ceremony by Mr. James Mireri, EPN's Accountant, and CBC by Dr. Edward Ndze, who had mentored the students. These students were very grateful for the support of EPN and Bread for the World and shared this through a wonderful embroidered cloth expressing their uttermost gratitude.





4.2. Promoting Standard Treatment Guidelines

EPN supported its India based member, the Community Development Medicinal Unit (CDMU), a West Bengal Network whose goal is to enhance access to quality essential medicines at affordable prices and improve their use. This was done through the implementation of a project with the goal of improving access to quality essential medicines in health centers in Jharkhand . The objective of the project was to implement Standard Treatment Guidelines (STGs) and improve store management principles in the selected health centers under the respective dioceses of Jharkhand.

4.3. Antimicrobial Resistance (AMR) Initiatives

Antimicrobial resistance (AMR) has become one of the greatest challenges to the progress made in the control and treatment of infectious diseases in public health. It is actually being considered the greatest public health threat as well as an economic and environment risk. Following the WHO's adoption of the AMR Global Action Plan that calls on member countries to develop measures for AMR containment within 2 years, EPN has been one of the organizations that have been working on AMR with a focus on raising awareness and calling onto the world to act.



In 2015, thanks to its partnership with Action on Antibiotic Resistance (ReAct), EPN did a lot of work around raising awareness on AMR through the following projects:

- Revision of EPN IEC (Information, Education and Communication) materials on AMR;
- Developing of new materials that target various constituencies such as primary school children, high school students, college students, policy makers, Health Community Workers and communities <http://www.epnetwork.org/en/programmes/>

antimicrobial-resistance-and-infectious-diseases ;

- Making presentations on AMR and distributing IEC materials during the AMR Awareness week in November mostly in Kenya;
- Developed and presented a course on AMR to the Kenya Pharmaceutical Association for their Continuing Professional Development (CPD) program. This course was presented and is available as a 'Voiceover' power point presentation on EPN's YouTube channel <https://www.youtube.com/user/EPNNairobi> ;
- Developed a course on AMR for community health workers for the counties in partnership with ReAct, GARP and the Ministry of Health in Kenya;
- Hosting of the African AMR Stewardship Workshop in partnership with ReAct, GARP and the Ministry of Health in Kenya;
- Working with ReAct hosted the 1st National AMR Stewardship Multi-stakeholder Workshop in Harare, Zimbabwe in partnership with the Ministry of Health and held training for NGOs, Civil Societies and Journalists in Lusaka, Zambia.

Materials that have been developed by EPN and ReAct are available to EPN members, ReAct Partners and other organizations interested in AMR through the EPN website.

The AMR materials updated and/or developed include;

- Primary School Students: Dr. Doodle and the Microbes
- Secondary school Students: The Invasion of the Superbugs
- College & University Students: How Antimicrobial Resistance will Impact your life and your community;
- Community: Take Action on Antimicrobial Resistance, Messages to the community;
- AMR Poster;
- Fact Sheet;
- Call to Action;
- AMR comic strips;
- Post cards document folder.



Figure 10 Participants at the Kenya Pharnaceutical Association training on AMR



Participants at the African AMR Stewardship Program looking and picking IEC Materials on AMR



One of the sessions at the AMR Workshop in Kenya

5. PART IV: INFORMATION SHARING & RESEARCH

Objective: To establish a centre of excellence for the provision of pharmaceutical information for the church health system.

The year 2015 saw EPN redesign its website and introduce new features to enhance interaction and provide more tools for members. Information being key in provision of quality pharmaceutical care, EPN remained committed to providing members with relevant pharmaceutical information, tool-aids and various publications, notably the Netlink, Pharmalink, e-Pharmalink and the Contact Magazine (<http://www.epnetwork.org/en/network/publications>).

EPN's online Centre of Excellence



Why?
 To support you in your daily pharmacy practice
 To fill your gap of information
 To help you to provide better healthcare

Where?
 Go to: www.epnetwork.org
 Select: Centre of Excellence
 Select: Pharmacenter

What?
 Formularies
 Standard Operating Procedures
 Reference materials and Treatment guidelines

Subscribe to our monthly newsletter
 via EPN's website or by sending an
 email to info@epnetwork.org



www.epnetwork.org

info@epnetwork.org

+254 724 301 755

[EPN.epnetwork](https://www.facebook.com/EPN.epnetwork)

One exciting feature on the new website is the Center of Excellence (<http://www.epnetwork.org/en/centre-of-excellence/pharma-center>), that acts as the repository of pharmaceutical information, such as reference materials, tools, standard treatment guidelines (STGs), IEC materials and standard operating procedures (SOPs) for use in health facilities to mention but a few. Other highlights include the members' corner that features information from members and good practices that members would like to share.

In 2015 six (6) editions of Netlink (in network news) and e-Pharmalink, one Contact Magazine and two (2) Pharmalinks were published and distributed to members, partners and associates of EPN. The Contact Magazine is produced in collaboration with the World Council of Churches (WCC), a publication that addresses current public health issues affecting churches and their constituencies. The 2015 special edition focused on the Ebola outbreak and response. This Ebola Edition was entitled "Ebola: Emergency Preparedness and Relief".

5.1. Advocacy Activities

The Secretariat and EPN members were involved in a number of advocacy activities and collaborations aimed at promoting access to quality essential medicines, building synergies, networking, sharing best practices and raising issues and profiles of the faith-based sector in health care.

1. Ketamine Proposal: EPN on behalf of its members issued a position statement that was published and sent to the United Nations Commission on Narcotic Drugs to oppose a resolution that had been presented by China to have ketamine put under Schedule 1 of the UN Convention on Psychotropic Substances. This would have created major hurdles for ketamine widely used in surgical procedures in most health facilities in developing countries that include EPN member facilities.
2. EPN Members and the Secretariat staff participated and contributed in many forums on AMR leading to the WHO adoption and post adoption of the Resolution on antimicrobial resistance (AMR). These meetings included the following:
 - The Wilton Park Meeting in London organized by the UK's Foreign and Commonwealth Office in collaboration with the United Nations Food and Agriculture Organization at which the Executive Director participated. The objective of the meeting was to provide an opportunity for those responsible for human and animal health primarily from countries in low and middle economic settings, to pool knowledge and experience between peers in approaching AMR domestically, outline their concerns, identify emerging good practice and identify ways to scale up action at country level



Mirfin speaking on AMR at the Wilton Park Meeting

- WHO's Regional Office meeting on preparations for the antimicrobial resistance national and global action plans (AMR GAP)
- Uppsala Health Summit in Sweden – The theme for the summit was "A world without antibiotics" and brought together experts and interested groups on antibiotic resistance. Some of EPN members that attended were: Matthew Azoji (Chan-Medipharm), Marlon Banda (CHAZ) and Mirfin Mpundu (EPN Secretariat);
- World Awareness Antibiotic Week: EPN members in the network conducted various activities within their facilities and communities, raising awareness on the global problem of antibiotic resistance through art, theater, lectures, TV and radio interviews and contributing at various workshops and forums;



3. The following Partner meetings:

- MSH –SIAPS Partners collaborative meeting in Arlington Virginia;
- ReAct Global Leadership Meeting in Uppsala, Sweden;
- Bread for the World Partners meetings in Nairobi, Kenya and
- Misereor Partners Meeting in Nairobi, Kenya;

4. Conferences – The Secretariat made presentations at the CCIH's annual conference in Washington DC and participated in advocacy activities at the Capital Hill with US Senators and House of Representatives. The main focus of advocacy activities was to show appreciation of the support the US government gives to developing countries through FBOs and to lobby for more support. Other EPN members who participated in the advocacy activities included CHAK, CHAZ and CCIH.



5. EPN also participated at the Reproductive Health Supplies Coalition in Norway where the EPN Director made a presentation on Pooled Procurement as one viable solution in addressing and promoting access to reproductive health commodities.

Other presentations made where at the Kenya Pharmaceutical Association (KPA) in Nairobi, Kenya on AMR "the role of pharmaceutical staff in addressing AMR" by Mirfin and a "Voice-Over" Course presented by Susanne Khuele;

6. EPN participated in the International Pharmaceutical Confederation (FIP) conference which took place in October 2015 in Duesseldorf, Germany. The theme was: "Better practice_science based, evidence driven". EPN holds an observer status and was represented by Dr. Andreas Wiegand, the former EPN's Programme Officer who is currently heading the German Pharmacists' Aid (EPN's member). EPN's engagement was presented through a poster titled Availing Medical Information at Fingertips which summarized results about the use of mobile phones and medical reference information. Andreas also presented the experience of an EPN's intervention in Northern Kenya in 2014: Strengthening pharmaceutical services in poor settings – a Train the Trainer approach. This project was carried out through collaborative efforts from Action Medeor, Apotheker Helfen and EPN.



Overall it was an active year for EPN as EPN sought to contribute and make a difference.

6. Human resources and administration

Board Members

1. Mr. Albert Petersen – Chairman
2. Mr. Marlon Banda- Vice Chairman
3. Dr Sue Parry
4. Mrs. Daisy Isa
5. Dr. Fidelis Nyaah
6. Mrs. Astrid Berner-Rodoreda
7. Mr. Christoph Bonsmann
8. Mr. Michael Mwangi
9. Dr. Sujith Chandy
10. Dr. Mirfin Mpundu – Secretary

Secretariat Staff Members

1. Dr. Mirfin Mpundu- Executive Director
2. Dr. Susanne Kuehle – Programme Officer
3. Mr. Samuel Shanju – Programme Assistant
4. Mr. Andrew Oluga – Programme Officer
5. Ms. Ann Njoki Gitau – Intern-Communications
6. Mr. David Odhiambo – Programme Assistant
7. Ms Fatima Weiss-Intern
8. Ms. Hellen Kaberere – Accounts Assistant
9. Ms. Irene Tindi – Office Assistant
10. Mr. James Mireri – Accountant
11. Mrs. Julian Nyamupachitu – Volunteer
12. Ms. Mercy Naitore – Support Services Officer
13. Ms. Nice Fidelite – Communications Officer
14. Mrs. Yvon de Jong – Volunteer Pharmacist
15. Ms. Sinaida Kivisi -Receptionist

7. Membership

As of 31/12/15, EPN had 93 registered members of which 65% were Anglophone and 35% were Francophone members. Seventy five (75 members) were corporate organizations and 18 members were individuals. Eighty seven (87%) of EPN's corporate organization members are full members (full membership is limited to church institutions, i.e. Christian Health Associations, Christians Secretariats, faith-based pharmaceutical agencies, faith-based health institutions, donor agencies related to faith-based healthcare and church health care providers). Thirteen percent (13%) of the members are associate members (Associate Membership is open to all individuals and institutions that support the objectives and share the values of EPN).

EPN is a vast network with member representation in 36 countries around the world:

Australia, Belgium, Benin, Burkinafaso, Burundi, Cameroon, CAR, Chad, DRC, Egypt, Ethiopia, Germany, Ghana, India, Kenya, Lesotho, Liberia, Malawi, Moldova, Namibia, Netherlands, Niger, Nigeria, Papua New Guinea, Peru, Sierra Leone, Rwanda, South Africa, South Sudan, Switzerland, Tanzania, Togo, Uganda, USA, Zambia and Zimbabwe.

Below is a list of EPN's valued members:

1. action medeor e.V.
2. action medeor International Healthcare Tanzania Ltd
3. Affordable Medicines for Africa
4. Africa Europe Faith and Justice Network
5. Africa Inland Church Health Ministries
6. AIC Kijabe Mission Hospital
7. Akpene Esther Nyomi
8. Alliance Nationale des Consommateurs et de l'Environnement
9. Anke Meiburg
10. Apotheker Helfen e.V.
11. Apotheker ohne Grenzen Deutschland e.V.
12. Association des Œuvres Médicales des Eglises pour la Santé en Centrafrique
13. Association Evangélique d'Appui au Développement
14. Association Protestante des Œuvres Médico-sociales et Humanitaires du Togo
16. Bureau d'Appui Conseil
17. Bureau de la coordination medicale (BCMU) Synode Urbain/ECC de Kinshasa
18. Bureau des Formations Médicales Agréées au Rwanda
19. Bureau des œuvres médicales de la Communauté des Eglises des Frères

Mennonites au Congo

20. Bureau des œuvres médicales de la Communauté Mennonite au Congo
21. Cameroon Baptist Convention Health Board
22. Catholic Health Services
23. Centrale d'approvisionnement et de distribution des médicaments essentiels de Bunia
24. Centre hospitalier de bebalem
25. Centre Médical Evangélique de Nyankunde
26. CHAN Medi-Pharm Ltd/Gte
27. Christian Health And Remedial Training Centre
28. Christian Health Association of Ghana
29. Christian Health Association of Kenya
30. Christian Health Association of Lesotho
31. Christian Health Association of Liberia
32. Christian Health Association of Malawi
33. Christian Health Association of Nigeria
34. Christian Health Association of Sierra Leone
35. Christian Health Association of Sudan
36. Christian Medical College Vellore
37. Christian Social Services Commission
38. Churches Health Association of Zambia
39. Coalition for Rational and safe Use of Medicines
40. Communauté Baptiste au Centre de l'Afrique
41. Communauté des Eglises de Pentecôte en Afrique Centrale
42. Community Development Medicinal Unit Orissa
43. Community Development Medicinal Unit West Bengal
44. Conseil des Eglises Protestantes du Cameroun
45. Dépôt central médico-pharmaceutique - 8ième CEPAC (Eglise du Christ au Congo)
46. Dodoma Christian Medical Centre, Trust
47. Donna Asimwe Kusemererwa
48. Dr. Guru Prasad Mohanta
49. Dzimado Koumavi Kounetsron
50. ECWA Central Pharmacy
51. Elias K. Bongmba
52. Emmanuel Goumou
53. Emmanuel Hospital Association
54. Ethiopian Catholic Secretariat

55. Ethiopian Evangelical Church Mekane Yesus Development and Social Services Commission
56. German Institute for Medical Mission
57. Gertrude's Children's Hospital
58. Health Access Network Ghana
59. Hope Services Clinic and Maternity
60. Hôpital Bethesda
61. Hôpital Evangélique de Koyom
62. i+solutions
63. IMA world health
64. Institut Médical Chrétien du Kasai/Hôpital Bon Berger Tshikaji
65. John James Carroll
66. Joint Medical Store
67. Karin Wiedenmayer
68. Lecordon Cameroun
69. LifeNetInternational
70. Lutz Heide
71. Mission for Essential Drugs and Supplies
72. Mission for Essential Medical Supplies
73. Ms Robin Warren
74. National Catholic Health Service
75. Nkiese J. Kenkoh
76. Nkwan Jacob Gobte
77. Œuvre de Santé de l'Eglise Evangélique Luthérienne au Cameroun
78. Office de Développement des Eglises Evangéliques
79. Organisation Catholique pour la Santé au Cameroun / coordination diocésaine de la santé à Bafoussam
80. Pharmacie Centrale de l'Eglise Evangélique
81. Presbyterian Church in Cameroon Health Services Central Pharmacy
82. Richard Laing
83. Servicio de Medicinas Pro-Vida
84. Soins de santé primaires en milieu rural
85. Spencer Makwangwala
86. St. Luke Foundation
87. Stella Bongwa Zekeng
88. Uganda Catholic Medical Bureau
89. Uganda Protestant Medical Bureau
90. Union des Eglises Evangéliques Protestantes au Niger

91. Union Nationale des Associations Diocésanes de secours et de développement Caritas
92. Vijay Roy
93. Zimbabwe Association of Church-related Hospitals

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Alternatively send an email to info@epnetwork.org

STATEMENT OF FINANCIAL POSITION AS AT 31 DECEMBER 2015

	2015 US\$	2014- restated US\$	2014 US\$
ASSETS			
Non-current Assets			
Property and Equipment	9,171	10,574	10,574
Intangible Assets	1,162	1,378	1,378
Total Non-current Assets	10,333	11,952	11,952
Current Assets			
Cash and Bank Balances	185,196	167,577	167,577
Grants Receivable	0	35,750	35,750
Partner Advances	22,157	0	0
Sundry debtors	72	265	265
Deposits and Prepayments	21,746	11,285	11,285
Total Current Assets	229,171	214,877	214,877
Current Liabilities			
Deferred Grants	39,579	28,053	28,053
Prepaid Membership fees	2,854	1,822	1,822
Payables and Accruals	82,219	90,700	86,398
Total Current Liabilities	124,652	120,575	116,273
Net Current Assets	104,519	94,302	98,604
TOTAL ASSETS	114,852	106,254	110,556
FINANCED BY:			
Property & Equipment Fund	10,334	11,952	11,952
Sustainability Fund	105,489	92,824	92,824
Forex Adjustment Fund	-29,233	0	0
Restricted Fund	28,262	1,478	5,780
TOTAL FUNDS	114,852	106,254	110,556

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