

# ANNUAL REPORT

**>300M**  
people rely  
on Health care  
Provided  
by our Network



**ACCESS TO QUALITY AFFORDABLE MEDICINES**

# TABLE OF CONTENT

|  |    |
|--|----|
| TABLE OF CONTENT   | I  |
| ACRONYMS   | II |
| LETTER FROM THE BOARD CHAIRPERSON  | 1  |
| LETTER FROM THE EXECUTIVE DIRECTOR   | 2  |
| OUR MISSION, VISION AND VALUES   | 4  |
| ABOUT US...  | 5  |
| ANTIMICROBIAL RESISTANCE AND INFECTIOUS DISEASES   | 6  |
| IMPROVED ACCESS TO QUALITY EFFECTIVE PHARMACEUTICAL SERVICES IN CHURCH HEALTH FACILITIES: INFECTION PREVENTION AND CONTROL (IPC) IN SIERRA LEONE | 6  |
| CREATION OF ANTIMICROBIAL RESISTANCE (AMR) AWARENESS AMONG CHILDREN IN ELEMENTARY SCHOOLS  | 8  |
| PROMOTING RATIONAL USE OF ANTIBIOTICS- BUILDING ANTIMICROBIAL SMART COMMUNITIES  | 9  |
| RAISING AWARENESS ON ANTIMICROBIAL RESISTANCE AMONG STUDENTS   | 10 |
| EFFECTIVE HEALTH CARE SERVICES IN RESPONSE TO PEDIATRIC HIV  | 11 |
| MOTHER AND CHILD HEALTH  | 13 |
| NON-COMMUNICABLE DISEASES  | 14 |
| IMPROVING TYPE 2 DIABETES CARE IN ZIMBABWE   | 14 |
| PHARMACEUTICAL SERVICES CAPACITY DEVELOPMENT   | 16 |
| ECUMENICAL SCHOLARSHIP PROGRAM (ESP)   | 16 |
| SAMPLE TESTIMONIALS FROM BENEFICIARIES OF 2018-2021 SCHOLARSHIPS   | 18 |
| ADVOCACY   | 20 |
| RESEARCH AND INFORMATION SHARING   | 23 |
| MEMBERSHIP   | 23 |
| HUMAN RESOURCE & ADMINISTRATION  | 24 |
| EPN BOARD  | 24 |
| THE SECRETARIAT  | 24 |
| REPORT OF THE AUDITOR: FINANCIAL REPORT INDEPENDENT  | 25 |
| ACKNOWLEDGEMENT  | 31 |
| PARTNERS   | 31 |

## ACRONYMS

|        |   |
|--------|---|
| A&YP   | Adolescents and Young People                      |
| AMR    | Antimicrobial Resistance                          |
| AMU    | Antimicrobial Use                                 |
| ARC    | Antibiotic Resistance Coalition                   |
| BUFMAR | Bureau des Formations Médicales Agréées du Rwanda |
| CHASL  | Christian Health Association of Sierra Leone      |
| CHA    | Christian Health Association                      |
| CHI    | Church Health Institutions                        |
| CHS    | Churches Health Systems                           |
| CME    | Evangelical Medical Centre                        |
| CtC    | Child to Child                                    |
| CHV    | Community Health Volunteer                        |
| Difaem | German Institute for Medical Mission              |
| DSO    | Drug Supply Organization                          |
| DTC    | Drug and Therapeutic Committee                    |
| EACCP  | East African Community Pooled Procurement         |
| EDLIZ  | Essential Drug List, Zimbabwe                     |
| EPP-   | Essentials of Pharmacy Practice                   |
| ESP    | Ecumenical Scholarships Program                   |
| FAO    | Food and Agriculture Organization                 |
| GMP    | Good Manufacturing Practices                      |
| HAI    | Hospital Acquired Infections                      |
| HCW    | Health Community Worker                           |
| IEC    | Information Education and Communication           |



*Group work presentations during the HCWs Training in Rwanda, August 2019*



*Mathias Catholic Hospital, Yeji . an Auxiliary staff dispensing medicines to patients*



*Christian Health Association of Ghana, office. From Left: Ms. Georgine – Head of Training & Development (CHAG), Ms. Mercy Mwiti – ESP Manager (EPN), Dr. Peter Yeboah – Executive Director (CHAG)*

|          |  |
|----------|--|
| IPC      | Infection Prevention and Control                     |
| JMS-     | Joint Medical Store                                  |
| KAP      | Knowledge Attitude and Practice                      |
| KALRO    | Kenya Agricultural & Livestock Research Organization |
| KNBS-    | Kenya National Bureau of Statistics                  |
| KARP     | Kenya AIDS Response Program                          |
| MCH      | Mother and Child Health                              |
| MEDS     | Missions for Essential Drugs Supply                  |
| MEMS-    | Mission for Essential Medicines Supply               |
| MNCH     | Mother, Newborn and Child Health                     |
| MTCs     | Medicines & Therapeutics Committees                  |
| NAPs-    | National Action Plans                                |
| OI-      | Opportunistic Infections                             |
| OIE-     | Organization for Animal Health                       |
| POC-EID- | Point of Care Early-Infant Diagnostics               |
| PMTCT-   | Prevention of Mother-to-Child Transmission           |
| ReAct    | Action on Antibiotic Resistance                      |
| RLA      | ReAct Latin America                                  |
| STG-     | Standard Treatment Guidelines                        |
| TWG-     | Technical Working Group                              |
| UHC      | Universal Health Coverage                            |
| UoN      | University of Nairobi                                |
| USIU     | United States International University               |
| WAAW     | World Antibiotic Awareness Week                      |
| WDF      | World Diabetes Foundation                            |
| WHA      | World Health Assembly                                |
| WHO      | World Health Organization                            |
| ZACH     | Zimbabwe Association of Church related Hospitals     |



*Pupils illustrate the importance of hand hygiene during the World Toilet Day, Kenya*



*EPN Project Officer, Julian Nyamupachitu with the participants of the stakeholder meeting in August.*

## LETTER FROM THE BOARD CHAIRPERSON



I am pleased to present to you EPN's 2019 annual report. It reflects an eventful year in which our members, partners and friends around the world once again showed great commitment to drive the success of our Network and its objectives to improve access to medicines.

2019 was filled with numerous activities as shared in this report, such as strengthening pharmaceutical and health systems, improving access to quality pharmaceutical services in Church Health Institutions, increasing Antimicrobial awareness in children and so on. Towards the end of 2019, Dr. Mirfin Mpundu resigned from EPN was replaced as Executive Director by Richard Neci formerly the managing Director of Dépôt central médico-pharmaceutique - 8ième CEPAC.

I would like to take this opportunity to thank Dr. Mirfin, his dedication to EPN, as well as for the hard work and commitment he showed. He contributed in no small part to the building-up and growing of EPN. Over the last six years, EPN has been characterized by innovative ideas, strategic thinking and, most valuable, tireless efforts to increase the credibility and visibility of EPN in the regional and international space. On behalf of all the members and the Board, I wish him the Lord's blessings and success in the next chapter of his Walk.

I also take this opportunity to welcome Richard Neci the new EPN executive director who enthusiastically accepted the reins of the position. Some of you may have already met him at our Biennial Forum as he was an EPN member. Richard comes to us with immense experience in leadership and clearly demonstrated ability to create an empowering and motivating environment among the members and partners, as well as fostering integration and teamwork. He has previously served as the Managing Director of the Dépôt Central Médico-Pharmaceutique 8e CEPAC (DCMP 8th CEPAC).

During his 10 years tenure as the Director of DCMP 8th CEPAC, he took the organisation to an unexpected level, making it one of the largest Drug Store Organizations in DR Congo today. Please join me in welcoming Richard in his new role as Executive Director.

We are very grateful to our funders and partners for facilitating the implementation of the EPN programs thus far, for their financial support, and for their mentorship to EPN. We achieve nothing without the trust and visionary support that funders and partners bring to our mission.

Finally, I would like to thank our partners and members for their consistent commitment, engagement and encouragement in our journey. I would also express my gratitude for your ongoing trust and support in facilitating the implementation of the EPN programs. We will continuously seek and strive to do good, act better, and do what is best for us and society at large.

Warm Regards,

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

Marlon Banda  
EPN Board Chairman

## LETTER FROM THE EXECUTIVE DIRECTOR



This is an amazing opportunity for me to report what my predecessor has achieved in 2019 and share my thoughts on EPN — our challenges, and decisive steps to build trust — as part of our regular, ongoing conversation with our members and partners.

I was honored to be selected by our Board to succeed Mirfin Mpundu as the Executive Director and to lead EPN into the future. Dr. Mirfin gracefully served EPN from 2014 to end of 2019 and he has had numerous and tremendous accomplishments over the years in steering the network. I take this opportunity to thank Dr Mirfin for the sustainable achievements of his last 6 years leading the EPN Secretariat. I officially assumed office on 1<sup>st</sup> March 2020 and I am fully dedicated to guiding the network forward.

I want to start by stating clearly that the foundation of our Network is strong. Despite our current challenges, I believe that our underlying strengths and our focus on managing for the long term will continue to benefit us as we move forward. We have meaningful opportunities, and we are prepared to deliver for all our members. As always, we take our commitment to our members, partners and communities very

seriously, and we manage with those constituents in mind.

Through the generous support from our partners, our members, government ministries of health, bilateral and multilateral organizations, our dedication to supporting churches and church health systems provide and promote just and compassionate quality pharmaceutical services for all remains at the core of who we are. It drives us to work harder, to improve our programs and deepen our relationship with our members.

**Our organization exists to serve you, our members and reach millions of people relied on your work.**

As we seek to advance our mission, we rely on our members to uphold and to shape the future and to build trust with the people we serve. Our collective vision, leadership, and willingness to act will continue to impact many people for the ultimate benefit of society. We strive to broaden our membership base because we seek to positively impact the society and improve it especially in access to quality and just pharmaceutical services. I am utterly grateful for your collective impact on this.

We also want to rebuild trust with our partners and members. A cornerstone of this effort is communicating more frequently and with greater transparency and accountability of the resources entrusted to the network. This is a long-term effort-one requiring commitment, patience and tenacity.

### **The Report**

This report provides a summary of the many activities carried out by the EPN secretariat and our members under the current strategic plan 2016-2020 for the period 1<sup>st</sup> January 2019 to 31<sup>st</sup> December 2019. EPN's interventions were implemented in various Countries including, Zimbabwe, Kenya, Zambia, Rwanda, Sierra Leone, Cameroon, DRC, Ghana, Liberia, Malawi, Tanzania, and Uganda among others.

Some of the interventions include, EPN contribution to strengthening pharmaceutical and health systems, by improving access to quality pharmaceutical services in Church Health Institutions and Infection Prevention Control in Sierra Leone, Antimicrobial awareness in children, students and effective response to pediatric HIV, Improving type ii diabetes care in Zimbabwe, capacity building, and advocacy amongst others.

Notably, we have 21 staff affiliated to our member organizations enrolled in degree and diploma courses and will have completed the training by year 2021 leading to the award of a recognized pharmacy qualification.

One major event that took place during the year was the hosting of the 2019 edition of ReAct Africa and South Conference in Nairobi Kenya. The focus was on addressing Antimicrobial Resistance in the pathway of achieving Universal Health Coverage (UHC). The conference gathered over 110 multi-sectoral participants from 33 Countries. The participants were drawn from human, animal and environmental health sectors. Experts on UHC and AMR, civil society representatives, representatives from intergovernmental agencies such as the World Health Organization (WHO), Food and Agriculture Organization of the UN (FAO), World Organization for Animal Health (OIE) and various Ministries of health were present among others.

At the close of the year 2019, EPN had a total of 118 members. These comprised 33 Church Health

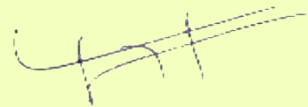
Associations (CHAs), 18 Drug Supply Organizations (DSOs), 18 Church Health Institutions (CHIs), 36 Individual members and 13 other organizations

It is fair to acknowledge the support of our donor community who over the years have believed in EPN's capacity and capability to deliver.

Our board and secretariat are working together as never before to put our members at the center of everything we do. Together, we are listening, learning, and taking the actions necessary to move our Network\_forward. The task ahead is not easy, but we are working hard, and I know we will be successful.

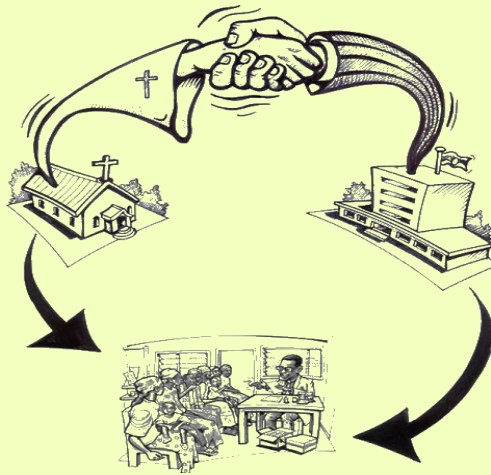
We are committed to meaningful changes for our members, the society and our future. I am very confident in the direction we are going as we make our Network better and stronger for everyone.

Best Regards,



Richard Neci  
Executive Director, EPN

## OUR MISSION, VISION AND VALUES



### OUR MISSION

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








### OUR VISION

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

### OUR VALUES

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

#### What we believe in

|  |  |  |   |  |
|--|--|--|---|--|
|  <p>Access to quality pharmaceutical services is a fundamental human right.</p> |  <p>Quality-assured medicines and its rational use is a guiding principle to quality pharmaceutical care.</p> |  <p>With consistent support and training, church health facilities have the potential to offer world class pharmaceutical care.</p> |  <p>Consistence practice of standard pharmaceutical guidelines strengthens health systems.</p> |  <p>Strong health systems save lives. Always.</p> |
|--|--|--|---|--|

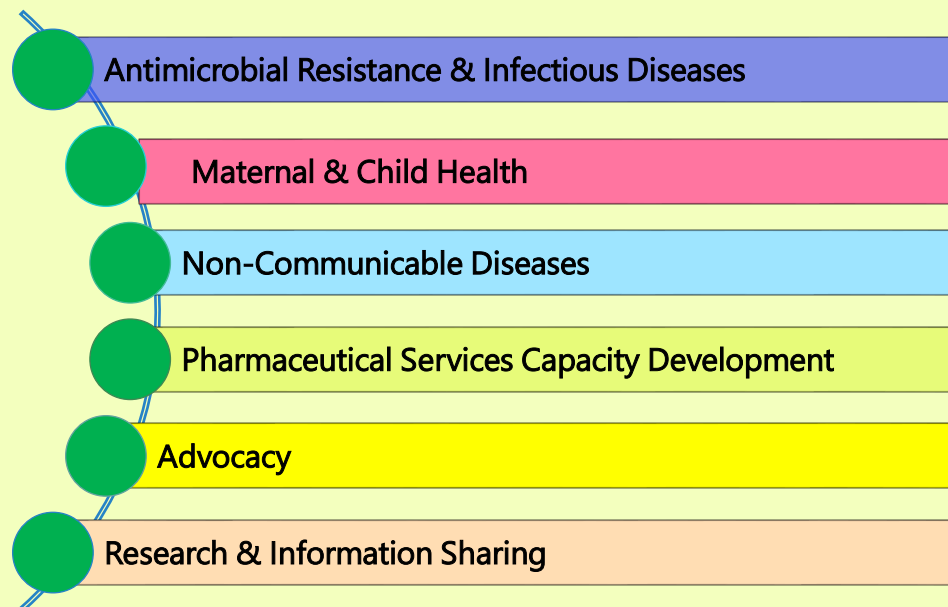


## About us...

The Ecumenical Pharmaceutical Network (EPN) is an independent Christian membership organization whose mission is to support churches and church health systems provide and promote just and compassionate quality pharmaceutical services. EPN has a global network of over 118 members in 37 countries.

The network has been actively involved in various ways in promoting increased access to and rational use of medicines.

### Strategic Focus Areas



## ANTIMICROBIAL RESISTANCE AND INFECTIOUS DISEASES

### Improved Access to Quality Effective Pharmaceutical Services in Church Health Facilities: Infection Prevention and Control (IPC) in Sierra Leone

*Infection prevention and control (IPC) is a scientific approach and practical solution designed to prevent harm caused by infection to patients and health workers. It is grounded in infectious diseases, epidemiology, social science and health system strengthening. IPC occupies a unique position in the field of patient safety and quality universal health coverage since it is relevant to health workers and patients at every single health-care encounter. The need for having IPC programs nationally and at the facility level is clearly reinforced within the WHO 100 Core Health Indicators list<sup>1</sup>.*

The recent outbreak of Ebola in West Africa (affecting Sierra Leone and other countries) highlighted the need for improved Infection Prevention and Control (IPC) systems and practices within the region. IPC is the cornerstone of a functioning health service. This is by ensuring that high standards of IPC are followed, health workers protect themselves, their patients and the wider community. As both are first and last line of defense against Ebola, there should be reinforcement of basic measures to control infection.

In a study conducted in Sierra Leone in the year 2015 by National institutes of Health<sup>2</sup>, HCWs described IPC as 'life-saving' and personal protective equipment (PPEs) as uncomfortable for providers and frightening for patients. At baseline, self-efficacy was high (median=4/strongly agree). Responses reflecting unfavorable attitudes were low for glove use (median=1/strongly disagree) Observations demonstrated consistent glove re-use and poor HCWs hand washing

In light of this, EPN together with the Christian Health Association Sierra Leone (CHASL), is carrying out a project in this country on Improved Access to Quality Effective Pharmaceutical Services in Church Health Facilities. The goal of the project is to enable Church health facilities in the focus countries provide their patients more effective pharmaceutical services, in response to particular infectious diseases.

Through this intervention EPN and CHASL aim;

- ***To put in place functional Infection, Prevention and Control (IPC) committees in the target health facilities.***
- ***To improve hand washing practices in the target health institutions.***
- ***To reduce the incidences of Hospital Acquired Infections (HAIs) in healthcare.***

Marking the start of the project was a baseline study that was carried out in November 2019. The study looked at getting insight of the current Infection Prevention Control practices and systems in six selected CHASL member hospitals

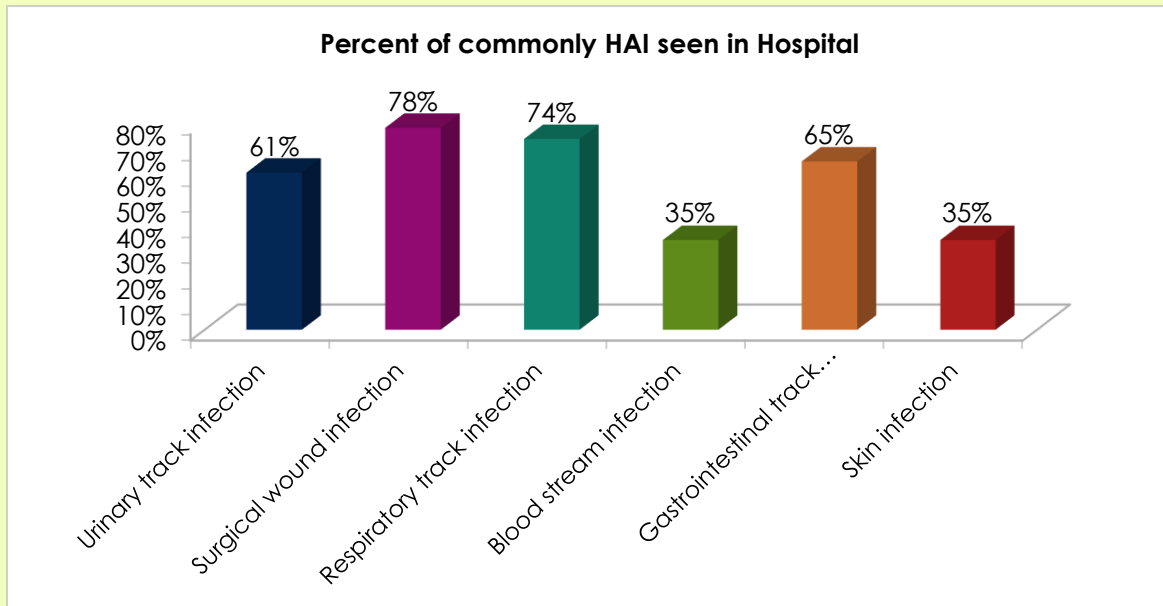
<sup>1</sup>World Health Organization (WHO) (2018) *Clean Care is Safer Care: Infection Prevention and Control* Retrieved from <http://www.who.int/gpsc/ipc/en/>

<sup>2</sup>Ratnayake R1 et al retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/28588978>

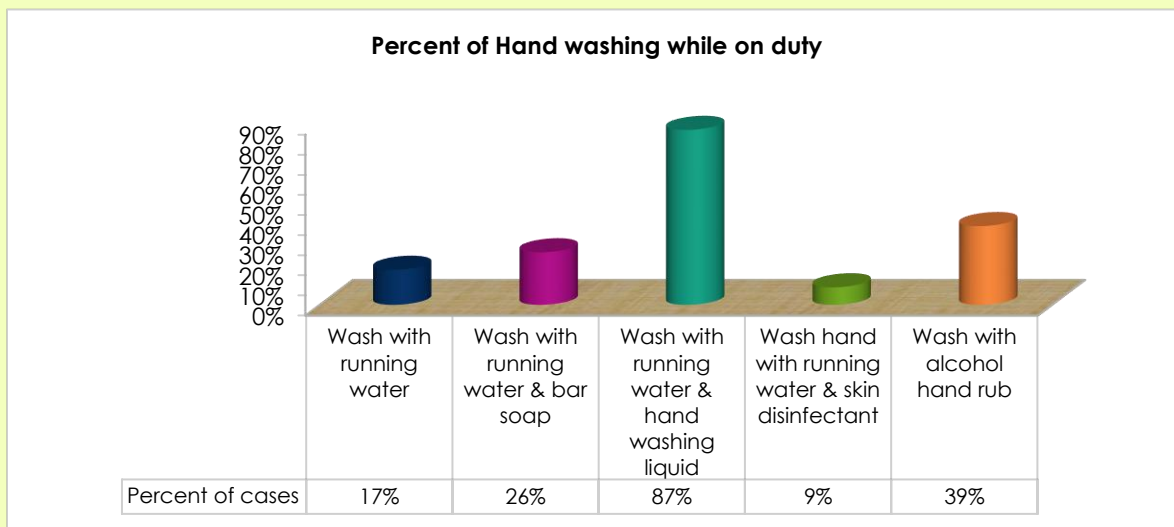
across the country. Three data collection instruments were used; hand hygiene assessment tool by WHO, (observation was done by the data collectors), EPN baseline evaluation tool and Knowledge Attitude and Practice (KAP) of infectious disease questionnaire.

The findings show that here are some existing structures for IPC in these facilities which need to be strengthened. These findings would act as a baseline to evaluate progress or impact of interventions which would be developed from the findings and recommendations of this assessment.

**Percentage of commonly HAI seen in the five Hospitals**



**The cylinder graph shows the hand washing method while on duty in five Health facilities**



## Creation of Antimicrobial Resistance (AMR) Awareness among children in elementary schools

In track with the Kenya's National Action Plan on Prevention and Containment of AMR first objective - "To Improve Awareness and understanding of AMR through effective communication, education and training" and the Kenya's communication strategy in the prevention and containment of AMR which further stipulates as part of its strategy in creating AMR awareness- "To Include antimicrobial resistance in school curriculum to promote better understanding and awareness,".

*The ReAct Africa program purposed to use the Educational Knapsack (Alforja Educativa) to create AMR awareness amongst selected schools in Siaya and Kisumu counties in Kenya. The Alforja Educativa is a tool originally developed and used by ReAct Latin America (RLA) to create AMR awareness across selected schools in Ecuador, via the Child-to-Child (CtC) methodology.*



*Pupils presenting a song/illustration on good hand washing technique during World Toilet Day 2019*

The project activities in Kenya are divided in to 2 phases; Phase 1 – Adaptation of the Educativa Alforja to the Kenyan context. Phase 2 – Piloting of the adapted Alforja in selected schools in Siaya and Kisumu counties in Kenya.

The year 2019 saw the initiation of the pilot activities in the 4 schools, namely Orongo, Migosi, Karapul and Segere primary schools, following adaptation of the Alforja Guide to the Kenyan context in the previous year. The adaptation was a joint effort of the Child-to-Child teachers from the 4 schools, different representatives of various ministries, including but not limited to the Ministries of Public Health and Education, amongst others, in the spirit of One Health.

A workshop was convened in July 2019 to sensitize Child-to-Child (CtC) teachers from two

counties on AMR, and also build their capacity on the use of the Alforja guide as a tool in creating AMR awareness amongst targeted school going children for the Alforja pilot project.

In November, the World Antibiotic Awareness Week (WAAW), activities were conducted in conjunction with the World Toilet Day activities. In this child-led event, children aged between ages 9 – 14 years from the respective health clubs of Karapul, Migosi, Orongo and Segere primary schools presented different songs, dances, illustrations and poems. This was to inform the audience on the importance and relation between AMR and the proper use of toilets, Infection Prevention & Control (IPC) and Water Sanitation & Hygiene. They stressed on how the poor practice of the latter three resulted in communicable diseases which in turn led to increased use of antibiotics. More so, the inappropriate use of antibiotics characterized by self-diagnosis and easy access of antibiotics from unregistered drug shops. Performances were also done by some Community Health Volunteers (CHVs) who are involved in this project with the targeted children and their associated households.



## Promoting rational use of Antibiotics- Building Antimicrobial Smart Communities

*The global burden of AMR is estimated at 700,000 human deaths annually. This figure is projected to reach 10 million by the year 2050 if current trends in Antimicrobial Use (AMU) persist. AMR is being addressed internationally in order to minimize its development and consequences.*

*Antimicrobials are used in animal foods such as cattle, sheep, poultry, fish and others to prevent or treat infections, safeguard animal welfare and to promote growth. The extensive use of antimicrobials in human and veterinary services in recent years has accelerated the emergence and spread of resistant microorganisms. This situation has been worsened by the lack of investment in developing new effective antibiotics. It is crucial to preserve antimicrobial efficacy to ensure that animal production keeps pace with the growing global demand for quality protein.*

*Globally, 20% of animal production losses are caused by diseases yet 70% additional animal proteins will be required to feed the world by 2050 (Bbosa et al. 2014). In Kenya, the use of antimicrobials in livestock resource base comprises of 18 million cattle; 17 million sheep, 28 million goats, 3 million camels, 2 million donkeys, 0.3 million pigs and 32 million poultry (Kenya National Bureau of Statistics (KNBS) 2014). Antimicrobials are equally important in farmed and free wildlife. Livestock accounts for nearly 90% of the employment opportunities and about 95% of family incomes in the arid and semi-arid lands. The sub-sector contributes about 5% of the Gross Domestic Product (GDP). Humans and animals to a large extent share the same bacteria. 60% of dangerous human pathogens are of animal origin. Many of the*

*same antimicrobials are used to control bacterial infections in both humans and animals. A national action plan based on a holistic approach, in line with the 'One Health' perspective, has been developed in Kenya and it involves participation from all sectors and covers all aspects of antimicrobials.*



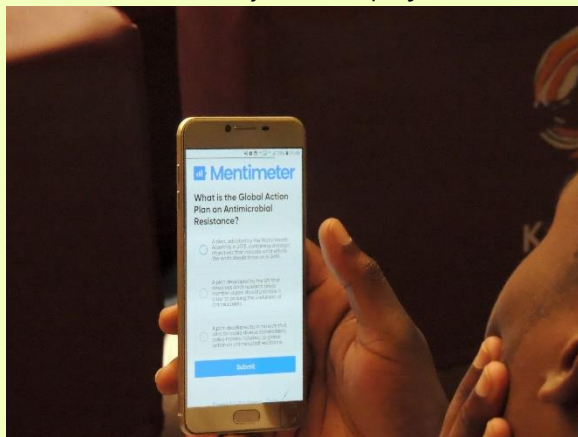
*Members, of the public, crop and livestock farmers follow a session during AMR awareness field day in Ndumberi grounds near Kiambu town, Kenya*

In light of this, ReAct Africa hosted at the EPN together with Ministry of Agriculture, Livestock, Fisheries and Aquaculture, Department of Veterinary Services-Kenya, Kenya Dairy Board, World Organization for Animal Health, Brookside Dairy Limited and Kenya Agricultural and Livestock Research Organization (KALRO) are partnering to promote antibiotic use in dairy farming under the implementation of the National Action Plans. Through this initiative, the partners aim at securing the availability and prolong the effectiveness of antimicrobial agents in the veterinary sector. The pilot project is to be launched in two counties in Kenya.

## Raising awareness on Antimicrobial Resistance among Students

*Structural and systematic change across the health, agricultural and environmental sectors over the last two decades, such as the global response to HIV and AIDS and the Paris climate change accords, have been possible because of extensive global mobilization of civil society. Over the last five years some coalitions, communities and movements to address antibiotic resistance have emerged. This includes the Antibiotic Resistance Coalition (ARC), which was initiated with support from ReAct. Multiple international organizations point to the lack of civil society engagement as one of the key threats to a long-term effective response to antibiotic resistance. Without effective civil society mobilization and participation, any response, whether robust or weak, will risk not taking into account the particular challenges that local communities face.*

One of ReAct's strategic objectives (2019-2023) is to strengthen and extend coalitions to communities of practice and movements to address antibiotic resistance through narratives and actions that contribute to universal health coverage, poverty reduction, food justice and environmental sustainability. ReAct identified student clubs as a potential avenue for achieving this strategic objective. Through student clubs, ReAct Africa node aims at raising awareness amongst students so that ultimately the students become AMR champions in their individual and professional capacities. It is in light of this that ReAct Africa identified United States International University –Africa (USIU-A) and the University of Nairobi (UoN) in Kenya for the project.



*A student answers a quiz at the University of Nairobi student Symposium to mark the World Antibiotic Awareness Week 2019 (WAAW).*

In June 2019, ReAct Africa convened a students' antimicrobial resistance sensitization workshop at the USIU-A. The purpose of the meeting was to sensitize the students about AMR with an objective of setting groundwork for them to be AMR

champions in their own individual and professional lives. USIU-A has a Pharmacy students' club that has a membership of over 300. Ninety-seven (97) students were sensitized during the workshop.



*Sharing of AMR IECs at the entrance to the workshop auditorium*

---

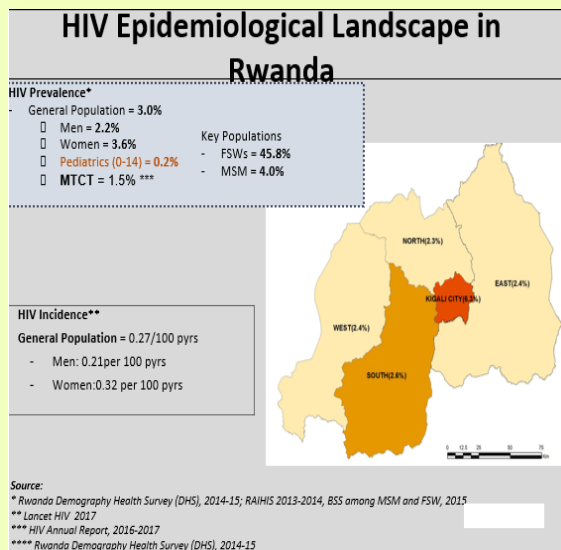
*"Be custodians of AMS as individuals, you are all stewards in the fight against AMR"- Dr. Jared Nyakiba, Consultant Pharmacist/Public Health, MOH Kenya- A facilitator at the student AMR Symposium*

---

## Effective Health Care Services in Response to Pediatric HIV

*The Ecumenical Pharmaceutical Network (EPN) believes that with strong health systems, its mission to support and strengthen church health systems promote and provide quality pharmaceutical services is attainable.*

In line with its Infectious Diseases' Strategic area, EPN together with Bureau des Formations Médicales Agréées du Rwanda (BUFMAR), is conducting a project aimed at building and improving the capacity and skills of health care workers working in HIV clinics within church health facilities in Rwanda to in the management of pediatric and adolescents & young people (AYP) with HIV.



*HIV Prevalence data in the different regions of Rwanda*

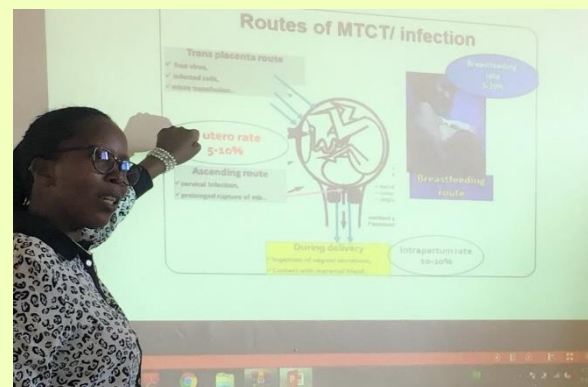
The project is being carried out within the health care facilities affiliated to BUFMAR, a drug supply organization, and also an EPN member. The project receives generous support from the Bread for the World.

Baseline survey was conducted in May and June in 26 BUFMAR-affiliated health facilities, to determine the availability of pediatric-friendly ARV formulations as well as availability and adherence to pediatric HIV standard treatment guidelines (STGs) and treatment algorithms

*The objectives of this intervention are to ensure;*

- *Adherence to pediatric (0-14 years) HIV algorithms and STGs by the HCWs has increased by an average of 30%, by end of project.*
- *Availability of pediatric friendly heat stable ARV formulations (especially Lopinavir/ritonavir pellets) and point of care early-infant diagnostics (POC-EID) has increased by an average of 30% each, by end of project.*
- *Church Health Associations (CHAs) and /or Drug Supply Organizations (DSOs) representatives are included in the National HIV Technical Working Group to ensure that Church Health Institutions (CHIs) are included in the National HIV budgets by end of project.*

## Healthcare Workers



*Healthcare workers facilitation session on PMTCT*

In August 2019, Twenty (20) health care workers were trained as part of efforts to build and improve the capacity of HCWs working in HIV clinics within church health facilities, on

management of pediatric and adolescents & young people's (AYP) infected with HIV. The HCWs are assigned to HIV clinics in the faith-based facilities participating in the project.

Through this training the participants were capacitated on various areas including:

1. *The country's current statistics on HIV (zoning in on pediatrics and AYPs)*
2. *The national 2018 treatment guidelines on HIV (zoning in on pediatric dosing)*
3. *Prevention of Mother-to-Child Transmission (PMTCT)*
4. *Detection and management of treatment failure*
5. *Management of most common opportunistic infections (OIs)*
6. *Nutrition in HIV infected pediatrics*
7. *AYPs Transition into adolescent-hood and adulthood care*
8. *Adolescent-friendly HIV treatment centers*

At the completion of the 5-day training, an improvement of participants' knowledge was documented.

The pre and post-test results indicated an increase from an average of 67% to an average of 84%.

## Religious Leaders

To enable religious leaders support the country's interventions in the HIV Response, a HIV Treatment Literacy Workshop for Religious Leaders was held in August 2019. Eight (8) religious leaders from different Christian denominations were trained. The training also

aimed at gaining buy-in from the capacitated religious leaders for their support in advocating to the policy makers towards the success of the project in the BUFMAR-affiliated faith-based health care facilities on management of pediatric and adolescents & young people (AYP) HIV. The training capacitated participants on: Rwanda's overall HIV situation, the importance/need for HIV Treatment, Literacy for religious leaders program, factors affecting success of HIV treatment –Treatment Adherence, stigma & discrimination and faith healing in HIV & AIDS.

## Policy Makers

Further, recognizing the role of policymakers in response to management of HIV/AIDS, an advocacy meeting for policymakers was also held in August 2019. The meeting purposed to advocate to Rwanda's policymakers and other relevant stakeholders on the need for their support and buy-in towards the success of the project. The faith-based sector was lauded for the unflinching support to the government efforts especially in addressing the different public health issues.



*Pastor Julie Kandema, BUFMAR Board Secretary at the advocacy meeting for policy mak*



## MOTHER AND CHILD HEALTH

The rating for the implementation of MCH objectives has been lower compared to other strategic activities, reflecting EPN's stronger focus on NCD, AMR and infectious diseases due to different factors such as project development challenges and funding. Proposals were sent to different donors but none of them was approved. In this area, our work is focused on the availability of priority medicines especially for newborn and children.

Moving forward we hope to engage more in MNCH by targeting a partnership with our member organization with experience in MNCH, to learn from them and develop joint proposals for funding opportunities. Aside the dedicated focus availability of medicines, with new projects we will strengthen the capacity of health workers: pharmacy staff, nurses of MNCH unit, clinical officers and medical officers.

The study conducted in Sierra Leone on Infection Prevention and Control stated the need of training in IPC with a focus on MNCH and HAI: The participants to this training will be the champions selected in each health facility. After the training, they will be in charge of implementing IPC committees in their health facilities. Where IPC Committees are already installed, the training will be a refreshment and MNCH focused.

The trainings will improve nurses and clinicians' practices in:

- *Routine and emergency care,*
- *Routine care during childbirth, including monitoring of labour.*
- *Newborn care at birth during the first week*
- *Management of pre-eclampsia, eclampsia and its complications*
- *Management of difficult labour with safe, appropriate medical techniques*
- *Management of postpartum hemorrhage*
- *Newborn resuscitation*
- *Management of preterm labour, birth and appropriate care for preterm and small babies*
- *Management of maternal and newborn infections.*

Supportive supervisions will be conducted and focused on the areas that need improvement.

## NON-COMMUNICABLE DISEASE

### Improving Type 2 Diabetes Care in Zimbabwe

*The International Diabetes Federation indicates that the number of adults with diabetes (age 20-79) in Zimbabwe, 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 experience difficulties in providing diabetes care. Previous studies have generated evidence that a significant number of health facilities did not have adequate test kits 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 Zimbabwe". Zimbabwe's Health Delivery System, once rated amongst the best in Sub-Saharan Africa, but 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 project is being implemented in partnership with its member organization, the Zimbabwe Association of Church related Hospitals (ZACH) and the Zimbabwe Diabetes Association (ZDA).

Through this project, EPN, ZACH and ZDA seek;

- *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.*
- *To increase the availability of quality assured anti-diabetic medicines in the 50 faith-based healthcare facilities by mid-2020.*
- *To raise awareness of Type 2 diabetes through provision of information, education and communication (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 the year 2018 with a baseline study and data collection. In August 2019, thirteen (13) trainers were trained. The trainers would later facilitate the main training of pharmacists and nurses.



*A medicine packaging sticker with information on diabetes management for patient medicine*

The training curriculum covered the following broad areas;

- *Type 2 Diabetes and treatment: diabetes overview medicines as per the Zimbabwe Essential Drug List (EDLIZ), non-medical treatment like dietary adjustments, diagnosis, laboratory outcomes, disease progression, complications and treatment/management.*
- *Medicine management: stock management, storage Medicine selection, -ordering and –receiving, inventory control including quantification, SOPs.*

- *Dispensing practice: counselling of patients, supportive care, interpretation of blood glucose levels and communication skills with information, education and materials as support (IEC).*

As part of planned activities, fifty (50) patients were tested for blood glucose levels using 3 points of care HbA1c in three health facilities. The results from these tests will be used to assess the percentage of blood glucose levels within the acceptable targets after the intervention.



*Mrs Vuyelwa Chitimbire, the Executive Director of ZACH making a presentation at the workshop Zimbabwe Diabetes management project July 2019.*

In efforts 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, a stakeholder's advocacy meeting was held in September 2019. Twenty-four (24) participants representing various institutions were sensitized in the workshop.

Further, seventy-five (75) health facility nurses and pharmacists from 42 facilities in the Northern and Southern regions were successfully trained in a two-phase exercise on treatment and management of Type 2 diabetes.

Various information, education and communication (IECs) materials were also developed for promoting information sharing and awareness.

These materials provide information and facts about diabetes, management of diabetic conditions among patients, tips and best practices as well as a guide for pharmacy staff on management of Type 2 diabetes. The IEC materials include:

- Patient flier containing facts about Type 2 diabetes
- Pharmacists guide on management of Type 2 diabetes
- Wall poster on diabetes complications
- Stickers to be put on medicine packets with information on managing Type 2 diabetes

Some of the materials (patient flier and stickers) were also into local languages; Shona and Ndebele.

## PHARMACEUTICAL SERVICES CAPACITY DEVELOPMENT

### Ecumenical Scholarship Program (ESP)

*The Ecumenical Scholarship Program is part of EPN's initiatives to strengthen the capacity of personnel in health systems to provide quality services. Since January 2011, EPN has been running a scholarship project. The project is geared towards providing study grants to staff working in the pharmacies of church hospitals. They undertake 1-3 year courses leading to the award of a recognized pharmacy qualification (diploma) in their respective countries. The project aims to address the lack of pharmaceutical human resources in developing countries focusing on church health facilities.*

In the third phase of the project, running from 2018 to 2021, for the first time EPN is providing scholarships for pharmacy degree programs too. The objectives of this phase of the program are;

- *At least 20 staff from hospitals in the countries enrolled will have completed training by year 2021 leading to the award of a recognized pharmacy qualification.*
- *Improved stock management at the pharmacy and store*
- *Improved dispensing practices towards patients and other departments of the hospitals*
- *Knowledge transfer to other staff in the pharmacy and hospital*

In this project, EPN has offered both Diploma and Degree Scholarship Program to 21 candidates (7 in degree and 14 in diploma programs) from 8 Countries among them; Cameroon, DRC, Ghana, Liberia, Malawi, Tanzania, Uganda and Zambia. The awardees study in institutions in their own countries.

Ultimately, through the program, EPN expects improved patient outcomes through improved pharmaceutical care and services provided by trained pharmacists and pharmacy technicians. Better patient outcomes will also result from having uninterrupted supply of quality –assured medicines in health facilities and Improved resource management as a result of capacity built

on medicine management, procurement and best practices of dispensing medicines.

#### ESP Visit in Ghana & Tanzania 2019



*Visit to Richard Norvati Hospital in Yeji, Ghana.*

*From left; Ms. Mercy Mwiti – ESP Scholarship Program Manager (EPN), Mr. Timothy Aborah - Pharmacy Technician & ESP Beneficiary 2014/17, Mr. Peter Akosu - Pharmacist Incharge at Richard Novarti Hospital and Ms. Georgina - Head of Training & Development at CHAG*



*Visit to SDA Hospital Asamang: The facility supports Mr. Christopher Andoh who's a current ESP Student at Central University, Ghana. From Left: Ms. Mercy Mwiti – ESP Program Manager (EPN), Ms. Matilda – Hospital Pharmacist, Mr. Kofi Adu – Hospital Administrator, Mr. Isaac – Hospital Nurse In charge.*



*Mathias Catholic Hospital, Yeji: The facility is served by one formally trained Pharmacist thus medicines are dispensed by Auxiliary staff.*



*From Left: Ms. Georgine – Head of Training & Development (CHAG), Ms. Mercy Mwiti – ESP Manager (EPN), Dr. Peter Yeboah – Executive Director (CHAG)*



*Solomon Eliphas – ESP Beneficiary 2014/17, Ms. Mercy Mwiti - ESP Program Manager and Maria Bhoke – ESP Beneficiary 2018/2022 at Nkoaranga Hospital, Tanzania*

## Sample Testimonials from Beneficiaries of 2018-2021 Scholarships

---



**Josephine Amulen –  
Bachelor in Pharmacy,  
Makerere University,  
Uganda**

In the previous holiday period, the university held a recess term where the students were given more

course units to study as indicated in my academic progressive report. I, therefore, didn't get quality time for hospital practice but these are some of the things I learnt:

Improved stock management at the pharmacy and store – I have learnt to keep record of every drug that goes out of the pharmacy in terms of drug name and quantity issued out. I have also kept track of the names, quantities and costs of the drugs that are brought into the pharmacy.

Knowledge transfer to other staff in the pharmacy and hospital. – I share knowledge with the prescribers in case of drug prescription problems like drug-drug interactions. Improved dispensing practice towards patients and other departments of the hospital. I have learnt to avoid the use of scientific words when explaining to patients about their medicines and conditions for easy understanding to the patient. I shared with the patients more information concerning their drugs like the side effects, the use of the drug, how long to take the drug, if to take it with or without a meal, the storage conditions, among others.

I have learnt to inquire from the patient if they have understood how to take their medicine and if they have any questions concerning their medicine. I also remind my fellow staff about some of the good dispensing practices in case they neglect to do them like telling patients to take some of their medicines with/without meals, the side effects of the drugs, and for how long to take their medicine, among others.



**Madaliso Phiri – Bachelor of  
Pharmacy, University of  
Zambia**

My academic performance has improved looking at the end-year examinations results. This has been made easy by having had enough

time in class since I had been given a study leave by the Ministry of Health which took much of my time because it was not easy to learn and work.

My dispensing practice towards outpatient department, ward patients and other departments has improved because of increased knowledge on rational drug use which has also improved my skills in stock management which was not the case some months ago. The knowledge of diseases and their proper treatment guidelines has helped to reduce irrational dispensing and this has improved the fight against microbial resistance which is the major challenge we have as health personnel.

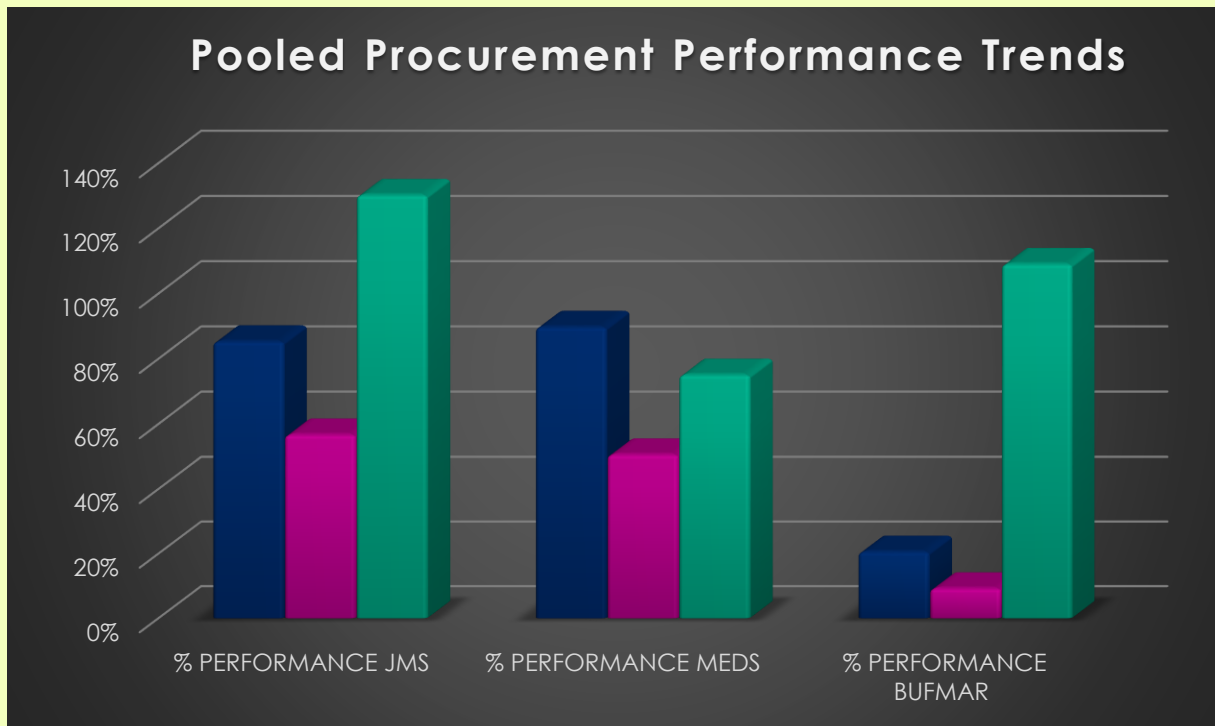
During this holiday in house pharmacy department orientations have being conducted on good dispensing practices and rational drug use which has brought tremendous improvement to the department and the hospital at large but most importantly patient safety is prioritized which has been a plus to the department and the other department of hospital staffs, the holding of medicines therapeutic committee meeting which helps us table issues concerning drugs at the hospital. This is my testimonial of the last academic year which was the first academic year for the scholarship, thank you for this opportunity to improve myself and my hospital Mangango mission hospital. For more testimonials visit our website.

## East African Community Pooled Procurement (EACPP)

*Through the East African Community Pooled Procurement project (EACPP), EPN continues to support church health facilities in promoting access to quality-assured essential medicines and medical products. The EACPP is a collaborative initiative involving faith-based Drug Supply Organizations (DSOs) within the East African Community member states, namely: Le Bureau des Formations Médicales Agréées du Rwanda (BUFMAR), Rwanda; Missions for Essential Drugs Supply (MEDS), Kenya; Mission for Essential Medicines Supply (MEMS), Tanzania and Joint Medical Store (JMS), Uganda all under the technical support of EPN. The four DSOs are member organizations of EPN.*

The DSOs play a critical role in supplying quality-assured essential medicines and medical supplies at affordable prices to church health organizations, non-governmental organizations (NGOs), health programs and public facilities. The objective of this initiative is to increase access to quality-assured essential medicines and medical supplies within the EAC region.

A total of 26 pre-qualified suppliers participated in bidding for the tender EACPP04/2018, to supply products in the year 2019. Fourteen (14) of the 26 suppliers were successful. This culminated in realizing a growth in product number to 64 from 19 medical products and a 41% growth in realized savings, compared to the previous year.



As a result of continued support and cooperation, the initiative's Technical Working Group (TWG) conducted its first successful Joint Good Manufacturing Practices (GMP) audit in Malaysia and Thailand in March 2019.

## ADVOCACY

*EPN advocacy strategic objective focuses on increasing the priority given to access to medicine issue in both faith-based and national health systems. Lack of access to quality-assured medicine and health services continue to be a major public health issue in countries where EPN remains active.*

Some of the advocacy activities of 2019 are:

### **Meeting with policymakers in Rwanda**

In August 2019, an advocacy meeting for policymakers was held in Kigali Rwanda. This was essentially to advocate for the need of their support in the project that aims at building the capacity and skills of health care workers in church health facilities in Rwanda and provide patients with effective health care services in the management of pediatric HIV.

### **Advocacy workshop in Zimbabwe**

As part of its project activities under the Zimbabwe diabetes project, twenty-four (24) participants representing various institutions were sensitized. It was an advocacy workshop in an effort 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.

### **World Health Summit (WHS) in Berlin**

EPN participated at the 11<sup>th</sup> World Health Summit which is the second global health event after the WHO General Assembly. EPN was invited to present in the workshop on Falsified and Substandard Medicines: Detection and Elimination. The main interdisciplinary topics in this WHS included: climate change and health, transforming human capital, research and development, universal health coverage, health policy in the G7/G20, the microbiome in

medicine, SDG3: The Global Action Plan for Healthy Lives and Well-Being for All, Health Systems in Africa, and digital health.

EPN participated also in a workshop on delivering on the Sustainable Access of Antibiotics: Moving from Principles to Practice in Geneva Switzerland.

### **ReAct Africa and South Centre Conference 2019**

EPN hosted 2019 edition of ReAct Africa and South Centre Conference held from 23<sup>rd</sup> to 25<sup>th</sup> July in Nairobi Kenya with a focus of addressing Antimicrobial Resistance (AMR) in the pathway to achieving Universal Health Coverage (UHC). The conference organized by ReAct Africa and South Centre, gathered over 110 multi-sector participants from 33 countries.



*Proceedings of the ReAct and South Centre conference 2019*

The participants were drawn from human, animal and environmental health sectors. Experts on UHC and AMR, civil society representatives, representatives from intergovernmental agencies such as the World Health Organization (WHO), Food and Agriculture Organization of the UN (FAO), World Organization for Animal Health



(OIE) and various Ministries of health were present among others. The conference expected:

- *Raised awareness on the urgency of addressing antimicrobial resistance as part of the efforts towards achieving Universal Health Coverage.*
- *All participants have built understanding on the interconnected links between Antimicrobial Resistance and Universal Health Coverage.*
- *Participants exchange experiences of Antimicrobial Resistance; Sustainable Development Goals; Universal Health Coverage and identify synergies and entry points for work on Antimicrobial Resistance in current efforts for Universal Health Coverage.*
- *Learning from exchange of experiences on the antimicrobial resistance situation and policy responses at the country level, including on national action plans, and including needs, successes and challenges faced in implementation.*
- *Cross learning and fertilization from current country vertical programs.*
- *Develop inputs for global antimicrobial resistance governance; how to keep the political momentum on AMR high up on the global agenda, improve intergovernmental agency coordination, ensure accountability and sustained financial resources to support regional AMR efforts.*

Through presentations, discussions and sharing of case studies, the 3-day conference, delved into a range of themes in the context of AMR and on efforts towards the attainment of UHC. These include country progress in the implementation of National Action Plans (NAPs) on AMR, infection prevention and control, One-Health concept, surveillance and diagnostics, quality of medicines and regulation, AMR in the animal and environmental sectors, nutrition, antimicrobial stewardship, sustainable financing for UHC

among others. By integrating UHC and AMR, the conference explored the importance of working with local national governments' health ministries and also Ministries of Finance to achieve health goals and health as a human right.

Participants expressed renewed momentum with more understanding on how AMR affects global efforts of healthcare including UHC and Sustainable Development Goals. Countries also expressed an interest in sharing progress at hopefully another ReAct–Africa conference.

---

*"The learning and exchange of experiences on the antimicrobial resistance situation and policy responses at the country level, including on National Action Plans, needs, successes and challenges faced in implementation will go a long way in informing the UHC and AMR global agenda."* Dr. Mirfin Mpundu, the head of ReAct Africa"

---

### **World Antibiotic Awareness Week**

As the host of ReAct - Action on Antibiotic Resistance in Africa, EPN joined forces with partners and members in the WHO World Antibiotic Awareness Week (WAAW) 2019 from 18<sup>th</sup> to 24<sup>th</sup> November. The week-long global event aims at creating awareness among the public and different communities on antimicrobial resistance and appropriate use of antimicrobials.

Several activities were carried out in efforts to create awareness on Antimicrobial Resistance. These included an AMR awareness walk and farmer's field day in Kiambu County, Kenya



*A procession to mark the World Antibiotic Awareness Week 2019 in Kiambu Kenya*

AMR awareness among primary school children, marked alongside celebrations of World Toilets Day in Siaya county, university student photo contest and AMR awareness symposium at the Kenya National Theatre Nairobi. These activities provided avenues for reaching out to different

stakeholders and communities through sharing information of use and handling antimicrobials with care.



*Members, of the public, crop and livestock farmers follow the proceedings AMR awareness field day in Ndumberi grounds near Kiambu town, Kenya*

## RESEARCH AND INFORMATION SHARING

### Newsletters

EPN published four and five issues of its bimonthly electronic newsletters Netlink and e-pharmalink respectively to over 1600 readers in 2019. Netlink informs about what happens currently within the Network, the members, secretariat, actual projects updates, visits and important events while E-pharmalink informs

### Pharmalink

EPN also released its 2019 edition of the Pharmalink publication that focused on Non-Communicable Diseases with specific attention on the management of Type 2 Diabetes. Pharmalink is a scientific and technical publication concentrating on the contributions of Faith-based organizations. Focuses broadly on the access of health services and specifically on pharmaceutical services/systems strengthening and access to quality-assured medicines.

### Website

[www.epnetwork.org](http://www.epnetwork.org)

The EPN website is EPN's online avenue for sharing the organization vision and areas of action, latest news and events, important resources among others. It is available at: [www.epnetwork.org](http://www.epnetwork.org). Also in the EPN website is the Centre of Excellence, a resource repository for publications, IEC materials among others. It is available at: [www.epnetwork.org/centre-of-excellence](http://www.epnetwork.org/centre-of-excellence).

### Social Media

Twitter-(<https://twitter.com/EPNtweets>),

Facebook\_([https://www.facebook.com/EPN.epnetwork?fref=ts&ref=br\\_tf](https://www.facebook.com/EPN.epnetwork?fref=ts&ref=br_tf))

LinkedIn\_(<https://www.linkedin.com/company/ecomumenical-pharmaceutical-network>).

Youtube\_(<https://www.youtube.com/user/EPNNaairobi>)

readers about current research and technical publications in EPN strategic areas, pharmacy practice and general health information.

Subscription to this newsletter is open to all interested parties. Those who would like to comment on or subscribe to these free newsletters are welcome to contact EPN via [communications@epnetwork.org](mailto:communications@epnetwork.org).

The platforms provides broad online reach and connection to audience with social media accounts. EPN shares information on events, interesting news and most importantly create awareness, carry campaigns on different topics under its strategic areas focus to over 3600 direct followers in the social platforms.

### Membership

There is now a total of 118 members in the EPN, distributed in 37 countries. In 2019, three institutional and two individual members joined EPN. These are;

- Lovelace Mensah
- Selorm Akakpo
- INERELA+ Kenya
- Centrale D'achat et D'approvisionnement en Medicaments Essentiels du Nord-Ituri et Haut-Uelé (CAAMENIHU)
- Maua Methodist Hospital

## HUMAN RESOURCE & ADMINISTRATION

### EPN Board

As at 31/12/2019, the EPN Board comprised of the following people:

- Marlon Banda- President
- Christoph Bonsmann- Vice President
- Mirfin Mpundu- Secretary
- Michael Mwangi- Treasurer
- Vuyelwa Sidile- Chitimbire- Member
- Fidelis Nyaah- Member
- Joanita Namutebi- Member
- Mwai Makoka- Member
- Christine Haefele-Abbah- Member

### The Secretariat

At the end of 2019, Mirfin Mpundu's (EPN Executive Director) contract ended after six years of service. He was succeeded by Richard Neci, formally the Managing Director of the Dépôt Central Médico-Pharmaceutique 8e CEPAC (DCMP 8th CEPAC).

### Priorities in 2020

- Strengthen and broaden partnerships
- Improve on information Sharing
- Member Engagement

Collins Jaguga (Programme Officer) and Alfric Kimutai (Resource Mobilisation Officer) also stepped down from the Secretariat.

The EPN staff members as at 31<sup>st</sup> December 2019 were;

- Tracy Muraya – Program Officer
- Mercy Naitore – Support Services Officer
- James Mireri – Accountant
- Damian Kibet – Accounts Assistant
- Hezron Kiptalam – Information Technology and Communications Assistant
- Irene Tindi – Office Administrator
- Collins Khisa – Logistics Assistant
- Bubi Kinuthia – Projects Assistant

## REPORT OF THE AUDITOR: FINANCIAL REPORT INDEPENDENT

---

**Report of the independent auditor**  
**To the members of Ecumenical Pharmaceutical Network (EPN)**  
**For the year ended 31 December 2019**

### **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 2019, 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 2019, 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 International Standards on Auditing (ISAs). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are independent of the organisation in accordance with the International Ethics Standards Board for Accountants' Code of Ethics for Professional Accountants (IESBA Code) together with the ethical requirements that are relevant to our audit of the financial statements in Kenya, and we have fulfilled our ethical responsibilities in accordance with these requirements and the IESBA Code. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

### **Other Information**

The directors are responsible for the other information. Other information comprises the information included in the annual report, but does not include the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and we do not express any form of assurance conclusion thereon.

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

### **Directors' responsibility for the financial statements**

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

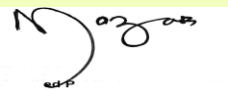
statements, the directors are responsible for assessing the organization's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the management either intend to liquidate the organization or to cease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

### **Auditor's responsibilities for the audit of the financial statements**

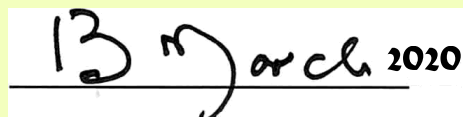
Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs 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



**Ecumenical Pharmaceutical Network (EPN)**  
**Statement of comprehensive income**  
**For the year ended 31 December 2019**


|   | Note | 2019<br>US\$         | 2019<br>Kshs            | 2018<br>US\$          | 2018<br>Kshs            |
|---|------|----------------------|-------------------------|-----------------------|-------------------------|
| <b>Income</b>   |      |                      |                         |                       |                         |
| Grants received   | 4    | 418,325              | 42,401,074              | 776,263               | 78,579,826              |
| Other income  | 5    | 193,990              | 19,662,667              | 193,720               | 19,609,995              |
|   |      | <u>612,315</u>       | <u>62,063,741</u>       | <u>969,984</u>        | <u>98,189,821</u>       |
| <b>Expenditure</b>  |      |                      |                         |                       |                         |
| Programme 1: Advocacy   | 6    | 162,317              | 16,452,342              | 200,428               | 20,288,989              |
| Programme 2: Pharmaceutical Services Capacity Development     | 7    | 24,842               | 2,517,917               | 171,472               | 17,357,870              |
| Programme 3: Research and Information Sharing                 | 8    | 2,181                | 221,061                 | 70,048                | 7,090,809               |
| Programme 4: Non-Communicable Diseases                        | 9    | -                    | -                       | 19,233                | 1,946,961               |
| Programme 5: Maternal and child health                        | 10   | 605                  | 61,334                  | 13,483                | 1,364,870               |
| Programme 6: Antimicrobial Resistance and Infectious Diseases | 11   | 62,236               | 6,308,162               | 133,040               | 13,467,455              |
| Overhead Expenses   | 12   | 347,795              | 35,252,190              | 371,593               | 37,615,746              |
|   |      | <u>599,975</u>       | <u>60,813,007</u>       | <u>979,298</u>        | <u>99,132,701</u>       |
| <b>Balance for the year</b>                                   |      | <u><u>12,340</u></u> | <u><u>1,250,735</u></u> | <u><u>(9,314)</u></u> | <u><u>(942,879)</u></u> |

**Ecumenical Pharmaceutical Network (EPN)**  
**Statement of financial position**  
**For the year ended 31 Dec 2019**

|                                   | Note | 2019<br>US\$   | 2019<br>Kshs      | 2018<br>US\$   | 2018<br>Kshs      |
|-----------------------------------|------|----------------|-------------------|----------------|-------------------|
| <b>RESERVES</b>                   |      |                |                   |                |                   |
| Restricted funds (page 8)         |      | 23,466         | 2,377,810         | 17,438         | 1,552,824         |
| Sustainability fund (page 8)      |      | 131,809        | 13,356,250        | 128,640        | 13,109,804        |
| Capital fund (page 8)             |      | 16,651         | 1,687,232         | 22,388         | 2,283,095         |
| Foreign exchange reserve (page 8) |      | (43,009)       | (4,358,122)       | (51,889)       | (5,064,044)       |
|                                   |      | <u>128,917</u> | <u>13,063,170</u> | <u>116,577</u> | <u>11,881,679</u> |
| <b>REPRESENTED BY:</b>            |      |                |                   |                |                   |
| <b>Non- current assets</b>        |      |                |                   |                |                   |
| Intangible Assets                 | 13   | 1,339          | 135,731           | 1,927          | 176,303           |
| Furniture, fittings and equipment | 14   | 15,311         | 1,551,500         | 20,461         | 2,112,217         |
|                                   |      | <u>16,651</u>  | <u>1,687,232</u>  | <u>22,388</u>  | <u>2,288,520</u>  |
| <b>Current assets</b>             |      |                |                   |                |                   |
| Receivables and prepayments       | 15   | 13,374         | 1,355,166         | 33,008         | 3,361,890         |
| Cash and cash equivalents         | 16   | 165,206        | 16,740,357        | 196,297        | 19,992,806        |
|                                   |      | <u>178,580</u> | <u>18,095,523</u> | <u>229,305</u> | <u>23,354,696</u> |
| <b>Current liabilities</b>        |      |                |                   |                |                   |
| Payables and accruals             | 17   | 66,314         | 6,719,585         | 135,116        | 13,761,537        |
| <b>Net current assets</b>         |      | <u>112,266</u> | <u>11,375,938</u> | <u>94,189</u>  | <u>9,593,159</u>  |
|                                   |      | <u>128,917</u> | <u>13,063,170</u> | <u>116,577</u> | <u>11,881,679</u> |

The financial statements on pages 6 to 17 were approved by the Board of directors on

06.05. 2020 and signed on their behalf by:

  
 \_\_\_\_\_  
 Executive Director

  
 \_\_\_\_\_  
 Treasurer



**Ecumenical Pharmaceutical Network (EPN)**  
**Statement of changes in funds**  
**For the year ended 31 December 2019**

|                            | Restricted Funds |                  | Sustainability Fund |                   | Capital Fund  |                  | Forex Exch. Reserve |                    | Total Funds    |                   |
|----------------------------|------------------|------------------|---------------------|-------------------|---------------|------------------|---------------------|--------------------|----------------|-------------------|
|                            | US\$             | Kshs             | US\$                | Kshs              | US\$          | Kshs             | US\$                | Kshs               | US\$           | Kshs              |
| 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)        | -                   | -                  | -              | -                 |
| Net Asset revaluation      | -                | -                | -                   | -                 | -             | -                | -                   | -                  | -              | -                 |
| Additions (Transfers)      | (4,400)          | (448,160)        | -                   | -                 | 4,400         | 448,160          | -                   | -                  | -              | -                 |
| Translation adjustment     | -                | (79,317)         | -                   | (152,409)         | -             | (33,051)         | -                   | 93,607             | -              | (171,171)         |
| <b>At 31 December 2018</b> | <b>17,438</b>    | <b>1,552,824</b> | <b>128,640</b>      | <b>13,109,804</b> | <b>22,388</b> | <b>2,283,095</b> | <b>(51,889)</b>     | <b>(5,064,044)</b> | <b>116,577</b> | <b>11,881,879</b> |
| At 1 January 2019          | 17,438           | 628,087          | 128,640             | 13,109,804        | 22,388        | 2,283,095        | (51,889)            | (5,064,044)        | 116,577        | 10,956,942        |
| Balance for the year       | 12,340           | 1,250,375        | -                   | -                 | -             | -                | -                   | -                  | 12,340         | 1,250,375         |
| Foreign exchange loss/gain | (8,879)          | (899,739)        | -                   | -                 | -             | -                | 8,879               | 899,739            | -              | -                 |
| Bank interest transfers    | (3,170)          | (321,190)        | 3,170               | 321,190           | -             | -                | -                   | -                  | -              | -                 |
| Depreciation/Amortization  | 5,620            | 569,463          | -                   | -                 | (5,620)       | (569,463)        | -                   | -                  | -              | -                 |
| Net Asset revaluation      | -                | -                | -                   | -                 | -             | -                | -                   | -                  | -              | -                 |
| Additions (Transfers)      | 118              | 11,919           | -                   | -                 | (118)         | (11,919)         | -                   | -                  | -              | -                 |
| Translation adjustment     | -                | 1,138,897        | -                   | (74,744)          | -             | (14,481.18)      | -                   | (193,818)          | -              | 855,853           |
| <b>At 31 December 2019</b> | <b>23,466</b>    | <b>2,377,810</b> | <b>131,809</b>      | <b>13,356,250</b> | <b>16,651</b> | <b>1,687,232</b> | <b>(43,009)</b>     | <b>(4,358,122)</b> | <b>128,917</b> | <b>13,063,170</b> |

**Ecumenical Pharmaceutical Network (EPN)**  
**Statement of cash flows**  
**For the year ended 31 December 2019**

|  | Note | 2019<br>US\$    | 2019<br>Kshs       | 2018<br>US\$    | 2018<br>Kshs       |
|--|------|-----------------|--------------------|-----------------|--------------------|
| <b>Cash flows from operating activities:</b>             |      |                 |                    |                 |                    |
| (Deficit)/Surplus for the year                           |      | 12,340          | 1,250,735          | (9,314)         | (942,879)          |
| <u>Adjustments for:</u>                                  |      |                 |                    |                 |                    |
| Depreciation   | 14   | 5,032           | 509,931            | 6,667           | 679,078            |
| Amortization   | 13   | 587             | 59,521             | 963             | 97,483             |
| Interest income  |      | (3,239)         | (328,256)          | (8,633)         | (873,890)          |
| Gain on disposal   |      | (530)           | (53,740)           | -               | -                  |
| <b>(Deficit)/Surplus before working capital changes:</b> |      | <b>14,190</b>   | <b>1,438,191</b>   | <b>(10,317)</b> | <b>(1,040,208)</b> |
| Decrease/Increase in:                                    |      |                 |                    |                 |                    |
| Receivables and prepayments                              |      | 19,635          | 1,989,575          | (19,221)        | (1,938,658)        |
| Payables and accruals                                    |      | (68,802)        | (6,971,719)        | 71,543          | 7,198,896          |
| <b>Net cash (used)/generated in operating activities</b> |      | <b>(34,978)</b> | <b>(3,543,953)</b> | <b>42,005</b>   | <b>4,220,030</b>   |
| <b>Cash flows from investing activities:</b>             |      |                 |                    |                 |                    |
| Purchase of furniture & equipment                        |      | -               | -                  | (4,400)         | (448,160)          |
| Interest income  |      | 3,239           | 328,256            | 8,633           | 873,890            |
| Disposal proceeds  |      | 648             | 65,649             | -               | -                  |
| Translation adjustment (Forex)                           |      | -               | (102,401)          | -               | (143,544)          |
| <b>Net cash used in investing activities</b>             |      | <b>3,887</b>    | <b>291,504</b>     | <b>4,233</b>    | <b>282,186</b>     |
| <b>(Decrease)/Increase in cash and cash equivalents</b>  |      | <b>(31,091)</b> | <b>(3,252,449)</b> | <b>46,238</b>   | <b>4,502,215</b>   |
| <b>Movement in cash and cash equivalents</b>             |      |                 |                    |                 |                    |
| At the start of the year                                 |      | 196,297         | 19,992,806         | 150,059         | 15,490,591         |
| (Decrease)/Increase                                      |      | (31,091)        | (3,252,449)        | 46,238          | 4,502,215          |
| <b>At end of the year</b>                                | 16   | <b>165,206</b>  | <b>16,740,357</b>  | <b>196,297</b>  | <b>19,992,806</b>  |

## ACKNOWLEDGEMENT

---

### Partners

As EPN, we appreciate all our donors, partners, members and friends who stood by our side in improving and promoting for access to quality-assured pharmaceutical services for all.





**EPN**

Ecumenical Pharmaceutical Network  
Réseau Pharmaceutique Ecuménique



P.O.Box 749-00606 | Nine Planets  
Apartments, Saturn Block, 4th Floor, Suite #9,  
Kabarnet Road | Nairobi | Kenya  
Tel: +254 724 301755

