

ANNUAL REPORT 2018



EPN

Ecumenical Pharmaceutical Network
Réseau Pharmaceutique Œcuménique



Contents

Acronyms	3
Executive Summary	4
About EPN	7
2018 Highlights	8
Advocacy	11
Antimicrobial Resistance & Infectious Diseases	12
Maternal and Child Health	19
Pharmaceutical Services Capacity Development	21
Non-Communicable Diseases	28
Research & Information Sharing	30
Human Resource & Administration	34
Acknowledgements	35
Financial Report	37
Partners	43

Acronyms

A&YP - Adolescents and Young People
AMR – AntimicrobialResistance
BUFMAR- Bureau des Formations Médicales Agréées du Rwanda
CADIMEBU - Centrale D’approvisionnement et de Distribution des Médicaments Essentiels de Bunia
CAPR - Community AIDS Program Reporting
CBCA - Communauté Baptiste Au Centre de L’ Afrique
CBCHB - Cameroon Baptist Convention Health Services
CCIH – Christian Connection for International Health
CHAG- Christian Health Association of Ghana
CHASL - Christian Health Association of Sierra Leone
CHAZ – Churches Health Association of Zambia
CHI – Church Health Institutions
CHS – Churches Health Systems
CME - Evangelical Medical Centre
DAZ - Diabetes Association of Zambia
DCMP - Depot Central Medico-Pharmaceutique
Difaem - German Institute for Medical Mission
DHIS2 - District Health Information System 2
DSO – Drug Supply Organization
DTC – Drug and Therapeutic Committee
EED –EvangelischerEntwicklungsdienste.V.
EPN – Ecumenical Pharmaceutical Network
EPP- Essentials of Pharmacy Practice
FAWSG-NACC - Faith Sector Working Group of the National AIDS Control Council
KARP - Kenya AIDS Response Program
KCCB - Kenya Conference of Catholic Bishops
LMICs- Low and middle income countries
MWCT- Medicines We Can Trust
MTCs- Medicines & Therapeutics Committees
NACC- National AIDS Control Council
NCHS- National Catholic Health Service
ODK- Open Data Kit Software
PCC- Presbyterian Church in Cameroon
PEPFAR - President’s Emergency Plan for AIDS Relief
PSA - Pharmaceutical Systems Africa
ReAct – Action on Antibiotic Resistance
RMNCAH- Reproductive Maternal Newborn Child and Adolescents’ Health
RECOSAC-G – Réseau Confessionnel Sanitaire Chrétien de Guinée
RLA - ReAct Latin America
UHC - Universal Health Coverage
WCC-EHAIA - World Council of Churches - Ecumenical HIV & AIDS Initiative in Africa
WDF - World Diabetes Foundation
WHA – World Health Assembly
ZACH - Zimbabwe Association of Church related Hospitals
ZDA – Zambia Diabetes Association

Executive Summary

Letter From the Executive Director

Dear Friends,

Another year ended positively for us, 2018 was a year marked by accomplishments in line with EPN's mission to support churches and church health systems provide and promote just and compassionate quality pharmaceutical services for all. Through the grace of God, we managed to implement various projects under our current Strategic Plan 2016 -2020. This was made possible through the invaluable and generous support of our partners, our members, Government Ministries of Health, bilateral and multilateral organizations. Our interventions were implemented in various sub-Saharan African countries including Burundi, Cameroon, Chad, DRC, Ghana, Kenya, Liberia, Malawi, Rwanda, Sierra Leone, Tanzania, Uganda, Zambia and Zimbabwe among others. Through the various



interventions, with summaries detailed in this report; EPN contributed to strengthening pharmaceutical and health systems, such as increasing availability and correct use of medicines for Maternal and Child Health, HIV/AIDS, Non-communicable diseases and promoted professionalization, capacity and good governance of church health systems. The year witnessed EPN's global reach as advocacy and partnership with various partners including WHO, United States Pharmacopeia, South Centre and Meds We Can Trust, Swedish International Development Cooperation Agency among others continued on global issues affecting members such as antimicrobial resistance, quality of medicines, focus on pediatric formulations and inclusion of FBOs in country programs.

EPN renewed its Ecumenical Scholarship Programs among its accomplishments and for the first time will be offered scholarships for pharmacist training and not just pharmacy technicians. Recipients of scholarships, 40 students, are members from Kenya, Cameroon, Chad, DRC, Zambia, Uganda and Tanzania. The program is in partnership with Bread for the World. Through the support of the World Diabetic Foundation, we successfully implemented a project in Zambia to promote diabetic care for type 2 diabetes in Churches Health Association of Zambia health facilities. EPN and Difam Minilab supported project trained members of the Minilab Network in best practices in quality testing of medicines ensuring that medicines entering through church health systems meet quality standards.

A key highlight for 2018 was the 6th biennial EPN Forum which was held in May hosted by the Joint Medical Store (JMS) in Kampala, Uganda with a theme "Promoting Patient Safety - Medication without Harm." A total of 97 participants attended from 59 organizations representing 23 countries

and about 40 high level speakers provided insights under the theme. At the conclusion of the forum; the EPN general meeting which is always a wonderful participatory platform for members to engage, network and contribute to EPN's future was held.

During the General Meeting, there were two outgoing board members; Prof. Sujith Chandy and Mrs. Astrid Berner. On behalf of the EPN family, we are ever indebted to these two board members for their immense contribution and tireless commitment. Mrs. Christine Haefele-Abah was accepted as a new board member. She is a great addition to EPN bringing vast experience and a great passion for improving pharmaceutical services. Ms. Christine Haefele-Abah is the Head of Pharmaceutical Development Cooperation & Procurement at the German Institute of Medical Mission (DIFAEM), Tuebingen, Germany succeeding Mr Albert Petersen, the former EPN board chairman. 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 in Africa. The EPN family looks forward to working with her.

Supported by ReAct and the Fleming Fund, EPN cohosted the ReAct Africa Annual Conference with ReAct and South Centre in Nairobi entitled "Combating Antimicrobial Resistance in Africa to achieve the 2030 Agenda". The conference brought together 67 participants from 22 African countries. In the notion of the One Health Approach, participants came from the human health, animal health, agriculture and the environment sector. The second conference on Antimicrobial Resistance (AMR) was hosted in collaboration with the Swedish International Development Cooperation Agency (SIDA) to look at research priorities and capacity gaps in Africa for AMR. It was the first ever regional antimicrobial resistance (AMR) research priority setting workshop on AMR in Africa.

We made strides in 2018, but there is still so much work to be done. Access to quality-assured medicines remains a major challenge and sustained efforts in working towards the basic human right of access to and appropriate use of quality assured medicines remains our driving force.

It is my sincere hope that we continue our sustained and resilient efforts to strengthen church health systems.

I am humbled and truly grateful to all of you and may God bless and grant you a very successful year.



Mirfin Mpundu
Executive Director

Letter From Chairman of the Board

Dear Friends, Members, and Partners,

We were fortunate and blessed to see another year pass with us working together on different projects in several countries. We managed to work with members in different countries that included a number of sub-Saharan African countries across our 6- strategic areas. This work that touches and impacts many lives is made possible by our partners and your commitments as members to realize pharmaceutical services and care for all.

We have had some challenges to overcome- the changing donor landscape affecting many organizations like ours is one, the onset of new pandemics and epidemics such as the Ebola Virus disease that bring about new challenges to health systems such as our friends and partners in DRC are facing, and adverse political climates in some countries – all conspire to make our work difficult. We however remain optimistic that by God’s grace we will overcome some of these challenges.



It was wonderful to see most of you at the 2018 Biannual EPN Forum that was held in Uganda. Learning from the work you are doing, innovative ways of addressing NCDs, MCH diseases and infectious diseases was heart-warming. Church health institutions are known for the unique care they provide, the empathy and genuine concern for their patients. This is expressed in many reports that the Secretariat receives, evaluations done within and after the projects and newsletters that you send out.

It is good to see the impact of the work that the Network is doing in many countries and the contribution it has been making in the global health discourse. You will find some of these activities and results described in this report. May I draw your attention to the continuing need for you to remained engaged in prayer and other support to continue this ministry into the future.

We remain grateful to all of you and wish you a prosperous 2019.

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

Marlon Banda
EPN Board Chairman

About EPN

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

Strategic Focus Areas



2018 Highlights



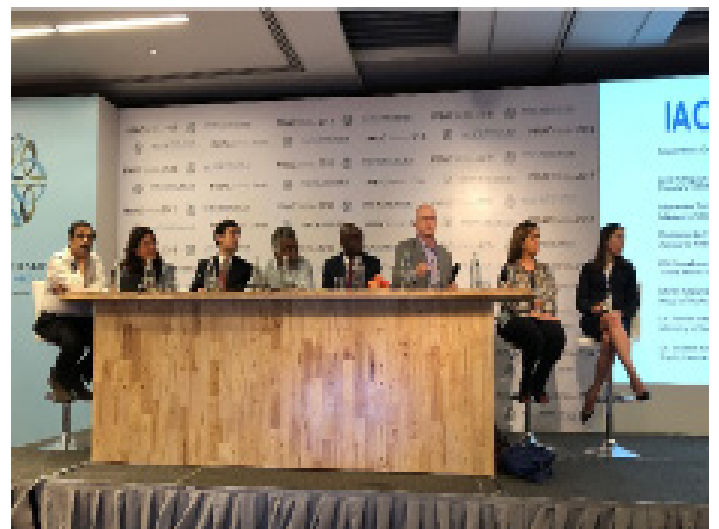
Trainees for of the Essentials of Pharmaceutical Practice training course in DRC at a role play session



A discussion session at the Pharmaceutical personnel training on Health Commodity management in Gbarnga County Liberia course in DRC at a role play session



Dr. Tracy Muraya, Program Officer EPN at the Tender opening exercise for the East African Pooled procurement initiative



Dr. Mirfin Mpundu, Executive Director EPN (fourth the from right) at a plenary session at the Prince Mahidol Conference on Antimicrobial Resistance



Mr. Tapiwanashe Kujinga(second from left), Director Pan-African Treatment Access Movement presents certificates to students who participated in quiz competition during the World Antibiotic Awareness Week in Zimbabwe



Alcohol Hand rubs stationed in strategic areas in Doula hospital, Cameroon



A section of participants of Health Commodities Management Training in Kenya being taken through various sections, functions and procedures at the Mission of Essential Drugs and Supplies (MEDS) drugs warehouse as part of their training Commodity management in Gbarnga County Liberia course in DRC at a role play session



ReAct Africa and South Centre Conference 2018 in Nairobi Kenya discussing the link between antimicrobial resistance and Sustainable Development Goals (SDGs)- 2030 Agenda



A procession to mark the World Antibiotic Awareness Week 2018 in Nairobi Kenya



Data collectors retrieving data during end line study in Kyeshero Hospital for Non-Communicable Diseases Project in DRC



The EPN Forum 2018 session



Ms. Elsa Morandat (left) of WDF, Mrs. Chishiba Chibuta (CHAZ), Mrs. Julian Nyamupachitu (EPN) at the CHAZ warehouse in Lusaka Zambia during a monitoring visit



Ms. Vanessa Ledorko, a recipient of EPN Scholarship Program at her graduation in Nairobi Kenya



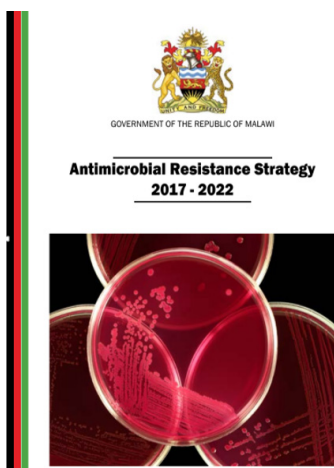
Dr. Tracy Muraya, Program Officer EPN presents a certificate to a trainee of the Essentials of Pharmaceutical Practice program training in Rwanda



Participants of the ReAct Africa Workshop 2018 on AMR and setting research priorities in Africa in Nairobi, Kenya

Antimicrobial Resistance & Infectious Diseases

Supporting the Implementation of National Action Plans on Antimicrobial Resistance



EPN collaborating with ReAct Africa continued to offer support to African countries with the development and implementation of National Action Plans (NAPs) on antimicrobial resistance (AMR). This work included working at the policy level and providing technical assistance. Countries that received support include Zimbabwe, Malawi, Nigeria, Kenya, and Zambia.

Malawi received support in reviewing and printing hard copies of its AMR NAP. Zambia received support on developing an antimicrobial stewardship program (AMR) and national policy framework.

EPN supported members in DRC, Cameroon, Uganda and Ghana with improving access to quality-assured medicines to address infectious diseases and non-communicable diseases (NCDs). Support included formation drug and therapeutic committees (DTCs), antimicrobial stewardship and infection prevention and control (IPC) committees.

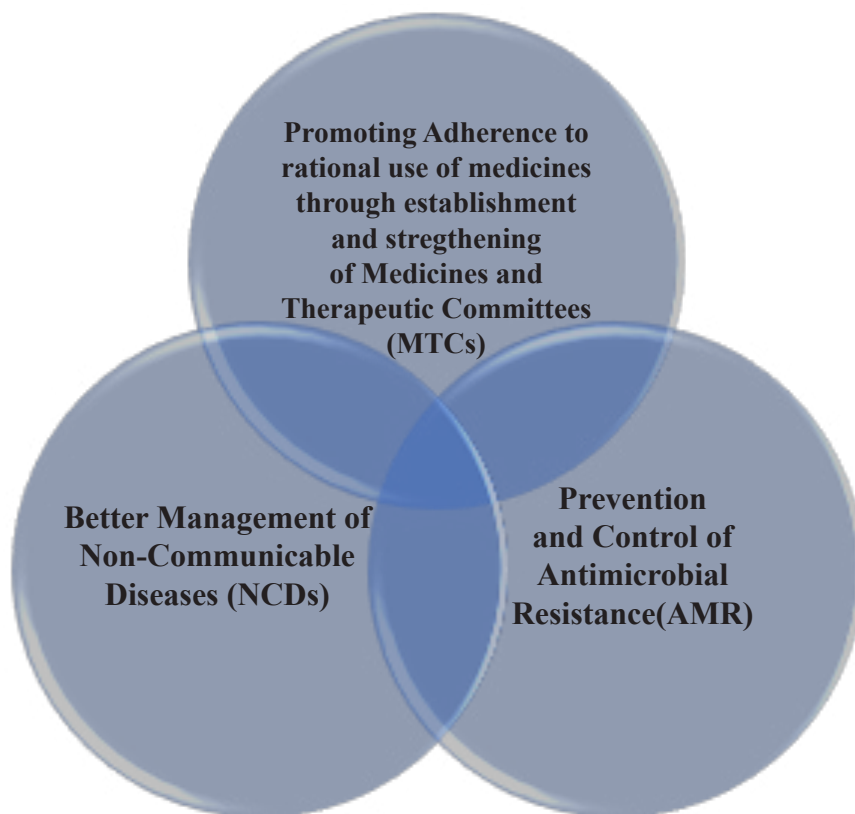
EPN worked with CHAG, NCHS, PCC, CBCA, DCMP and Joint Medical Stores in Ghana, Cameroon, DRC and Uganda respectively.



Antimicrobial stewardship (AMS) Guidelines Development workshop in Zambia

Improving Pharmaceutical Services in the Democratic Republic of Congo

Four (4) faith-based healthcare facilities (HCFs) affiliated to Communauté Baptiste Au Centre de L’Afrique (CBCA) and Depot Central Medico-Pharmaceutique (DCMP) in the Democratic Republic of Congo (DRC) received support to improve their pharmaceutical health systems. The training components focused on;



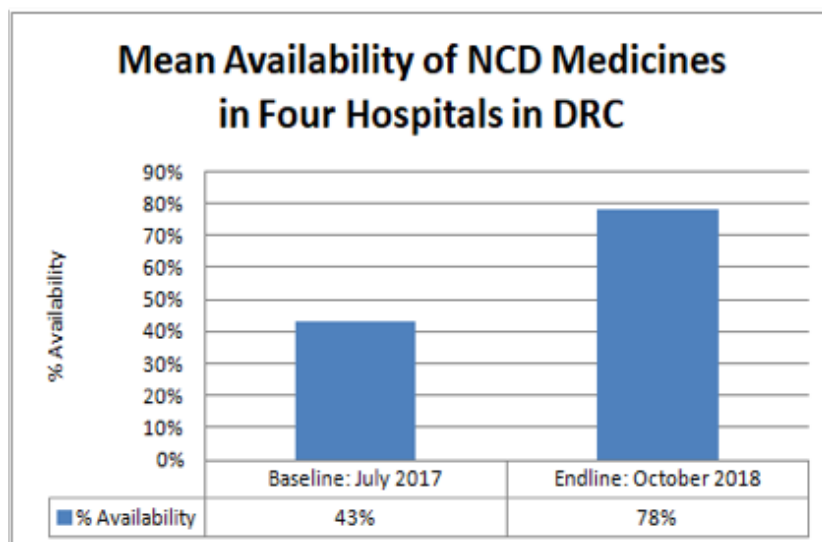
Data collectors retrieving data during end line study in Kyeshero Hospital, D.R.C.



Review of project with doctors at Kyeshero Hospital, DRC, at project closure

The target of the projects were doctors, nursing and pharmacy personnel in the healthcare facilities and they received training and support from EPN. Results of the project included improved pharmaceutical services and pharmaceutical care.

Compared to the baseline studies done, the end-line showed the mean availability of medicines in four (4) Health Care Facilities (HCFs) for NCDs had increased from 43% to 76%. The World Health Organization (WHO) target for the availability of essential medicines in HCFs is 80%. Adherence to hand hygiene guidelines increased from 70% to 95% and antimicrobial stewardship and infection prevention and control programs were strengthened – in addition to MTCs. Hand washing practices improved in the select facilities and the use of hand sanitizers.



Creation of AMR Awareness through Child-to-Child Methodology in Kenyan Schools

Working with Action in the Community Environment in Africa (Ace Africa) and the Child-to-Child stakeholders in Siaya and Kisumu counties, EPN and ReAct Africa initiated a pilot project aimed at raising awareness among children on Antimicrobial Resistance (AMR). This is an early intervention strategy in addressing AMR adopted from ReAct Latin America’s Alforja Educative tool and their support. The Alforja Educativa (Alforja – Spanish term meaning a small knapsack that is used to contain essential elements necessary to sustain travellers during their journeys) is a compilation of activity guides, story books, songs and videos for children. Following the translation of the tool into English language in 2017, the team proposed the need to adapt it to other contexts through a pilot training and validation project in Africa.

The project uses the Child-to-Child methodology and is divided into 2 phases;

1. Phase 1: Adaptation of the Educativa Alforja to the Kenyan context and
2. Phase 2: Implementation and evaluation of the project (to be completed in 2019)



Phase 1 was completed in 2018 following a series of three consultative meetings involving 27 stakeholders from the Ministries of Health, Education, Environment and Agriculture in Kisumu and Siaya counties, the draft version of the adapted tool was finalised in the 3rd meeting on 31st October 2018, in Kisumu.



Mr. Dennis Amonde (Project Manager – Ace Africa) taking the stakeholders through the Alforja document as Laura Doresi (Child-to-Child coordinator- Ace Africa) inputs the suggested changes.



Mr. Dennis Amonde (Project Manager – Ace Africa) communicating the project objectives to the stakeholders.

“This project is a welcome initiative, as it aims at using children as agents of change. Meaning a culture of proper use of antibiotics, will be inculcated from a young age through to adulthood, hence creating a generation that is conscious of the effects of inappropriate use of antibiotics, going forward.” - Ace Africa stakeholder

HIV Project Activities

Global trends over the years reflect a general decrease in HIV/AIDS-related deaths globally including Sub-Saharan Africa (SSA) as a result of scaled up access to much needed antiretroviral (ARV) medicines. However, the trend for new HIV infections has been on the increase in the region unfortunately. The statistics at the time of initiation of the project contract (2016-2018) showed Sub-Saharan Africa’s new HIV infections accounted for 71% of the world’s new infections, despite having 12% of the global population (2013 statistics).

EPN conducted activities aimed at **supporting and improving involvement of Church Health Institutions (CHIs) in the care and treatment of HIV & AIDS**. Findings gathered at the end of the previous contract project (2018) in which the HIV treatment literacy training for religious leaders in Kenya, Tanzania, Uganda and Zambia recorded significant successes especially in the space of HIV prevention. The activities took on any of the below modes of implementation namely;

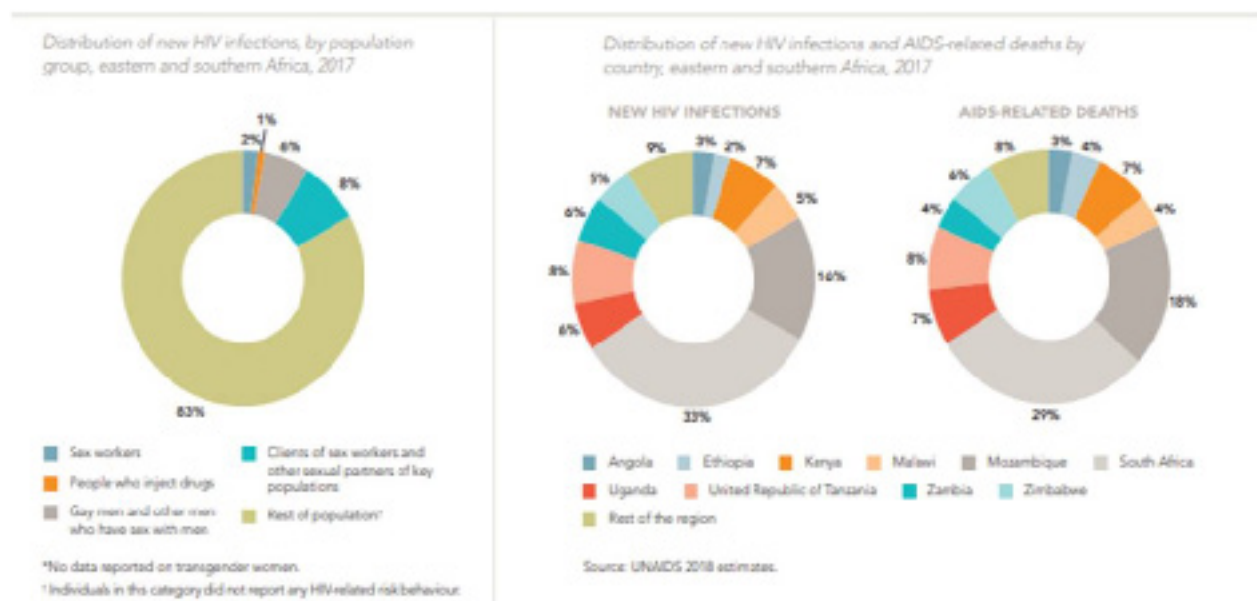
EPN forged partnerships and worked with various organizations;

- The International Network of Religious Leaders living with and/or personally affected with HIV&AIDS – Kenyan Chapter (INERELA +Kenya)
- National AIDS Control Council (NACC)
- National AIDS & STI Control Program (NASCOP)
- Kenya Conference of Catholic Bishops/ Kenya AIDS Response Program (KCCB/KARP)
- Dr. Mary Mahy (Strategic Information Department – UNAIDS Geneva)
- Dr. Stanley Ndwiga (HIV specialist – Gertrude’s Children’s Hospital, Nairobi) amongst others

Achievements

Advocacy/Policy influence:

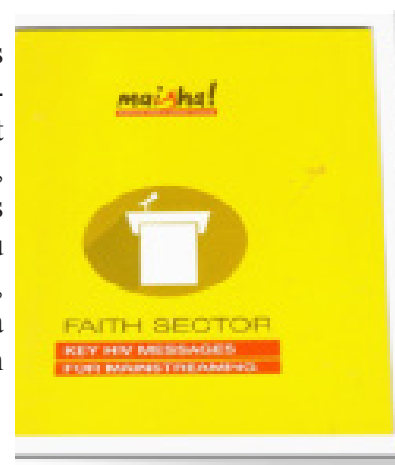
On behalf of EPN, Dr. Stanley Ndwiga participated in a media briefing in addition to making a presentation to policy makers and religious leaders during the Universal Children’s Day (11th November 2018) events convened by INERELA +Kenya. He made a presentation on the contribution of the faith-based sector in management of paediatric HIV and TB, highlighting the challenges experienced especially to the much-needed paediatric formulations. The end of these celebrations were marked by commitments from the religious leaders to advocate for national and county governments to uphold the 2016 and 2018 political commitments to end paediatric HIV and TB. These were listed in a formal, written communique.



As part of the Faith Sector Working Group of the National AIDS Control Council (FWSG – NACC), EPN contributed to the revision of the Community AIDS Program Reporting (CAPR) tool. EPN also provided technical information in various NACC-led partner strategic meetings such as during US-AID/PEPFAR and WCC-EHAIA scoping visits

HIV Treatment Literacy:

The revised CAPR tool as well as the newly published HIV Messages Mainstreaming Booklet was employed as some of the tools used in co-facilitating treatment literacy workshops for religious leaders in different counties in Kenya. EPN, as part of the NACC FSWG collaboration, co-facilitated a treatment literacy workshop for 43 religious leaders from different Christian denominations as well as Islam faith in Embu County, Kenya in October 2018. Topics covered were on prevention, testing and treatment of (including treatment adherence) HIV; Stigma and Discrimination; Human Rights around HIV; Universal Health Coverage (UHC) in Kenya.

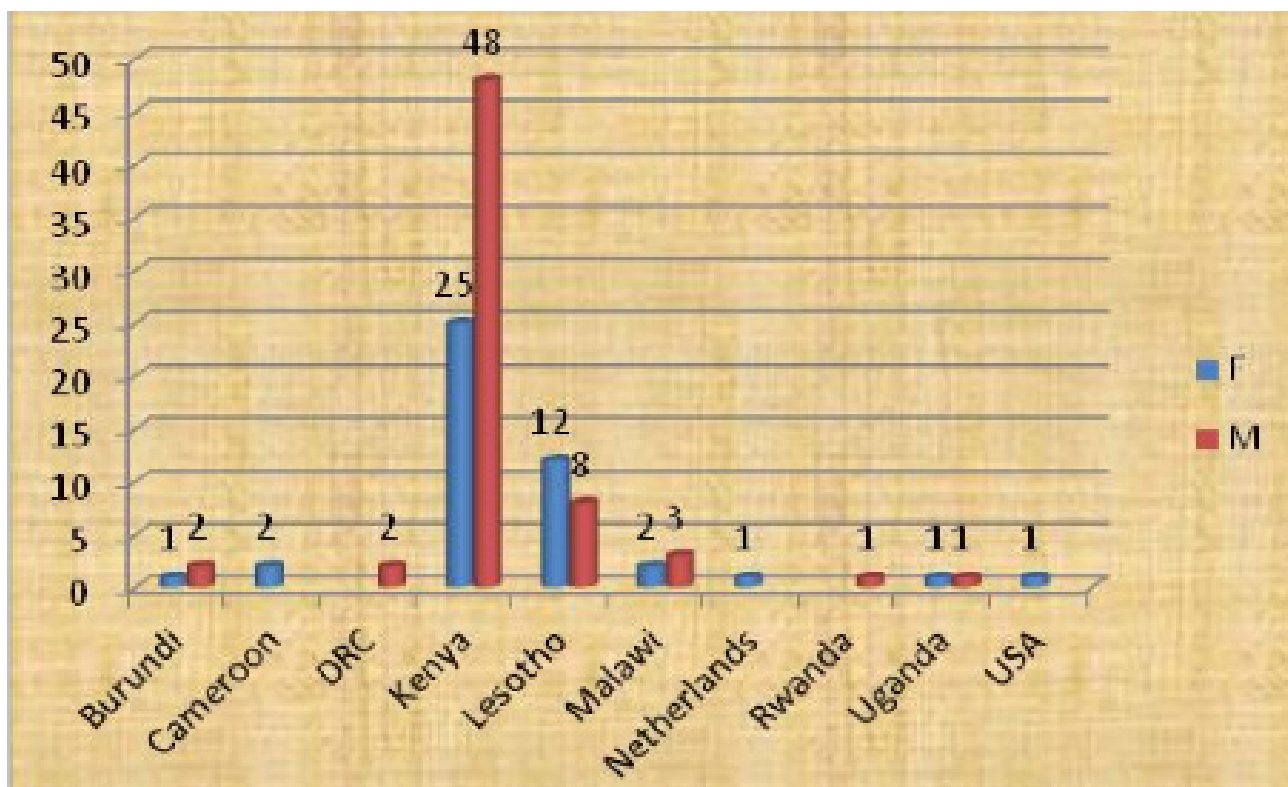


EPN introduces an e-Course training on paediatric HIV –Capacity Building:

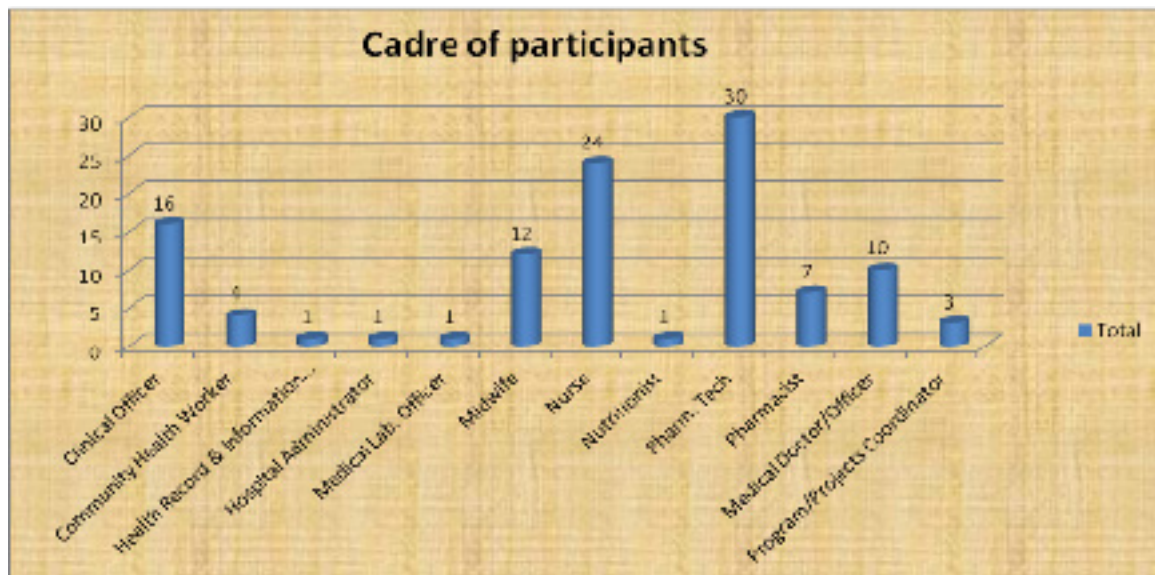
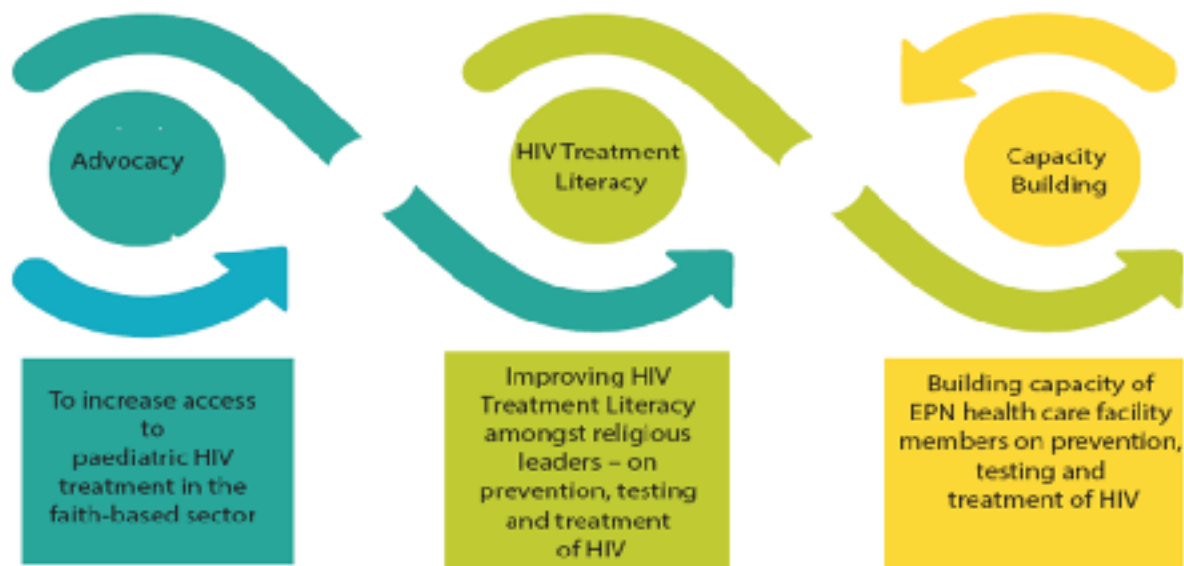
72 participants benefitted from the 4-week EPN e-learning course on paediatric HIV, recording an average score of 71.5% derived as a mean of the quizzes done throughout the course. They represented members from 12 countries.



The topics covered ranged from management of HIV-exposed children (facilitated by Dr. Mary Mahy – UNAIDS, Geneva) to co-morbidities in HIV positive children. Following the participants’ positive responses on the relevance of the course at the end-line evaluation, a similar course in French language will be offered for Francophone member countries.



Graph showing participants enrolled from their respective Country of practice



Graph showing professional cadre of online course enrollees; however only 72 of the 110 completed the course

Promoting access to paediatric HIV formulations, EPN supported the Kenyan Conference for Catholic Bishops (KCCB), in a project aimed at increasing access to paediatric Lopinavir-based (Kaletra®) pellet formulations in the faith-based sector in Kenya. EPN in collaboration with KCCB/KARP succeeded in building capacity of 55 health care workers working in KCCB/KARP-affiliated facilities in Western and Nyanza regions.



Dr. C. Kimutai, Kisii County Pharmacist during the Kaletra training workshop

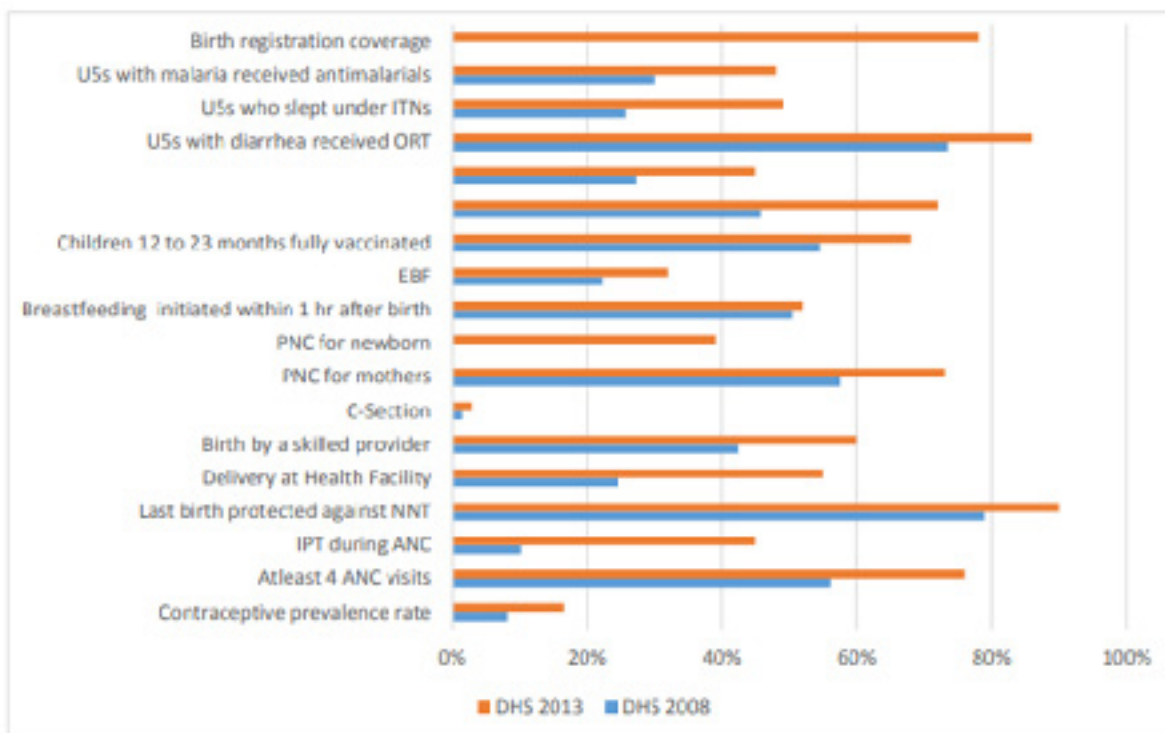
The workshop was conducted in Kisii and Kisumu counties, respectively, recording improved knowledge averages of 15.6% and 16.3%, respectively. Although the goal of improving access to the pellet formulations was not realised owing to logistics beyond EPN’s influence, there was improved knowledge amongst the trained health care workers as seen above, specifically on information on the pellet formulation and Dolutegravir which had been introduced as a 1st line agent in HIV treatment in the updated 2016 ART guidelines. 2018 was a successful year for EPN’s HIV program especially in the advocacy arm in Kenya, majorly as a result of re-establishing links with the country’s national HIV&AIDS policy maker and enormous support and collaboration with partners. There however still remain significant levels of ignorance on the topic of HIV amongst religious leaders, thus counter-acting the efforts of reducing stigma and discrimination towards people living with HIV&AIDS. The program activities in 2019 will therefore continue to advocate and build capacity of this cohort so as to not only increase access to HIV treatment but also improve uptake and adherence to treatment, especially amongst adolescents and young people (A&YP) and other underserved populations.

Testimonial – “Thank you for this informative training. My skills are upgraded and I shall be part of the team in improving the prevention and management of HIV/AIDS exposed infants.” NtulelaKhiba – e-Learning course beneficiary, Lesotho.

Maternal and Child Health

Improving Pharmaceutical Services for Maternal and Child Health in Sierra Leone

According to World Health Organization (WHO), Sierra Leone is a Country with one of the highest maternal and child mortality rates in the world. It has a high maternal mortality ratio of 1,165 per 100,000 live-births, neonatal and under-five mortality rate of 39 and 156 per 1,000 live births respectively. It has an adolescent birth rate of 125.1 (DHS 2013) which highlights the need for greater investments in reproductive maternal newborn child and adolescents’ health (RMNCAH).



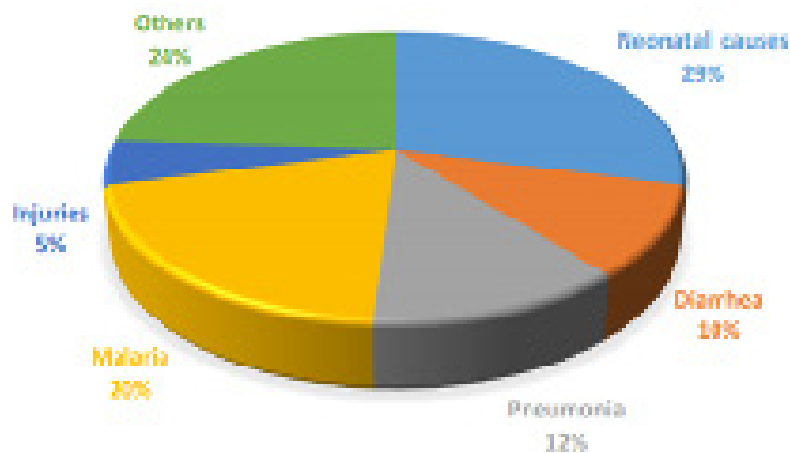
9. Sierra Leone Demographic Health Survey 2008 and 2013.

The Christian Health Association of Sierra Leone (CHASL) together with the support of EPN embarked on a project to support 19 faith-based health facilities improve their pharmaceutical services for maternal and child health (MCH). The objectives of the project were to improve access to essential medicines and to enhance knowledge and skills of healthcare workers in the management of priority MCH conditions in Sierra Leone.

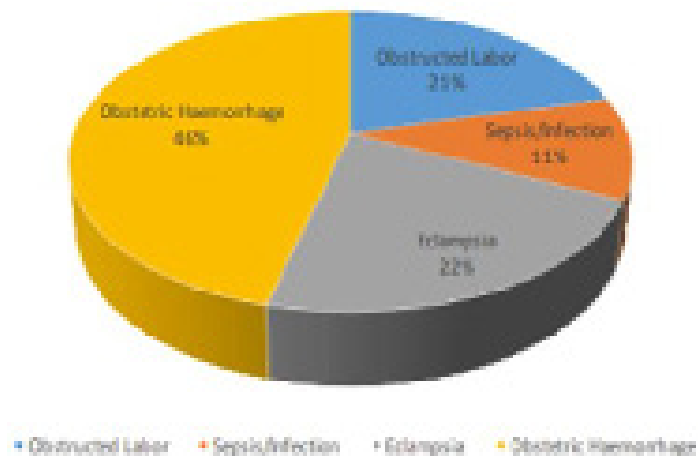
Project activities included;

- Capacity development of healthcare workers in the management of selected MCH conditions
- Strengthening health products procurement and supply management systems
- Strengthening or establishing medicine and therapeutics committees (MTCs) in healthcare facilities
- Developing interventions to make medicines more available and affordable.

A two-day training was conducted in July 2018 in Freetown, Sierra Leone for nurses, midwives and pharmacy personnel. The training was attended by one participant drawn from each of the 19 health-care facilities affiliated to the Churches Health Association of Sierra Leone (CHASL). At the end of the training, participants identified shortfalls in their respective health facilities and developed action plans to address the gaps. Remote and on-site technical support was offered by EPN in the implementation of post-training action plans.



10. Causes of under 5 deaths in Sierra Leone



11. Causes of Maternal deaths in Sierra Leone

Pharmaceutical Services Capacity Development

Essentials of Pharmaceutical Practice (EPP)

A World Health Organization (WHO) 2010 World Health Statistics report recorded a density of 1 pharmaceutical personnel per 10,000 inhabitants in the WHO African region when compared to 7 and 5 per 10,000 inhabitants in America and Europe, respectively. This picture hasn't changed much with a growing population, brain drain of health care workers and a high concentration of trained health care workers in major cities and not rural areas.

To augment this, a multi-year EPN-conducted survey highlighted dire shortage of trained pharmacy workforce in many African countries within faith-based health facilities. For example:

- In Chad out of 39 church health institutions (CHIs) only 2 employees had pharmaceutical training. Eight (8) of these institutions were hospitals and none of them had any pharmaceutically trained personnel heading the pharmacy department (EPN, unpublished data, 2010)
- A survey of 97 CHIs in Malawi revealed that 88% of the personnel in pharmacies had not undergone pharmaceutical training (EPN, unpublished data, 2008)
- Two out of 64 pharmacies in church hospitals in Tanzania were headed by a pharmacist, 18 were managed by non-pharmaceutical staff (EPN, unpublished data, 2010).

Recognizing this gap, EPN developed a 6-module 12-week Essentials of Pharmacy Practice (EPP) curriculum with the main objective of equipping health facility pharmacy personnel with the necessary knowledge and skills to provide quality pharmaceutical services and hence contribute to improved patient outcomes. The course targets pharmacy staff who have no pharmaceutical training but also those who are trained and need skills in specific areas of pharmacy practice. EPN has conducted several of these trainings in different countries within Sub-Saharan Africa.



Medical Commodity Management training participants', facilitators and BUFMAR Director General Mr. Ernest Rwagasana (seated 2nd from left) in a group photo after the training

In 2018, EPN collaborated with its members BUFMAR, Rwanda and LifeNet International, Burundi to provide an EPP course over a 2-week period that ran from 16th to 27th April 2018 at the MarasamUmubanoHotel, Kigali, Rwanda. The course focused on modules 3 and 5 only; Medical Commodity Management and Rational Medicines Use, respectively, as per the needs identified by the implementing partners.

Baseline analysis					
Facility	FEFO	FIFO	Formulation	Alphabetical	Therapeutic class
Centre Médical Birimba-Amahoro	Yes	No	No	Yes	No
Centre de santé MUYEBE	Yes	Yes	Yes	No	No
Centre de santé NYAGIHOTORA	Yes	Yes	Yes	Yes	No
Hôpital Monseigneur Renato Monolo de Kiremba	Yes	Yes	No	Yes	No
Endline Analysis					
Facility	FEFO	FIFO	Formulation	Alphabetical	Therapeutic class
Centre Médical Birimba-Amahoro	Yes	No	No	Yes	No
Centre de santé MUYEBE	Yes	Yes	Yes	Yes	No
Centre de santé NYAGIHOTORA	Yes	Yes	Yes	Yes	No
Hôpital Monseigneur Renato Monolo de Kiremba	Yes	Yes	Yes	Yes	No

24. Storage of medicines pre-training versus end line evaluation

The sessions were interactive and also employed role play, discussions and facility visits as a mode of delivering information. A total of 40 health care workers were trained (10 from Burundi and 30 from Rwanda). The participants ranged from pharmacists, pharmacy assistants and nurses.

There was an improved average score on knowledge gained at the end of training of both modules – 85.7% from 74.4% and 89.9% from 64.1% in modules 3 and 5, respectively. An end-line evaluation conducted in Burundi at the LifeNet-affiliated facilities showed improved stock management compared to the baseline done before the training.

	Centre Médical Birimba-Amahoro	Centre de santé MUYEBE	Centre de santé NYAGIHOTORA	Hôpital Monseigneur Renato Monolo de Kiremba
SOPs for ordering medicines	Yes	Yes	Yes	No
SOPs for Quantification	Yes	Yes	Yes	No
SOPs for choosing suppliers	Yes	No	No	No

Availability of Ordering SOPs in pharmacy

There was improved updating of the stock cards, adherence to the First-Expiry-First-Out (FEFO) principles, and appropriately labelled shelves – despite ongoing challenges of infrastructure and storage space.

Improvements were also observed in patient counselling and medicine labelling at dispensing especially as a result of feedback/ informal trainings conducted by the EPP-trained staff to their colleagues who were unable to attend the training. Most of the intervention facilities had reference materials such as National Essential Medicines Lists available in the working area, unlike before the training.

After the training, on-site and remote technical support was offered to strengthen weak pharmacy functions e.g. development of standard operating procedures, development of hospital medicines formulary lists, instituting medication safety programs and pharmacy infrastructural changes among others.

Mr. Samuel Mugo, Pharmacist In-charge at St. Francis Community Hospital, Kenya was one of the participants at the training. He appreciated the organisers of the training because he was positively impacted.



A section of participants being taken through various sections, functions and procedures at the Mission of Essential Drugs and Supplies (MEDS) drugs warehouse and quality laboratories after the training

He said, *“I learnt the importance of patient confidentiality during medication use counselling and I approached the hospital’s management to partition our pharmacy dispensing bay. The management accepted my proposal and the pharmacy dispensing bay was partitioned thus guaranteeing patients’ privacy during medication use counselling.”*

Privacy during medication use counselling enhances communication between the pharmacy professional and the patient by providing a conducive environment for patients to ask questions about their medicines. Ultimately, adherence to medication regimens is enhanced and optimal patient outcomes realized.



Dr. Mirfin Mpundu (EPN) explaining to the participants about the Procurement Cycle

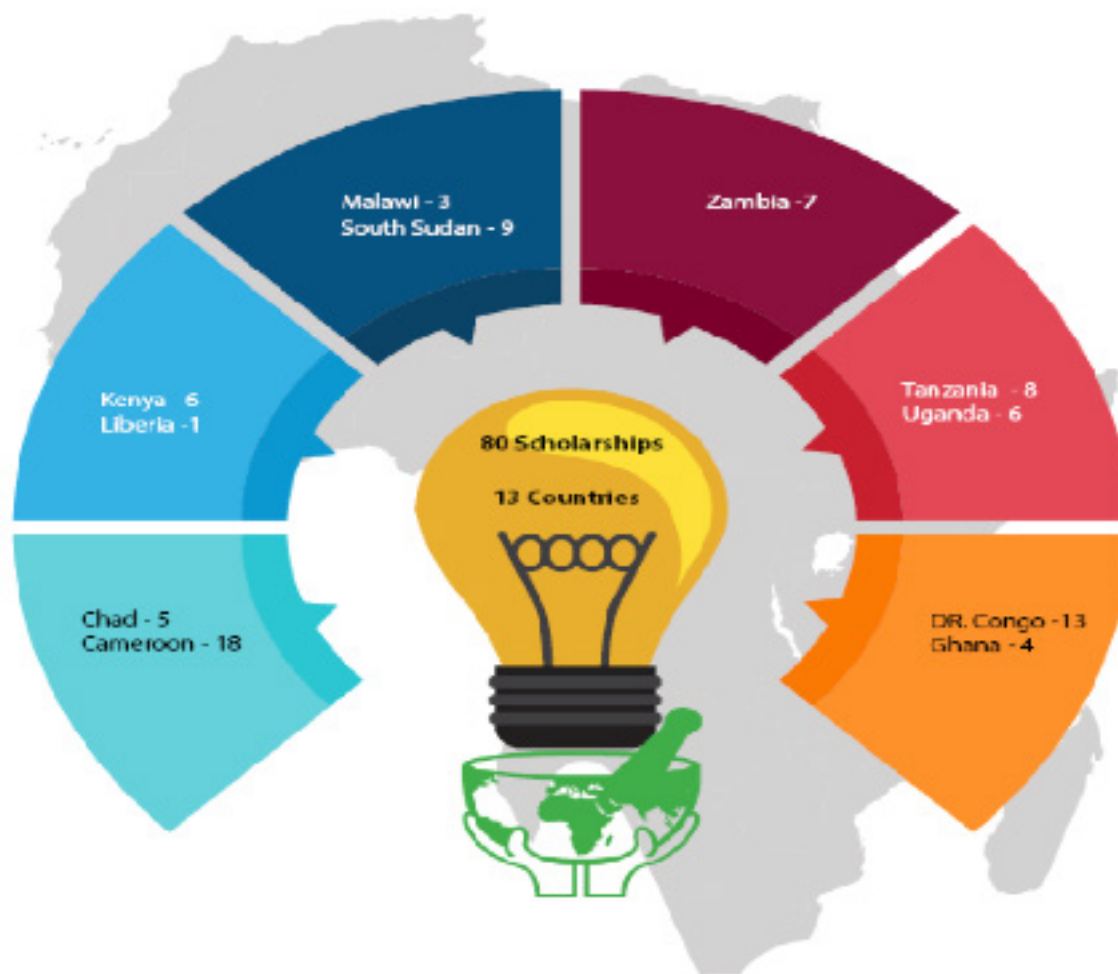


Participants of the training with the facilitators after the training

Capacity building of pharmaceutical staff in healthcare facilities in the Democratic Republic of Congo

EPN in partnership with its member; the Evangelical Medical Centre of Nyankunde, (CME Nyankunde) conducted training in DRC, Ituri Province for pharmaceutical staff. The Evangelical Medical Centre Nyankunde serves an immediate population of around 156,000; and facilitates medical services in an area with a population of around 8,000,000 people. This has grown exponentially with internal displacement and refugees in the province.

The overall goal of the training/intervention was to improve stock management practices, increase availability of medicines and improve dispensing practices leading to better use of medicines by patients. The training targeted 23 participants from 22 health facilities who included mostly pharmacy assistants and nurses working in the pharmacies within the health facilities. There were 23 participants, 15 female, and 8 males. The EPP training ran for 4- weeks and was split into two phases. Each phase was two weeks. The first phase was from the 9th to the 20th of April and the second phase was from the 4th to the 14th of June 2018. As part of the training programme, the participants visited their main Drug Supply Organisation (DSO), CADIMEBU. CADIMEBU is the official DSO in the Province of Ituri in DRC. Participants were taken to



CADIMEBU for onsite training as part of the training to understand the supply chain from the DSOs perspective.

Ecumenical Scholarship Program

Since January 2011, EPN has been running a scholarships project, providing study grants to staff working in the pharmacies of church hospitals to undertake 1-3 year courses leading to the award of a recognized pharmacy qualification (diploma) in their respective countries. The project is an attempt to address the lack of pharmaceutical human resources in developing countries focusing on church health facilities.

Since the commencement of this project, EPN has been able to support at least 60 candidates who have already graduated successfully and returned to their respective work stations, now recognized and much better equipped to provide quality pharmaceutical services.

In 2018, an additional 20 candidates from 9 Countries among them; Cameroon, DRC, Ghana, Liberia, Malawi, Tanzania, Uganda and Zambia were awarded a scholarship to study a Diploma/Degree in Pharmacy in their respective Countries. For the first time EPN is providing scholarships for pharmacy degree programs too.

Testimonials from Beneficiaries



"I thank EPN for the scholarship opportunity that made me perform extremely well. It is due to that performance that I have been favoured by my employer to go to school. I promise to provide any information at any time required by EPN. Once more thanks to EPN, GOD bless EPN and continue to provide so that you can meet the needs of others."

- Franklin TarlaNdzi, Beneficiary Scholarship 2015.
CBCCHB – Cameroon



"The training was worth it, it has changed my life, provided a solid platform to serve society and support my family. My dad suffered a stroke when I was just completing my high school education. With my dad, my main sponsor, sick and out of employment, I could not see how I would make it through with school. However, some relatives encouraged and supported me to enrol for a course at college. The start-up was very tough that by second year I was at the verge of giving up. It was then that the EPN scholarship came through."

- Salome Mwansa, Scholarship Beneficiary 2016:
CHAZ-Zambia



"I am Vanessar Ledorko from Samburu County, Kenya. I have wanted to be a pharmacist since I was a child simply because I wanted to help my community. There was a time when mortality rates in Samburu County were very high due to lack of access to medicines. I graduated on 3rd August 2018 with Diploma in Pharmaceutical Technology and I am currently working in Catholic Hospital Wamba in Samburu. In future, I would like to do Bachelor's degree and even later also do Masters. Ecumenical Pharmaceutical Network (EPN) has made positive impact on me for it has supported me to go to school and now I am a qualified Pharmaceutical Technician"

- Vanessar Ledorko EPN Scholarship Beneficiary 2014:
Kenya

The EPN scholarship program has significantly impacted patient lives, their communities, and also their families. There is significant improvement in the respective health facilities where the beneficiaries and participants work in many areas of pharmacy practice such as on stock management, procurement, dispensing, patient counselling, checking for interactions and adverse drug events among others. EPN has also developed tools for pharmacy staff to use in their daily practice.

East African Community Pooled Procurement Initiative

The East African Community Pooled Procurement (EACPP) Initiative continued to provide affordable and quality assured medicines and medical supplies to faith-based drug supply organizations in Rwanda, Uganda, Tanzania and Kenya.



Dr. Collins Jaguga, Program Officer, EPN make an introduction and remarks about the initiative before the opening of tenders during the tender opening day.

The overarching objective of EACPP is to increase access to quality essential medicines and medical supplies within the EAC region.

The specific objectives are sourcing essential medicines and medical supplies at affordable prices; sourcing quality essential medicines and medical supplies; ensuring consistent supply of essential medicines and medical supplies and achieving cost efficiency in supplier pre-qualification.

The 2018 tender exercise took place between August and November 2018. Out of 128 prequalified bidders, 26 submitted bids. The results of the evaluation exercise will be released early 2019. Previous tenders have realized cost savings averaging 15%. It is hoped that other EAC member states can join the initiative and increase the number of patients accessing affordable and quality assured essential health products. The initiative has not been free from challenges. These have included heterogeneous legislations and regulations within East African countries, long delivery lead times and limited financial resources for procuring health products and meeting administrative costs. These challenges notwithstanding, the initiative has the potential to significantly reduce the number of patients that cannot access quality essential health products.



Dr. Tracy Muraya displays the tender documents to bidders at the tender opening exercise

Non-Communicable Diseases

Improve Pharmaceutical Diabetes Care in Zambia

With the generous support of the World Diabetes Foundation (WDF), EPN in collaboration with the Churches Health Association of Zambia (CHAZ) and the Diabetic Foundation of Zambia implemented a project in Zambia in the period 2016-2018 with an overall goal to improve the quality of Type 2 Diabetes Care through increase availability of quality-assured diabetic medicines and improve dispensing practices.

38 staff working in facilities under CHAZ were trained to improve diabetic care in their pharmacies from 37 health facilities. These facilities are spread out in seven provinces of Zambia namely; Central, Copper belt, Eastern, Lusaka, Southern, Western and North-western provinces and received three-day training from CHAZ with technical support and guidance from EPN.

The last phase of the project, the end-line survey was conducted between April and May 2018. The data collection was done electronically using mobile electronic tablets via the Open data kit software (ODK). Both quantitative and qualitative data was collected to measure availability of Type 2 diabetes medicines, stock management and dispensing practices in the health facilities.

The intermediate outcomes of the project;

- √ The trained pharmaceutical staff are now practicing better stock management and dispensing practices.
- √ There is greater awareness in the health workers on the necessity to provide adequate information to diabetic patients as seen by improved patient counselling
- √ There is an increased deliberate push from the health workers to restock diabetes medicines.
- √ Knowledge levels on the management of diabetes and the implications of mismanaging the condition have increased leading to greater demand for services. Pictorial information on diabetes complications changed the mindset of diabetic patients as they became aware that diabetes can have serious complications if not well managed. Patients were voluntarily asking to check their blood sugar following the information presented on the Information, Education and Communication (IEC) materials.
- √ The end line assessment showed a marginal improvement of 5.5% in average medicine availability from 43.5% at baseline to 49% for all diabetes medicines on the Zambia Essential Medicines List.
 - Metformin in particular increased by 27% from 53% at baseline to 80% at endline.
- √ As part of the intervention effort; all 15 facilities in the target sample had at least a glucometer to measure blood glucose. This is a 27% increase from baseline where 11 of the facilities had glucometers to measure blood glucose levels.

Findings revealed that Zambia has an immense challenge of diabetes medicine availability. The major reason for stock outs is mostly beyond the health facilities' control as it is due to unstable, irregular supply from the central government's Drug Supply Organization (DSO) that the health facilities rely on for medicine supply.

There are challenges in the supply chain and logistic cycle. Medicine shortages for diabetic patients are catastrophic as most of them rely on various medicines to manage the condition.

Recommendations

√ A follow up intervention that strategically includes and engages key stakeholders in the country will be a good way to realize intended impact and improve the pharmaceutical diabetes care in Zambia.

√ Community outreach and sensitization interventions would also be a great way forward as there is a gap in terms of patient follow up. As diabetes is one of the most demanding chronic conditions psychologically, its management depends to a large extent on availability of essential medicines, treatment adherence and lifestyle changes. As a follow up to patient counselling at the health facilities, community sensitization programs are important to help patients cope with managing their condition and changing lifestyle habits through sharing of best practices via community champions and fellow patient experiences.

√ Further recommendations would be to train additional staff in the pharmacies and also include other cadres of staff that have direct contact with diabetic patients such as the nurses.

Improvement of Type 2 Diabetes Care in Zimbabwe

The International Diabetes Federation indicates that in Zimbabwe, the number of adults with diabetes (age 20-79) were 99,400 in the year 2016, and adults with undiagnosed diabetes (age 20-79) were 75, 800 . Diabetes Mellitus is among the nation’s top twenty causes of mortality among all ages . The Zimbabwe health system experiences difficulties in providing diabetes care. Previous studies have generated evidence that a significant number of health facilities did not have adequate tests available for blood glucose testing and the general essential medicine availability was low. The WHO states that basic medicines such as metformin and those in the sulphonyl urea class are not generally available in health facilities in Zimbabwe². Zimbabwe’s Health Delivery System, once rated amongst the best in Sub-Saharan Africa, has suffered severely in the period 2000 to 2009.

EPN with the support from the World Diabetes Foundation is currently undertaking a project with an overall goal to improve the management of type 2 diabetes in faith-based healthcare facilities in Zimbabwe. The implementing partners for the project are the Zimbabwe Association of Church related Hospitals (ZACH) and the Zimbabwe Diabetes Association (ZDA).

The three main objectives of the project are to:

• Build the capacity of pharmaceutical and nursing staff in the treatment and management of type 2 diabetes in 50 faith-based healthcare facilities in Zimbabwe by mid 2020

• Increase the availability of quality-assured anti-diabetic medicines in the 50 faith-based healthcare facilities by mid 2020

• Raise awareness of Type 2 diabetes through provision of IEC materials, education and counselling of both diabetic patients and the public at large by mid 2020.

The project started in the last quarter of 2018 with a baseline study to establish current diabetes medicine and diagnostic tests availability, patient counselling practices and general stock management in a sample of 20 facilities. Following training of the data collectors at the ZACH offices conducted by EPN; data was collected using the Open Data Kit (ODK) software in December 2018.

The other project activities are planned for 2019 including:

1. The development of Information, Education and Communication (IEC) materials;
2. A training of trainers followed by the training of 100 staff from 50 health facilities
3. A stakeholder's advocacy meeting to sensitize hospital administration, government representatives, DSO representatives, and other stakeholders about the importance of ensuring sustainable access to quality diabetes medicines and diagnostic equipment in the faith-based health facilities and post –training supervisory visits.
4. Refresher training and an evaluation will conclude the project in 2020.

Research & Information Sharing

EPN Forum 2018

The EPN Biennial forum was successfully held in Kampala, Uganda hosted by the Joint Medical Stores (JMS). The theme of the Forum was “Promoting Patient Safety – Medication without Harm”. 97 participants from over 20 countries were in attendance. About 40 high level speakers provided insights on access, quality and medicines for non-communicable diseases among others, presenting both the global situation and the perspectives from the Network. The forum enabled members and representatives of well-respected international organizations to strengthen the Network and intensify cooperation. Key lessons learnt were shared after a post mortem exercise with the team and will be incorporated in the next Forum in 2020.



The participants of the EPN Biennial Forum 2018

EPN GENERAL MEETING

The EPN general meeting that followed the Biennial forum 2018 was attended by 29 number of attendees/members. Some of the issues discussed were membership issues, Board appointments and the appointment of the auditors.



The EPN Annual General Meeting (AGM) 2018

E-PHARMALINK

E-Pharmalink



December 2018

Inform. Connect. Share

Follow us on Twitter | Like our page on Facebook | info@epnetwork.org

e-Pharmalink is an electronic EPN newsletter that aims at providing health professionals with current information and news on pharmaceutical issues, to support them in their efforts to provide effective and efficient pharmaceutical services. In 2018, 5 issues were distributed (in English and French) to all Network contacts and pharmaceutical professionals who subscribe to it. The list of recipients has grown from just over 1200 recipients in 2017, to over 1536 recipients at the end of 2018.

PHARMALINK



PHARMALINK
May 2018

Promoting Patient Safety - Medication without Harm



The 2018 edition of Pharmalink, an annual thematic publication by EPN, focused on Promoting Patient safety – Medication without harm in Church Institutions, challenges and responses.

The edition includes several contributions from EPN members from across the world. It offers an unprecedented opportunity for faith-based health facilities, their stakeholders and the global health community to engage on how best to avoid medication errors within the African context and causing no harm to patients. The focus in this issue was on Medication safety, Role of Health professionals, Pharmacovigilance and the Role of other stakeholders.

E-PHARMALINK



Netlink is EPN's e-mail newsletter aimed at keeping EPN members in touch, highlighting work that EPN members are doing to contribute to health global goals. In addition to news from the secretariat, the Network and the members, every edition of Netlink puts the spotlight on one EPN member organization and its activities. In 2018, 5 issues were distributed in English and French to all member contacts and participants of EPN activities, totalling over 645 recipients

Social Media

EPN is further increasing its' social media posts in order to build the network by regularly sharing on different subjects, current health issues, interesting courses, publications and articles. Twitter followers have increased and website traffic. A communication / advocacy strategy including an activity plan for 2018 is under implementation with the objective of raising more awareness about EPN and the extent of our network, showcasing the role of the faith-based health sector and the importance of access to medicines.

Online Discussion Platform

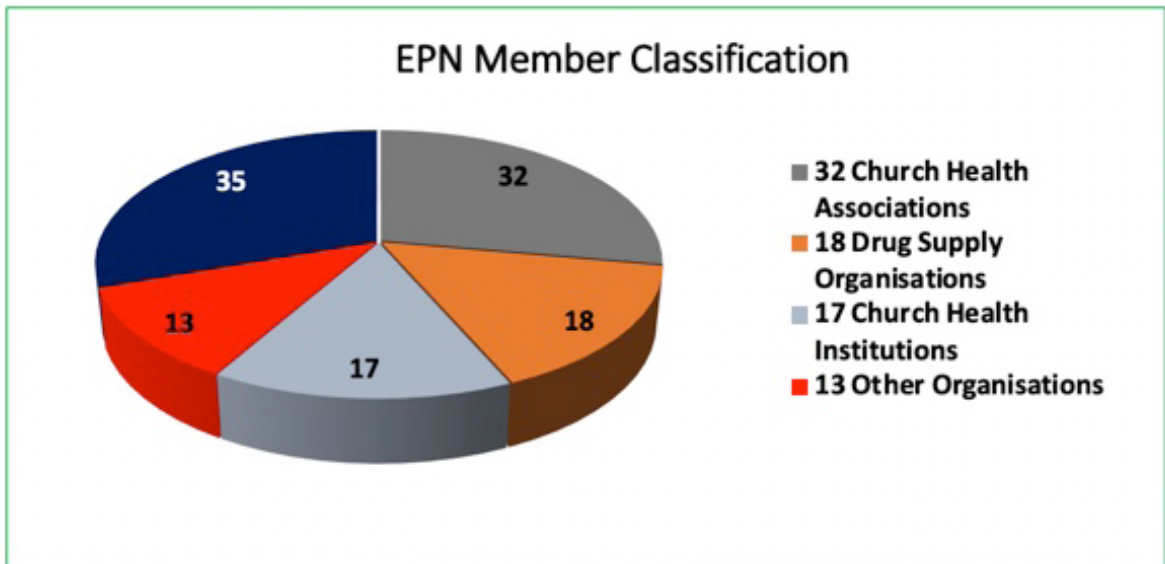
An online discussion platform was launched in May 2018 by EPN to provide a platform for members to share best practices and exchange ideas and lessons learned. So far three topics: "Medication Safety in Low-resource Settings"; "Ending the Tuberculosis Epidemic by 2030" and "Managing Medication Shortages in Low- and Middle-Income Countries" have been discussed. There have been few responses from the members but not as much as expected. There is need to find ways to engage the members so that they engage more on the platform.

Online Discussion Platform

EPN membership has been growing pf EPN. Currently we have 80 organizations (69 church related and 11 associates) and 35 individual members.

English Speaking – 80, French speaking – 32 and Bilingual – 3.

EPN network has member representation in 37 countries; 26 in Africa (Benin, Burkina Faso, Burundi, Cameroon, CAR, Chad, DRC, Egypt, Ethiopia, Ghana, Kenya, Lesotho, Liberia , Malawi, Namibia , Niger, Nigeria ,Rwanda, Sierra Leone, South Africa, South Sudan, Tanzania, Togo, Uganda, Zambia, Zimbabwe) and 11 out of Africa (Australia, Austria, Belgium, Germany , Papua New Guinea, Peru, Netherlands, Moldova, India, Switzerland, USA).



In the course of the year 2018, the following 8 institutions/individuals were admitted as new members of EPN:

1. Christian Connections for International Health (CCIH) - USA
2. Mr. Albert Petersen -Germany
3. Dr. Lloyd Matowe -Zambia
4. Dr. Philip Matthew -India
5. Mr. Richard van Slobbe - Netherlands
6. Dr. Hazel Anne Bradley PhD MPH- South Africa
7. Mr. Stephen Kwame Adase - Ghana
8. Réseau Confessionnel Sanitaire Chrétien de Guinée (RECOSEC-G)- Guinea

The total number of EPN Members (Institutions and Individuals) as at 31st December 2018 was 118 members.

HUMAN RESOURCE & ADMINISTRATION

In 2018, the EPN Board met twice and held several conference calls.

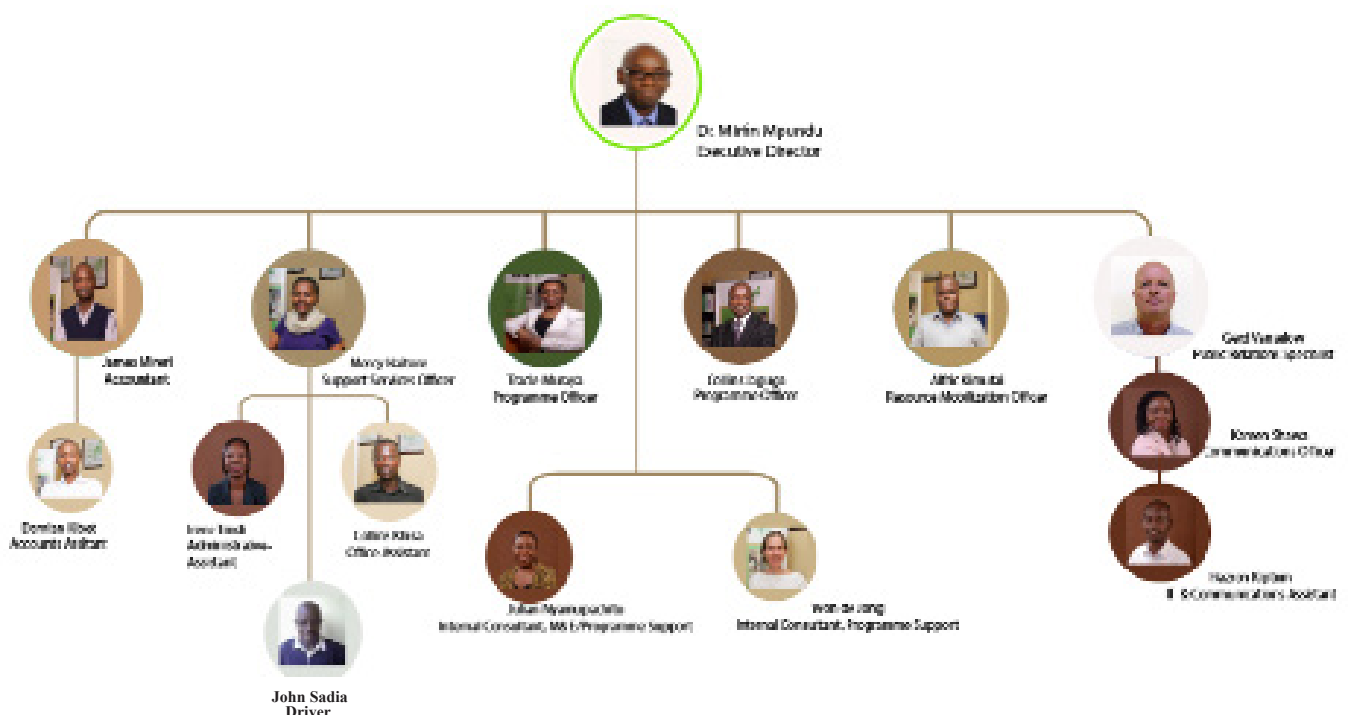
EPN Board

As at 31/12/2018, the EPN Board comprised of the following members:

Marlon Banda - Chair Person
Christoph Bonsmann – Vice- Chairperson
Michael Mwangi – Treasurer
Mirfin M. Mpundu – Secretary
Vuyelwa Sidile – Chitimire
Fidelis Nyaah
Christine Haefele
Joanita Namutebi
Mwai Makoka

THE SECRETARIAT

EPN staff as at 31/12/2018



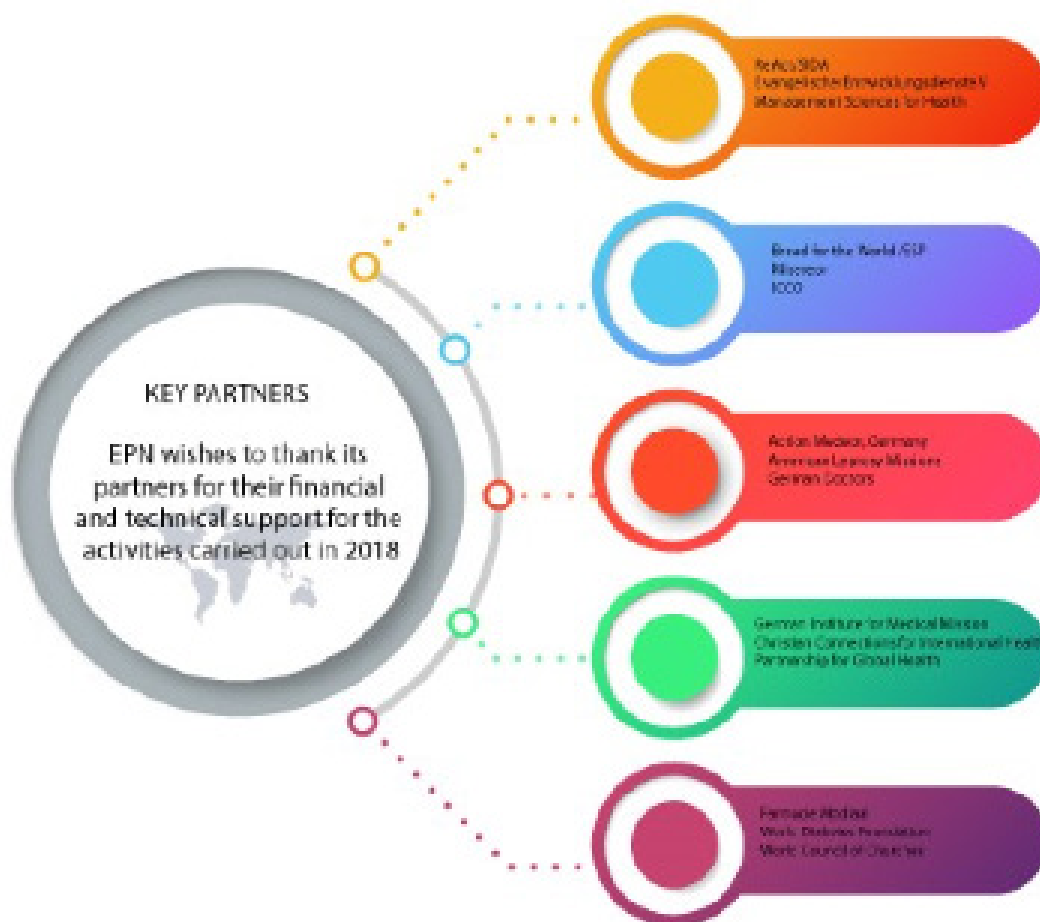
EPN EVALUATION

In 2018, amid-term strategic external evaluation of the performance of EPN for the period 2016-2018 was conducted by Pharmaceutical Systems Africa (PSA). The evaluation touched the six strategic focus areas. The evaluators were tasked to assess the performance of EPN in fulfilling its mission and meeting the needs of its members, the level of engagement of members, EPN's standing, its sustainability options, the secretariat's capacity and the impact of formalising membership. The report makes several recommendations for the future, which will be addressed by the Board and Executive Director. The report will be shared with EPN members and relevant partners and donors.

ACKNOWLEDGEMENTS

KEY PARTNERS

EPN wishes to thank its partners for their financial and technical support for the activities carried out in 2018.



EPN ACTIVE ON ADVOCACY ISSUES

EPN Executive Director, Mirfin sat on a panel - IACG civil society engagement panel: 'Access Without Excess' - He highlighted how lack of access to quality assured-medicines remains a major/disturbing problem in LMICs and contributes to AMR and mortality that could be avoided. While excess may be an issue in the Western and Northern countries, most LMICs face challenges of having the basic quality-assured medicines available, affordable and accessible.

He presented on, "The role of quality medicines in addressing access to medicines and an effective supply chain." Dr. Mpundu emphasized the challenge that LMICs face regarding sub-standard and falsified medicines which contribute to the rising incidences of AMR. No quality of care without quality-assured medicines he emphasized to the audience.

ReAct Africa was very instrumental and involved in organizing the AMR Call to Action in Ghana hosted by the Ghanaian Government, UK, Thailand, Wellcome Trust and World Bank. The Churches Health Association of Ghana (CHAG), made a presentation, 'Conducting a workshop in Zambia on developing the Antimicrobial Stewardship Framework and Policy framework. The group constituted senior doctors, nurses and pharmacists from 8 hospitals, level 3, 4 and 5.

EPN/ReAct was involved in a number of global efforts aimed at addressing AMR. With partners from the Antibiotic Resistance Coalition (ARC), EPN and ReAct Africa made several key contributions and submissions to the Interagency Advisory Group of the UN set up to report back to the Secretary General of the UN by providing practical guidance for approaches needed to ensure sustained effective global action to address antimicrobial resistance and making recommendations including on options to improve coordination, taking into account the 2015 Global Action Plan.



Dr. Mirfin Mpundu, Executive Director & ReAct Africa Head, makes his contributions at a plenary session at the Prince Mahidol conference 2018

Financial Report

Report of the independent auditor To the members of Ecumenical Pharmaceutical Network (EPN) For the year ended 31 December 2018

Opinion

We have audited the accompanying financial statements of Ecumenical Pharmaceutical Network (EPN), set out on pages 6 to 17 which comprise the statement of financial position as at 31 December 2018, the statement of comprehensive income, statement of changes in funds and statement of cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

In our opinion, the accompanying financial statements give a true and fair view of financial position of the organization as at 31 December 2018, and of its surplus and cash flows for the year then ended in accordance with International Financial Reporting Standards for and the requirements of the Kenyan NGOs Coordination Act.

Basis of opinion

We conducted our audit in accordance with the International Standards on Auditing. An audit includes examination, on a test basis, of evidence relevant to the amounts and disclosures in the disclosures in the financial statements. It also includes an assessment of the significant estimates and judgments made by management in the preparation of the financial statements, and of whether the accounting policies are appropriate to the organisation's circumstances, consistently applied and adequately disclosed.

We planned and performed our audit so as to obtain all the information and explanations which we considered necessary in order to provide us with sufficient evidence to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or other irregularity or error. In forming our opinion we also evaluated the overall adequacy of the presentation of information in the financial statements.

Other Information

The management is 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.

Report of the independent auditor (continued)
To the members of Ecumenical Pharmaceutical Network (EPN)
For the year ended 31 December 2018

Auditor's 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 auditor's 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 Generally Accepted Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or 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:

- I. 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 for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal control.
- II. 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.
- III. Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- IV. Conclude on the appropriateness of 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 a 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.
- V. 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.



MAZARS
Certified Public Accountants (K) Nairobi

20.3. 2019

Ecumenical Pharmaceutical Network (EPN)
Statement of comprehensive income
For the year ended 31 December 2018

	2018	2018	2017	2017
	US\$	Kshs	US\$	Kshs
Income				
Grants received	776,263	78,579,826	568,635	58,660,388
Other income	193,720	19,609,995	52,187	5,383,611
	<u>969,984</u>	<u>98,189,821</u>	<u>620,822</u>	<u>64,043,999</u>
Expenditure				
Advocacy	200,428	20,288,989	69,754	7,195,822
Programme 2: Pharmaceutical Services Capacity Development	171,472	17,357,870	55,929	5,769,635
Programme 3: Research and Information Sharing	70,048	7,090,809	27,302	2,816,472
Programme 4: Non-Communicable Diseases	19,233	1,946,961	65,506	6,757,599
Programme 5: Maternal and child health	13,483	1,364,870	71,564	7,382,543
Programme 6: Antimicrobial Resistance and Infectious Diseases	133,040	13,467,455	70,873	7,311,258
Overhead Expenses	371,593	37,615,746	405,130	41,793,211
	<u>979,298</u>	<u>99,132,701</u>	<u>766,058</u>	<u>79,026,540</u>
Balance for the year before exceptional item	<u>(9,314)</u>	<u>(942,879)</u>	<u>(145,236)</u>	<u>(14,982,541)</u>
Exceptional item				
Foreign exchange losses	-	-	9,375	967,125
Balance for the year after exceptional item	<u>(9,314)</u>	<u>(942,879)</u>	<u>(154,611)</u>	<u>(15,949,666)</u>

Ecumenical Pharmaceutical Network (EPN)
Statement of financial position
As at 31 December 2018

	2018 US\$	2018 Kshs	2017 US\$	2017 Kshs
RESERVES				
Restricted funds	17,438	1,552,824	32,161	3,319,980
Sustainability fund	128,640	13,109,804	120,007	12,388,323
Capital fund	22,388	2,283,095	25,618	2,644,547
Foreign exchange reserve	(51,889)	(5,064,044)	(51,895)	(5,357,121)
	116,577	11,881,679	125,891	12,995,729
REPRESENTED BY:				
Non- current assets				
Intangible Assets	1,927	176,303	2,186	225,661
Furniture, fittings and equipment	20,461	2,112,217	23,432	2,418,886
	22,388	2,288,520	25,618	2,644,547
Current assets				
Receivables and prepayments	33,008	3,361,890	13,787	1,423,232
Cash and cash equivalents	196,297	19,992,806	150,059	15,490,591
	229,305	23,354,696	163,846	16,913,823
Current liabilities				
Payables and accruals	135,116	13,761,537	63,573	6,562,641
Net current assets	94,189	9,593,159	100,273	10,351,182
	116,577	11,881,679	125,891	12,995,729

Ecumenical Pharmaceutical Network (EPN)
Statement of cash flows
For the year ended 31 December 2018

	2018 US\$	2018 Kshs	2017 US\$	2017 Kshs
Cash flows from operating activities:				
Surplus/(Deficit) for the year	(9,314)	(942,879)	(154,611)	(15,949,666)
Adjustments for:				
Depreciation	6,667	679,078	7,554	779,271
Amortization	963	97,483	1,092	112,651
Loss on asset disposal	-	-	1,032	106,461
Interest income	(8,633)	(873,890)	(7,915)	(816,511)
Surplus/(Deficit) before working capital changes:	(10,317)	(1,040,209)	(152,848)	(15,767,794)
Decrease/Increase in:				
Receivables and prepayments	(19,221)	(1,938,658)	30,402	3,105,536
Payables and accruals	71,543	7,198,896	(72,578)	(7,390,931)
Net cash generated/(used) in operating activities	42,005	4,220,029	(195,023)	(20,053,189)
Cash flows from investing activities:				
Purchase of furniture & equipment	(4,400)	(448,160)	(7,281)	(751,617)
Interest income	8,633	873,890	7,915	816,511
Translation adjustment (Forex)	-	(143,544)	-	177,894
Net cash used in investing activities	4,233	282,186	634	242,789
Increase/(Decrease) in cash and cash equivalents	46,238	4,502,215	(194,388)	(19,810,401)
Movement in cash and cash equivalents				
At the start of the year	150,059	15,490,591	344,447	35,300,992
Increase/(Decrease)	46,238	4,502,215	(194,388)	(19,810,401)
At end of the year	196,297	19,992,806	150,059	15,490,591

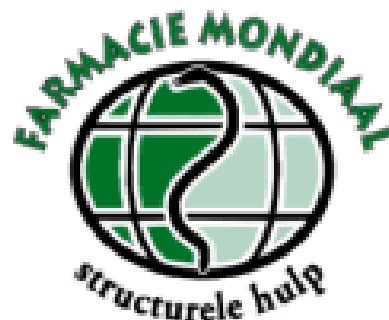
Ecumenical Pharmaceutical Network (EPN)
Statement of changes in funds
For the year ended 31 December 2018

	Restricted Funds		Sustainability Fund		Capital Fund		Forex Exch. Reserve		Total Funds	
	US\$	Kshs	US\$	Kshs	US\$	Kshs	US\$	Kshs	US\$	Kshs
At 1 January 2017	182,914	18,746,088	112,092	11,583,097	28,016	2,871,243	(42,520)	(4,452,996)	280,502	28,747,432
Balance for the year	(145,236)	(14,982,541)	-	-	-	-	-	-	(145,236)	(14,982,541)
Foreign exchange loss	-	-	-	-	-	-	(9,375)	(967,781)	(9,375)	(967,781)
Bank interest transfers	(7,915)	(817,065)	7,915	817,065	-	-	-	-	-	-
Depreciation/Amortization	8,646	779,271	-	-	(8,646)	(779,271)	-	-	-	-
Net Asset revaluation	-	-	-	-	-	-	-	-	-	-
Additions (Transfers)	(6,248)	(644,981)	-	-	6,248	644,981	-	-	-	-
Translation adjustment	-	239,208	-	(11,839)	-	(92,406)	-	63,656	-	198,619
At 31 December 2017	32,161	3,319,980	120,007	12,388,323	25,618	2,644,547	(51,895)	(5,357,121)	125,891	12,995,729
At 1 January 2018	32,161	3,319,980	120,007	12,388,323	25,618	2,644,547	(51,895)	(5,357,121)	125,891	12,995,729
Balance for the year	(9,314)	(942,879)	-	-	-	-	-	-	(9,314)	(942,879)
Foreign exchange loss/gain	(7)	(199,470)	-	-	-	-	7	199,470	-	-
Bank interest transfers	(8,633)	(873,890)	8,633	873,890	-	-	-	-	-	-
Depreciation/Amortization	7,630	776,561	-	-	(7,630)	(776,561)	-	-	-	-
Additions (Transfers)	(4,400)	(448,160)	-	-	4,400	448,160	-	-	-	-
Translation adjustment	-	(79,317)	-	(152,409)	-	(33,051)	-	93,607	-	(171,171)
At 31 December 2018	17,438	1,552,824	128,640	13,109,804	22,388	2,283,095	(51,889)	(5,064,044)	116,577	11,881,679

PARTNERS

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





EPN
Ecumenical Pharmaceutical Network
Réseau Pharmaceutique Écumenique



Suite 9, Saturn Block, 4th Floor, Nine Planets Apartments, Kabarnet Rd, Nairobi
P.O. Box 749, Nairobi, KENYA, 00600

+254 724 301755

+254 786 425721

www.epnetwork.org