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ANNUAL REPORT

ECUMENICAL PHARMACEUTICAL NETWORK

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

<p style="text-align: center;">OUR VISION</p> <p>A valued global partner for just and compassionate quality pharmaceutical services for all.</p> <p style="text-align: center;">OUR MISSION</p> <p>To support churches and church health systems provide and promote just and compassionate quality pharmaceutical services.</p>	<p style="text-align: center;">OUR VALUES</p> <p>EPN values have their basis in the teachings of Christ and the desire to uphold virtues that enhance the dignity of humankind.</p> <p style="text-align: center;">Integrity Compassion Respect for others Conscientiousness Continuous learning Professionalism Fairness</p>
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Strategic Focus Areas 2016-2020

- **Pharmaceutical Services and Capacity Development**
 - **Advocacy**
 - **Research and Information sharing**
 - **Non-Communicable Diseases**
- **Antimicrobial Resistance and Infectious Diseases**
 - **Maternal and Child Health**

ACRONYMS

AMR – Antimicrobial Resistance
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
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
CHA – Christian Health Association
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
DSO – Drug Supply Organization
DTC – Drug and Therapeutic Committee
EED –Evangelischer Entwicklungsdienste.V.
HAI - Hospital Acquired Infections
HCWs- Health Care Workers
IEC – Information Education and Communication
IPC – Infection Prevention and Control
KAP – Knowledge Attitude and Practice
EPP- Essentials of Pharmacy Practice
LMICs- Low- and middle-income countries
MTCs- Medicines & Therapeutics Committees
NCHS- National Catholic Health Service
ODK- Open Data Kit Software
PPE - Personal Protective Equipment
PCC- Presbyterian Church in Cameroon
RMNCAH- Reproductive Maternal Newborn Child and Adolescents’ Health
UHC - Universal Health Coverage
USIU- United States International University
WDF - World Diabetes Foundation
WHA – World Health Assembly
ZACH - Zimbabwe Association of Church related Hospitals

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EDITORIAL

Letter from the Executive Director



It has been an honor to serve for the past year as the EPN Executive Director. We continue to strengthen that relationship through a better understanding of the common mission we share as a network between the secretariat, its members, partners, stakeholders and friends.

2020 was anything but easy. The only way to get through such a year is by working together as a team. Therefore, I would like to extend my heartfelt thanks to our members and the secretariat. You have demonstrated resilience and shown great commitment in these unprecedented times. And I would also like to say thank you to you, our donors and partners, for the trust you have placed in us. We will continue to do everything we can to remain worthy of this trust. I am confident of the positive outlook the

network will continue to present for in the coming years especially with the impending strategic plan 2021-2025.

The pandemic has served to further reveal preexisting inequities in health care. Yet we remain rooted in our commitment to recover and aid in the renewal of our communities. We are at a turning point. Two roads—one merely leads to a recovery. The other leads us to a renewal.

All this has increased uncertainty about the future, and they raise important questions about the role of pharmaceutical professionals and in general, healthcare workers. How do we demonstrate responsible leadership as healthcare providers? How can a network like EPN deliver on our commitments to provide just, compassionate and quality pharmaceutical services? What are the opportunities to rebuild trust in our systems with a purpose to serve everyone with whom we are inclined to assist?

We have made strides and achieved much yet there is still so much work to be done. Your partnership and support has been humbling and greatly appreciated. In 2020 we had several projects in different countries that included Zimbabwe, Cameroon, Sierra Leone, Liberia, DRC, Rwanda, CAR, Nigeria, Kenya, Malawi and Tanzania. These projects were focused on: Non-communicable diseases (NCDs), Antimicrobial Resistance (AMR) and Infectious Diseases, Pharmaceutical Services Capacity Development and Research and Information Sharing. The larger network of 37 countries benefited from our publications, member meetings and advocacy work. 2020 was also an important year in EPN as it marked the end of our strategic plan for 2016-2020.

It is my sincere hope that we continue our efforts to strengthen pharmaceutical systems to become more resilient and better able to efficiently respond to pharmaceutical needs in the countries we are serving in. May God bless and grant you a very successful 2021.

Thank you for your commitment and support. Please take care and stay healthy.

Richard Neci,



EPN Executive Director.

Letter from the Board Chairperson



Dear Friends and Partners, the Board and I would like to express our appreciation for your continued commitment throughout 2020 which was an extraordinary and challenging year. We continued to progress our strategy towards to the end. The COVID-19 pandemic dominated all aspects of life and business and EPN was no exception with impacts felt both operationally and among our members. In the face of huge challenges we delivered and continued to make progress on our strategy. This is a testament to the leadership of Richard Neci and his team who have navigated the network through the year and ensured to remain focused on our purpose and delivery of just, compassionate and quality pharmaceutical services.

We have undertaken a number of activities within the year to better align the current realities and focused the network on sustainable channels. 2020 marked the end of our strategic plan for the past five years. The end-term evaluation of the performance of the Ecumenical Pharmaceutical Network (EPN) was conducted from October to November 2020. The evaluation period was from 2018 to 2020 and corresponded as the second half of the 2016-2020 strategic plan. This evaluation was built on the results of the mid-term evaluation of the 2016-2018 period and provided information to design the next 5-year strategy to which we all look forward to beginning in 2021.

The COVID-19 outbreak has made people think more about the importance of health beyond national boundaries and made us realize anew that our network contributes to society. I am especially intrigued to share that the plans for an online platform to host the EPP training, governance and leadership training, pharmacovigilance, etc. to build pharmaceutical capacity of health care workers and strengthen facilities management as a whole amongst many other projects was materialized. Also notably, the network members shared their experiences especially with coping with the pandemic through the various publications in EPN. We will continue to put patients at the center of everything we do as we leverage our expertise through our members, and the strengths of our togetherness as a network to enhance and evolve our activities to contribute to the health of people worldwide. We are counting on the continued support of donors, partners, friends and all stakeholders. EPN is positioned to enable strong progress through the coming years.

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

Wishing you the very best and God's blessings for 2021.

Yours sincerely,

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

Marlon Banda.

ANTIMICROBIAL RESISTANCE AND INFECTIOUS DISEASES

Improving access to quality effective pharmaceutical services in Church health facilities: Infection Prevention and Control (IPC) in Sierra Leone

Infection prevention and control (IPC) is the cornerstone of a functioning health service. 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 list¹.

In a study conducted in Sierra Leone in the year 2015 by National institutes of Health², HCWs described IPC as 'life-saving' and personal protective equipment (PPE) 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 were consistent with glove reuse and poor HCWs hand washing.

In the second year running, EPN together with the Christian Health Association of Sierra Leone (CHASL), and Action Medeor have been implementing a project in this country towards improved access to quality effective pharmaceutical services in church-based health facilities. The goal of the project is to enable church health facilities in the focus countries provide their patients with more effective pharmaceutical services, responding 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 the health institutions.

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

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

Baseline study

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 across the country. The results of this baseline were used to identify the needs for the various facilities.

Capacitating IPC Champions for each of the facilities



After the baseline study, IPC champions were identified in each of the facilities for a training that focused on the areas of weakness/gaps found during the baseline study. In May 2020, a total of 18 participants drawn from 6 selected CHASL member hospitals with each facility represented by three staff members were trained on IPC and basic COVID-19 prevention. These champions were to help share knowledge and skills within their facilities. This was done in amid

to prevent transmission of infection between staff, patients, and visitors as well facilitate the investigation of all cases of healthcare-associated infections, COVID-19 and monitor IPC measures adherence and provide timely feedback for action. The participants were mostly nurses (matrons, State Registered Nurses-SRN, State Enrolled Community Health Nurses (SECHN) and Laboratory)

Some of the areas covered in the training were;

1. The novel corona virus (COVID-19), its epidemiology, risk factors, definitions and symptomology
2. Chain of transmission and overview of standard precautions
3. IPC Standard Operating Procedures for COVID-19
4. Rational use of personal protective equipment
5. Transmission-based precaution
6. Hand hygiene with demonstration and practical sessions on hand washing
7. Injection safety
8. IPC and Healthcare Associated Infections (HAIs)
9. Triage and Screening

"This training has brought to light some of the gaps and poor IPC practices. I have learnt from them. I am now a change agent and will use this knowledge and skills to work on my practice and strengthen the current IPC structures within my facility",

Participant, School of Midwifery.

10. PPE/Cough Etiquette/Patient Placement
11. Waste Management and sharp safety, environmental cleaning and reprocessing of reusable medical devices
12. Demonstrations and practical sessions
13. Appropriate use of PPE based on risk assessment, donning and doffing of PPEs

Post-test assessment of the trainees indicated improvement in knowledge with over 90% of the participants scoring over 50% (which is the pass mark) in the assessment from 50% in the pre-test.

Advocacy

Advocacy is not only instrumental in increasing not just visibility, but also creating awareness and understanding, tracking progress and leveraging support. This has been a fundamental element of this project.

Hospital administration and Executive Council members



In May and July 2020, two advocacy meetings with the hospital administration were held to share with them the expected positive outcomes of the project and to get their support and buy-in. The call-to-action from this meeting was for these key persons to support the IPC champions in their role to ensure compliance, ensure that the project goes on as planned, and monitor the process guided by the indicators within the log frame.

Administrators and church leaders

In December, an advocacy meeting for the hospital administrators and church leaders was held. This was used to brief them on infection prevention, familiarize heads of churches with the project, advocate on their roles in the project, get their support, share the progress, and review the roles of the hospital administrators.

A number of action points and resolutions were developed from this meeting and are being used to monitor the progress of the implementation of project activities.

“This training brings to mind things learnt back in training school and is quite refreshing. It is very useful. I will use this knowledge gained to pass on to my midwifery students, it is also helpful for me, my family and community to curb the spread of infection during this pandemic. I have learnt a lot”,

Participant, Serabu Catholic Hospital,



Progress

A supportive supervision to six targeted CHASL member hospitals was conducted to see firsthand implementation progress per facility, observe IPC practice, learn about their success, challenges faced and ways of addressing these challenges and also provide onsite technical support. A structured questionnaire / IPC monitoring tool divided into section with key activities, developed by EPN and Action Medeor with inputs from the CHASL was used. Some of the observations are;

- Three hospitals have representative champions from various departments who report to the IPC focal persons. These champions/ IPC representatives are internally created by the facilities to support the process and thus have no formal appointment letters.
- All of the hospitals have signed and stamped letters for the IPC committee. Action plans are fairly met by most hospitals.
- All hospitals have had some IPC training for staff.
- Facilities were appreciative of the visit and see it as a means of motivating them to do more and improve on their lapses. Commitments were made to work on their lapses and requested for regular visits.



(Left to right) Staff member make use of handwashing and waste disposal facilities set up. Note the posters and signs indicating various procedures for carrying out respective tasks.



Hospital visitors utilize a handwashing station and a disposal bin installed in one of the facilities. Right, patients awaiting services in a waiting area



Members of facility team in some of their sessions



Health staff carrying out sterilization procedure in two different facilities

Effective Health Care services in response to Pediatric HIV/AIDS

EPN believes that with strong health systems, its mission to support and strengthen church health organizations promote and provide quality pharmaceutical services is attainable. In the year 2019, EPN together with Bureau des Formations Médicales Agréées du Rwanda (BUFMAR), also an EPN member, initiated a project aimed at building the capacity and skills of health care workers in church health facilities in Rwanda. The aim is to provide patients with effective health care services in the management of pediatric HIV. The project is being carried out within the health care facilities affiliated to BUFMAR, a drug supply organization. The project receives generous support from the Bread for the World.

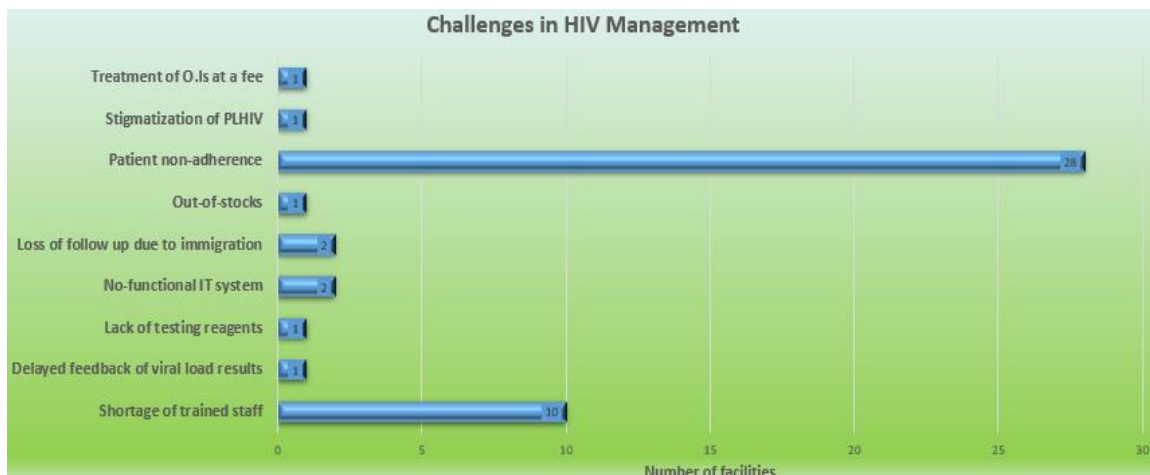
The objectives of this intervention are to ensure;

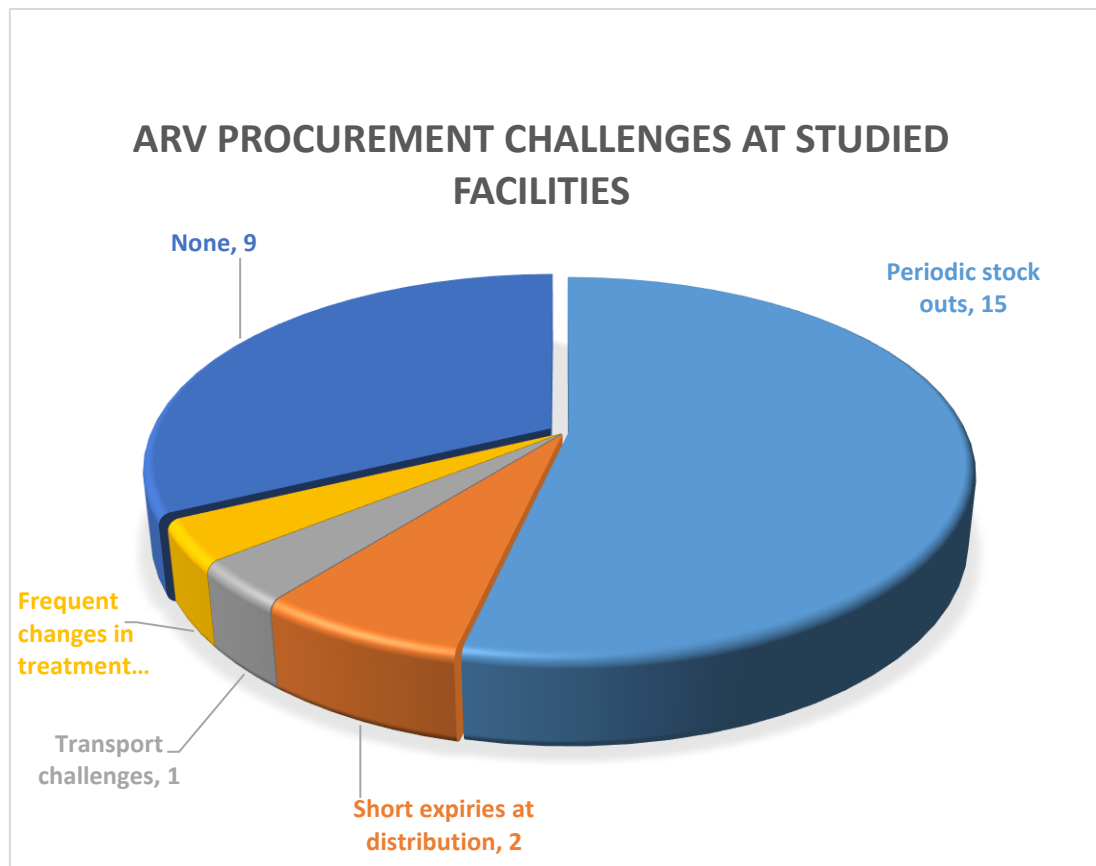
- *Adherence to pediatric (0-14 years) HIV algorithms and STGs by the healthcare workers has increased by an average of 30%, by end of project.*
- *Availability of pediatric friendly heat stable ARV formulations (especially Lopinavir/ritonavir pellets) and point of care early-infant diagnostics (POC-EID) 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.*

Baselines

The project kicked off with a baseline study undertaken in March 2019. It measured and assessed the status of HIV ARV paediatric formulation availability, adherence to pediatric (0-14 years) HIV algorithms and STGs, point of care early-infant diagnostics (POC-EID) and the challenges faced in ARV stock and HIV management. Point-of-care early infant diagnosis is an approach invented to strengthen early infant diagnosis programs and improve health outcomes for the youngest and most vulnerable children.

Findings revealed that the main challenge experienced by the church health facilities was availability of HIV paediatric formulations (LPV/r) which is a pediatric friendly formulation. Among other findings, the study showed that only 2 facilities out of the targeted 17 facilities were using the formulation, while only 8 out of 17 facilities (47.1%) were using the recent National Guidelines





Some of other activities that were carried out to implement the project include;

- *Training for Healthcare Workers (HCWs) on management of pediatric and adolescents & young people's (AYP) infected with HIV. This included each trained healthcare worker developing action plans with an intent to improve dispensing services with reference to the baseline set as per collected data at the beginning of the project.*
- *HIV/AIDS literacy training for religious leaders to build their knowledge on HIV treatment and enable them support the country's interventions in the HIV response. Areas covered included treatment adherence, stigma and discrimination in HIV and treatment literacy.*
- *Advocacy meeting for policymakers to gain their support and buy-in, and in facilitating for solutions addressing the challenges identified from the baseline towards the success of the project*

The second advocacy meeting took place in August 2020, gathering representatives from the MOH, religious Leaders among BUFMAR members and EPN. Recommendations and commitments from the first advocacy meeting were reviewed and more action plans were laid out. Some issues had been advocated for and the meeting appreciated the progress and improvement achieved. The representative from the MOH congratulated BUFMAR for its contribution in National Health sector, and further encouraged

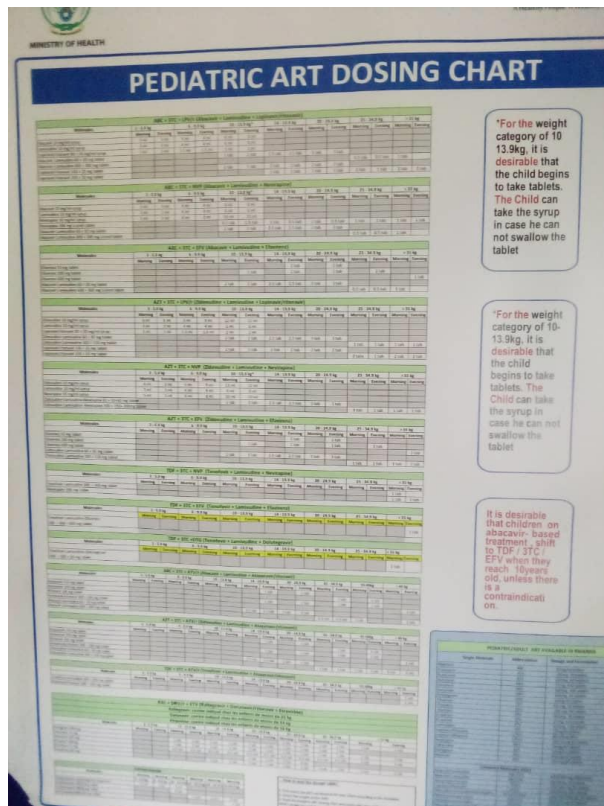
BUFMAR and its partners to keep bringing up more initiatives similar to this project and pledged its support to make any initiated project successful.



Advocacy meeting gathering representatives from the MOH, religious Leaders among BUFMAR members and EPN

Supportive supervisory visits

To ensure that all the action plans set were being executed, supervisory visits were done in June 2020 employing a supervisory tool. This tool had various categories which assessed: storage and availability of HIV paediatric commodities, HIV patients follow up, inventory control management and the action plans.



Stakeholders' meetings



A stakeholders meeting

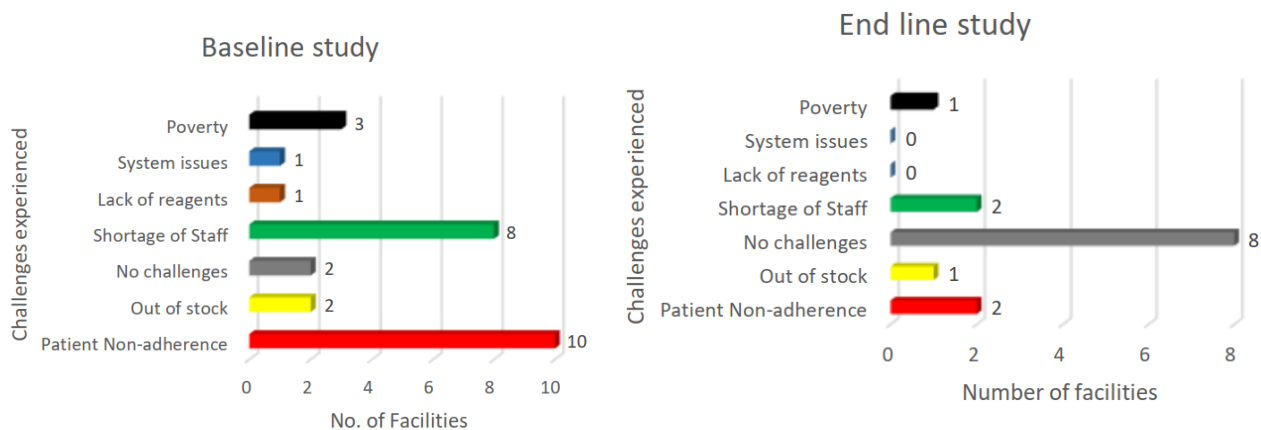
In August 2020, BUFMAR organized a one-day stakeholders meeting to evaluate the progress of recommendations and commitments from the previous advocacy meeting that took place at the beginning of the project in August, 2019.

End-line assessment

Seventeen (17) facilities were evaluated in the end-line study done recently. A summary of some of the results of the end-line assessment include;

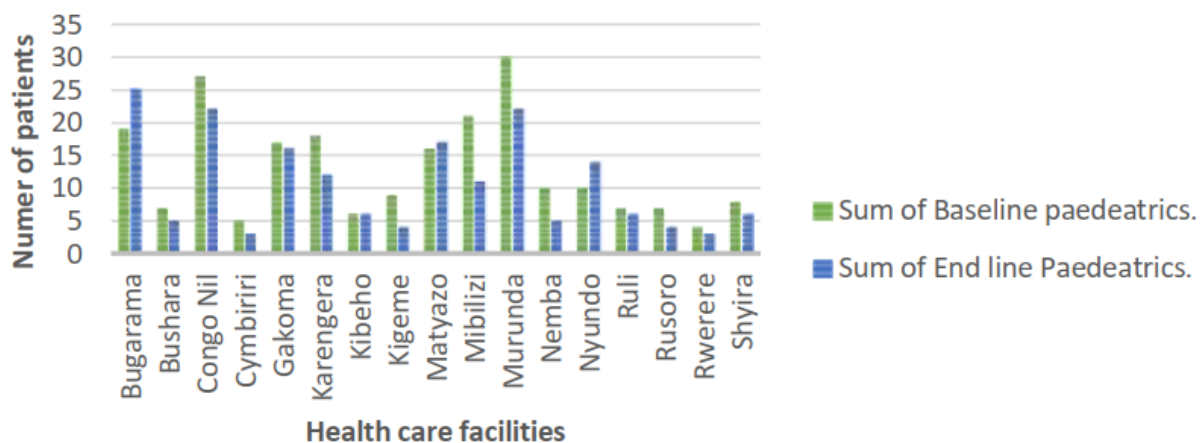
- *Seven (7) facilities had the LPV/r formulation in use in the facilities as opposed to 2 as per the baseline evaluation, an improvement of 29.4%.*
- *The advocacy meetings were successful in yielding integration of the church health facilities into the National Technical Working Groups (TWG). For example, BUFMAR will start using e-LMIS, a harmonized pharmaceutical supply chain management and reporting tool, from Central Medical Stores up to Service Delivery Points (SDPs).*
- *In the baseline study, 6 facilities (35.3%) had representation National HIV TWG while in the end line study 9 facilities (52.9%) had representation in the TWG. This represent was an improvement of 17.6% by the end of the project.*
- *General reduction in the number of pediatric observed in the targeted 17 health facilities*



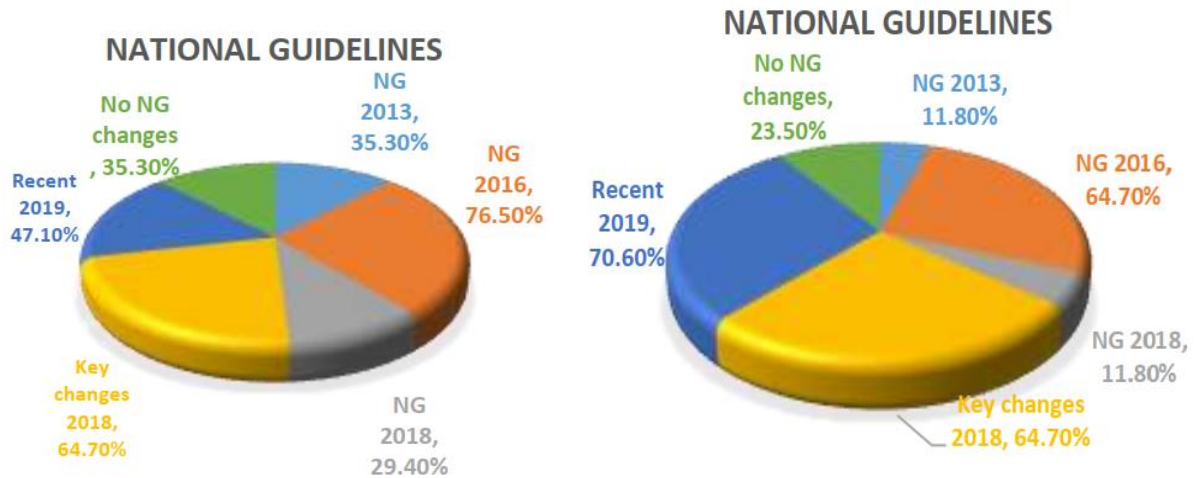


Distribution of paediatric HIV patients per facility as seen during baseline and endline studies

HIV PAEDIATRIC PATIENTS POPULATION



- 70.6% of the facilities have now using an updated version of the National guidelines as opposed to 47.1% in the baseline study



Charts depicting the availability of National guidelines for the various past years as found in the baseline (left) and end-line

- There is improved patient adherence and reduction challenges related to management of HIV/AIDS, including lack of reagents, adherence to medication, shortage of staff, stock-outs among others. Improvement to patient adherence is attributed to availability of pediatric ARVs national guidelines
- Religious leaders have committed themselves to meeting their local churches and leaders of and prayer groups to equip them with knowledge to differentiate spiritual healing and clinical cure. They also pledged to be involved into this awareness creation exercise



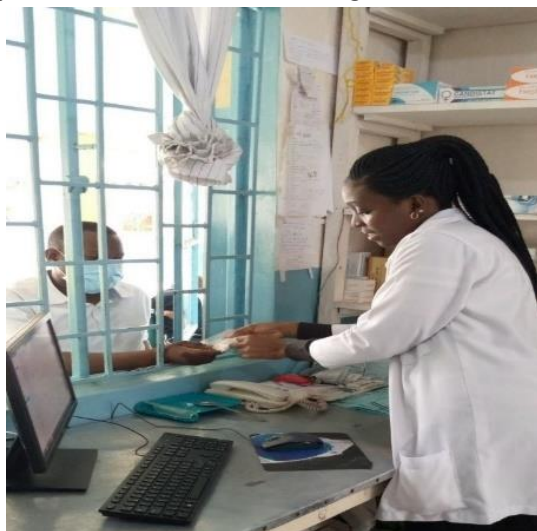
PHARMACEUTICAL SERVICES CAPACITY DEVELOPMENT

Ecumenical Scholarship Program (ESP)

This is an EPN program started in the year 2011 aimed at strengthening the capacity of personnel in health systems to provide quality services. It is implemented through the provision of 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 current beneficiaries, 21 candidates from 8 Countries are the third lot (2018 to 2021) to be offered both Diploma and Degree Scholarships. The beneficiaries are currently going on with their studies in different accredited institutions in their respective countries. 7 candidates enrolled for Bachelor's Degree whereas 14 Candidates enrolled for a Diploma course in Pharmacy.

In 2020, the COVID-19 pandemic and the resulting measures to control spread such as restrictions of movement, had an adverse impact on the learning as many learning institutions were closed. This has pushed the semesters further and consequently the completion dates of some of the students. While some students were able to have virtual classes, some were totally not able to continue learning. For those who were able to study virtually, some had challenges in accessing or using computers and stable internet to interact with their respective school online learning. The pandemic has also affected planned physical monitoring visits for the project progress that were to take place.

On a positive note, two students from Cameroon and Zambia successfully completed their studies and are now due for graduation in 2021. One of the successful students, Maria Bhoke Mwita, a 2019 graduate from Tanzania is an example of the impact that this program has. Through the training, she is now attached to a health facility in Tanzania. Here is her testimonial.



“My name is Maria Bhoke Mwita. I work at Nkoaranga Lutheran Hospital in Tanzania. To improve on medication dispensation and other pharmaceutical areas, I went for an advancement of my education as a Pharmaceutical Technician at Paradigms Health and Science College in Dar es Salaam from September 2018 to September 2019, through sponsorship from EPN.

By the end of my studies, I had really improved on medication dispensation, filing bin-cards, taking stocks and writing reports amongst other areas. Things have become quite easy for me now that I am more knowledgeable and passing the same to my colleagues.

One of the challenges we were facing as a hospital is that there were very few pharmacy staff thus work overload. However, I introduced the idea of working in shifts which has really been sitting well with us. I also shared insights learnt with my colleagues on better drug management and proper dispensation. Besides that, I am now able to locally prepare sanitizers which are quite pertinent during these times. The Ecumenical Scholarship Project is a life saver! I encourage other students to tap into the opportunity. Thank you EPN.”

The East African Community Pooled Procurement (EACPP)

One of the major challenges that many low and middle-income countries (LMICs) face is the access to affordable, quality-assured essential medicines. This challenge trickles down to health facilities that struggle to maintain adequate levels of essentials medicines for their patients. Pooled procurement is one of the solutions to address such challenges. It helps to leverage on economies of scale through the lowering of costs through bulk purchasing and pooled negotiations. In addition, it also helps assure quality, stable supplies and resultant access and affordability of essential medicines.

Through the East African Community Pooled Procurement project (EACPP), EPN supports church health facilities in promoting access to quality-assured essential medicines and medical products. 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 under the technical support of the EPN.

The project was initiated in 2012 with the technical support of EPN in order to improve the access and affordability of high-quality essential medicines within the East Africa Region. All the four DSOs are member organizations of EPN. The main objective of this initiative is to increase access to quality-assured essential medicines and medical supplies within the EAC region. Some of the specific objectives of this initiative include;

- 1. To source essential medicines and medical supplies at lower prices.*
- 2. To source quality essential medicines and medical supplies.*
- 3. To ensure consistent supply of essential medicines and medical supplies.*
- 4. To achieve cost efficiency in supplier pre-qualification.*

COVID-19 supplies procurement



In the year 2020, pooled procurement tender was floated in the emergency context of the Coronavirus (COVID-19) pandemic following the recommendation of project partners' CEOs. This was informed by the necessity to cater to the immediate need of PPEs and examination gloves by the DSOs occasioned by the Covid-19 outbreak. This was the first undertaking of the EACPP under an emergency context.

An open tender invitation was sent out to several suppliers for the supply of PPEs and examination gloves. A total of 18 products were floated, bidders received the complete tender package with a list of quantified products and regulations. Tender invitation was then sent to 27 suppliers who were both medical products manufacturers and distributors.



Some of the items floated in the tender



Eight (8) suppliers submitted their documents to participate. However, after bid analysis, sample analysis, and evaluation and price negotiations, none of the suppliers were awarded the tender due to a number of reasons. These include; failed samples, high prices and availability of similar products locally in competitive prices.

Challenges

Having being carried out in a new emergency context, the tender process encountered a number of challenges. Some of these included;

- Lengthy sample delivery time especially among international suppliers extending the sample analysis process resulting to longer duration of this tender procedure
- Unanticipated delays of the samples being held at the customs became both time-consuming and financially straining
- Fluctuation of prices resulting from initial delays

Opportunities and recommendations

- An emergency procurement procedure was developed and amended. This will be useful to facilitate agility and adaptability, as well as prioritize on the needs of the beneficiaries. This will ensure there is an efficient and effective tender process when the time calls in the future.
- In consideration of the emergency context of such tender, efficiency in operations within the entire process is a high priority. An efficient supply chain should be able to deliver quality products to the beneficiaries in need at the right time.
- Pooled procurement can also apply internally among the members. Internal sourcing of products between the DSOs should be encouraged. Where a DSO has ample stock of the products needed by another DSO, it can supply the other under developed procurement procedures

The Minilab Project

Falsified and substandard medicines pose a threat to the patient's health and the function of health care systems. Substandard and falsified (SF) medicines contribute to the lack of affordable and safe medicines for patients, hampering the efforts of achieving sustainable development goal (SDG) 3 especially in Low- and Middle-Income Countries (LMIC). Supply chains for medicines are fragile, and have partly collapsed under the COVID-19 pandemic. Most Countries in Sub-Saharan Africa lack enforceable regulations and the necessary laboratories and means to carry out quality control of medicines on the market.

The Ecumenical Pharmaceutical Network (EPN) together with DIFÄM (Deutsches Institut für Ärztliche Mission) has established a Minilab- Network that utilizes a suitcase laboratory (GPHF Minilab) to test the 100 most common medical compounds for counterfeits. With this, they reduce the risk of such products within their own supply chains. Today, 18 of EPNs member organizations in 12 countries mainly Sub-Saharan Africa are members and are successfully identifying falsified and substandard medicines.

In 2020, EPN in partnership with the Christian Health Organisation of Liberia (CHAL), Association des Oeuvres Médicales des Eglises pour la Santé en Centrafrique (ASSOMESCA) in the Central African Republic (CAR), Presbyterian Church of Cameroon (PCC) in Cameroon and Dépôt Central Médico-Pharmaceutique (DCMP) in the Democratic Republic of the Congo (DRC) have initiated a project under the Minilab program. The project has received generous support from Partnership for Global Health (Plan:g).

The World Health Organization (WHO) estimates that 10% of medicines are not genuine.

The objective of this initiative is to establish good practices in pharmaceutical aid in the midst of the COVID-19 pandemic: Developing capacities in detecting substandard and falsified medicines using the minilab technology in four countries of Sub-Saharan Africa. By addressing the human resource gap in the Network and the advocacy efforts at government level, the project expects the following results:

- *Enhanced testing of suspected substandard and falsified medicines in the Minilab partner organisations*
- *The minilab network is strengthened and broadened.*
- *Minilab partners and government agencies, such as the MoH in the 4 countries are working hand in hand to fight substandard and falsified medicines.*

All partners will identify project managers to lead the implantation activities. EPN has planned to recruit a new multilingual (English and French) staff who will join in 2021.

Other activities planned for the project include, development and dissemination of advocacy materials for the use in the project, training partner health facilities' staff in visual inspection of medicines and encourage testing, development of action plans on sample collection and testing, carry out the tests, establish communication that attends to upcoming problems like shortages of laboratory material or issues directly among others

Through this, Minilab partners and government agencies, such as the MoH in the four countries are working hand in hand to fight substandard and falsified medicines. Most activities are to take place in the year 2021.

It was the Minilab members in Cameroon and the Democratic Republic of the Congo (DRC) who first reported falsified Chloroquine, after the malaria medicine had been promoted to be a treatment option for COVID-19, leading to a worldwide WHO alert in 2020 "Falsified chloroquine products circulating in the WHO



Smart Healthcare Pilot Project

EPN together with Christian Health Association of Malawi (CHAM) and Christian Health Association of Kenya (CHAK) have entered into partnership to conduct a project aimed at improving the management structures at four Faith based Hospitals in Kenya and Malawi. Through this project, the partners, seeks to increase sustainability of the faith-based health facilities/hospitals by improving the management through capacity strengthening in hospital governance, HR and finance.

In addition, it seeks to improve the Health Information Management System (HIMS), through provision of an integrated software solution for inpatient, outpatient, pathology, pharmacy, laboratory, management and finance department. This is one of the ways to enhance timely availability of quality data for decision-making. The project receives generous support from Action Medeor.

A baseline assessment is planned to be carried out in early 2021 to identify the needs of the various health facilities of CHAK and CHAM using the ODK open data kit. Based on the identified needs, trainings to strengthen the management capacities will be conducted.



Digitization of the EPP

One of the objectives under capacity building is to promote and enhance professionalism and good governance through training and education. Since 2011, EPN has conducted physical training for its 12-week EPP course in more than 10 countries across Africa.

Year	Country	Number of people trained
2012	Uganda / South Sudan	25
	DRC	25
	Malawi	25
	Central African Republic	29
	Sierra Leone	25
2014	Malawi	25
	DRC	33
2015	Chad	19
	Nigeria	47
	Tanzania	23
	South Sudan	17
2016	Ethiopia	23
	Niger (Niger, Benin, Burkina Faso)	23
2017	DRC	23
	Kenya	30
	Rwanda	42
	Total	434

The trainings have shown positive results in stock management, quality medicines dispensing and generally enhanced best practices. In 2020, as part of efforts to enhance these trainings, EPN started to customize the training into online. This involved customizing the EPP Module 1, 2 and 3 for online delivery.

The EPP course imparts competencies required for the day-to-day delivery of quality pharmaceutical services. The key knowledgeable areas include:

- *Pharmacy and Healthcare*
- *Fundamentals of Pharmaceutics*
- *Medicine Supply Management*
- *Basic Therapeutics*
- *Rational Medicine Use and Dispensing*
- *Hospital Pharmacy Practice*

The unique concept of EPP provides a learner with an education enabling them to successfully organize and run a hospital pharmacy in an African setting.

All the members of the EPN and healthcare workers working in their facilities are highly encouraged to enroll in this course and utilize the skills served.



Covid-19 Project: mitigating the impact of Covid-19 on the pharmaceutical services in church health systems

The delivery of routine medical and public health services has been severely interrupted in many countries because of COVID-19. The reasons for these disruptions are multiple but include population reluctance to seek services because of fear of getting COVID-19, mandatory stay-at-home orders, healthcare systems overburdened by caring for COVID-19 patients, fear of healthcare workers, and diversion of human and other resources from routine services to deal with COVID-19.

In 2020, EPN and MEDS agreed to join their efforts to build skills and capacities of frontline health workers and various hospital cadres to mitigate the threat of the pandemic within our network. This will be delivered through an online learning platform. Both EPN and MEDS have broad experiences offering capacity building trainings to healthcare workers in order to strengthen health systems and improve efficiencies of health care workers.

The main goal of the project is to contribute to mitigating the impact of Covid-19 on the pharmaceutical services in church health systems and the sustainability of health facilities.

This project seeks to solve some of the problems that have resulted from this pandemic which include:

- Capacity and knowledge gaps for Health Care workers clinical management of COVID 19.
- Poor quality and gaps in quantification of medicines and Personal Protective Equipment (PPE) at facility level
- Insufficient and lack of adequate health care financing that threaten sustainability for health facilities
- Disruption in health care systems in provision of other services

This project will focus on building capacities and capabilities of the following cadres:

- Nurses
- Clinicians or Clinical Officers
- Pharmacy staff
- Laboratory staff
- Health administrators/Health Managers/Finance Administrator/Medical Officers and indirectly;
- Community Health Workers.
- Patients and Support staff in health facilities.
- Communities and General population.

Once ready to start, the training is intended to begin with a target of at least 100 health workers from the various health facilities of four EPN member DSOs in four countries MEDS (Kenya), BUFMAR (Rwanda), CBC (Cameroon) and CHAN

Medi-Pharm (Nigeria). An advertising of the Covid-19 courses has been circulated to the network and positive feedback has been received. Certificates of completion and tests were also designed to be used for the assessment of the students' progress. The training is planned to start early 2021.

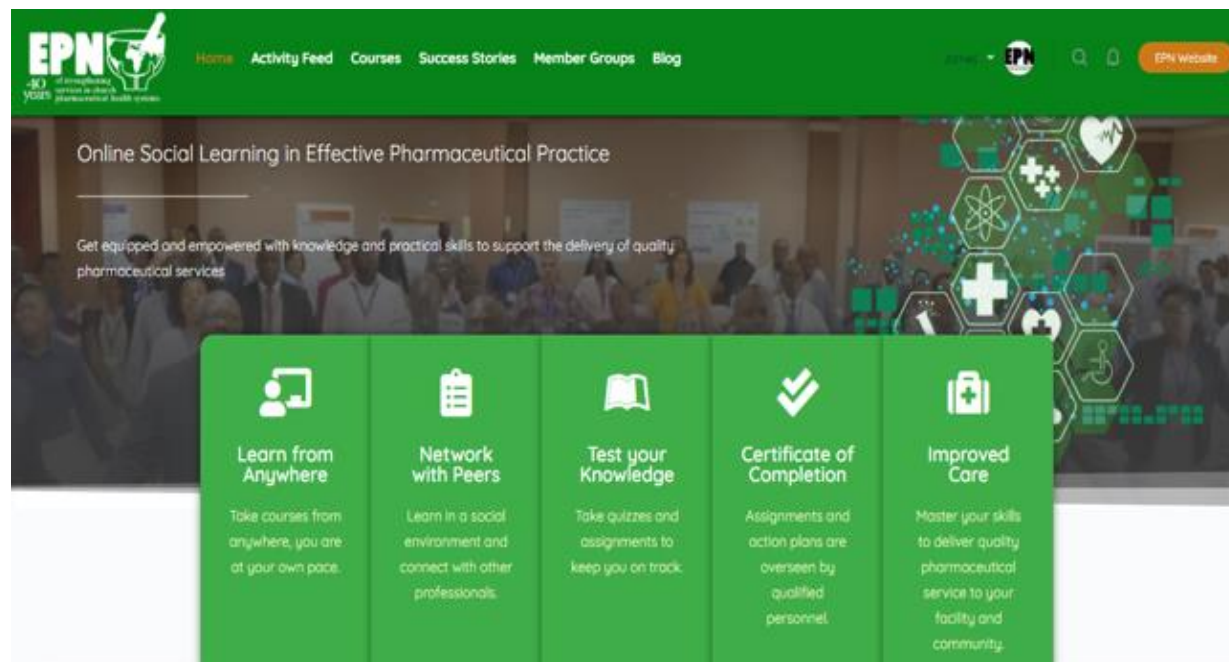
EPN started setting up an online e-learning platform-Learning Management System (LMS) that is intended to deliver lessons to students virtually. In this online platform, the lessons are to be delivered through, voice-over presentations, quizzes and exams. The portal will have organised class-room discussions for participants. The facilitators conducting the training will be from the EPN and the MEDS team.

EPN customized its EPP Module 3 that focused on Medicine supply management course into an online version in English and French. Recorded voice-overs of the modules were produced in French and English languages. MEDS too developed a course on Health Governance and Leadership.

EPP course Module 3 (Medicine Supply Management) will equip participants with forecasting, and quantification skills for health commodities, visual inspection and local preparation of some products. This

strengthens supply chain systems mitigating against artificial shortages and irrational supply for health commodities.

Health governance and leadership: Health facilities have witnessed decreased patient numbers and consequently decrease in revenue. Some facilities have retrenched health workers while others are threatened with closure. Focusing on challenges in the health sector, amidst this pandemic, the training will equip health managers with skills to navigate and steer health facilities into coping through this pandemic and continuity of health services. This shall ensure sustainability of health services especially for faith-based hospitals and mitigating against health effects of COVID-19.



The training is expected strengthen human resource capacities of the frontline health workers by offering the needed skills and capacities in prevention and management of patients. Action plans for facilities will also be developed to help in tracking progress. Counselling and psychological training will empower the frontline workers to better cope with strain and stress emanating from day to day handling of COVID 19 cases.

Additional courses will be available for EPN members and interested health professionals:

- Counselling and Psychosocial Support for Healthcare Workers (EN)
- COVID-19 Clinical Management (EN)
- Financial Management and sustainability
- Health Commodity Management (EN)
- Infection Prevention and Control (EN)
- Pharmacovigilance
- Rational Drug Use
- Robust and Sustainable Resource mobilization

NON-COMMUNICABLE DISEASES

Improving Type 2 Diabetes Care in Zimbabwe

Since 2018, EPN with the support from the World Diabetes Foundation (WDF) has been carrying out a project in Zimbabwe with an objective of improving the management of Type 2 diabetes in faith-based healthcare facilities in Zimbabwe. The project is being implemented in partnership with EPNs' member organization, the Zimbabwe Association of Church related Hospitals (ZACH) and the Zimbabwe Diabetes Association (ZDA).

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. Zimbabwe's Health Delivery System, was once rated amongst the best in Sub-Saharan Africa, but has suffered severely in the period 2000 to 2009.

Through this project, EPN and ZACH 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 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. The baseline assessment also entailed the testing of 50 patients using the HbA1c test.

Since then, several activities have been carried out including a training of trainers followed by the training of 75 staff from 41 health facilities, development and dissemination of Information, Education and Communication (IEC) materials among patients and healthcare workers; a stakeholders advocacy meeting to sensitize hospital administration, government representatives, DSO representatives, and other stakeholders about the importance of availing quality diabetes medicine and diagnostic equipment in the faith-based health facilities, post-training supervisory visits and a refresher training.

In July and August 2020, supervisory visits were carried out in 41 health facilities to determine the progress of the implementation of various projects activities. This provided an opportunity to;

1. To assess stock management at facility level so as to improve product management at facility level
2. To provide on the job training in needy areas and reinforce good practices
3. To strengthen commodity supply and security
4. To collect statistics on diabetes mellitus and other non-communicable diseases
5. To assess the functionality of diabetes clinics
6. To distribute diabetics IEC materials



Refresher trainings were carried out in December 2020 for health facility personnel consisting of; registered general nurses, primary care nurses, pharmacy technicians, and dispensary assistants. The objectives of the training were to;

- To allow previously trained pharmacy and NCD focal personnel to provide feedback on the project implementation
- To disseminate findings from the support and supervision visits that were conducted to health facilities.
- To provide further training to health personnel to ensure successful implementation of the EPN program.

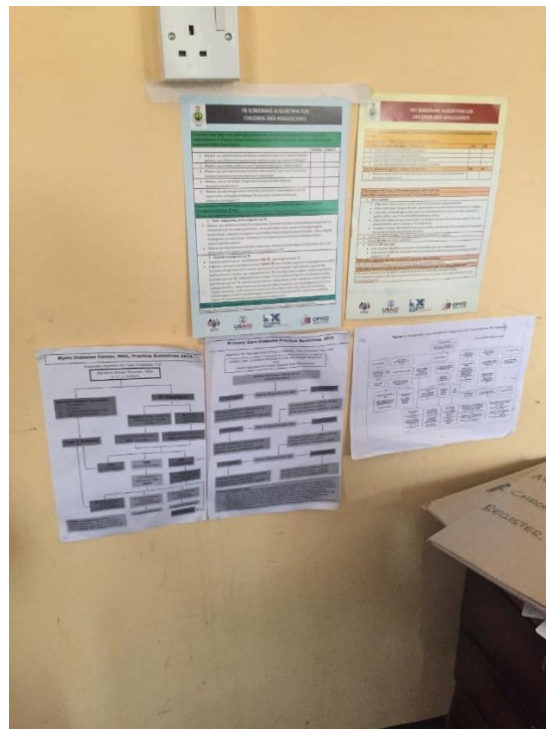
The training provided a platform for the mission hospitals to share successes, challenges and recommendations on management of type 2 diabetes. The facilitators also took the opportunity to mentor and coach participants through feedback of the support and supervision visits which they conducted.



A Laboratory and Pharmaceutical Coordinator distributing IEC material to participants. (Right) healthcare personnel in a training session held in Bulawayo

An end line assessment was carried out in December 2020, and it involved the testing of 54 patients compared to the baseline assessment where 30 patients were tested. This was due to the increase in number of facilities in the end-line study.

Preliminary findings revealed that the facilities that had their staff trained were able to manage the diabetic patients better and had also improved in their dispensing practices. There was also an increase in the availability of anti-diabetic medication in the facilities and from the KAP study done, the patients' knowledge on diabetes had increased depicting great use of the IEC materials. Patients in the facilities analyzed showed an improvement by 18% on the knowledge and practices of the patients. The untrained facilities had some improvements as well despite not training the health workers.



Finally, an advocacy meeting will bring together the same stakeholders to share the outcomes of the project and provide orientations for the future.

ADVOCACY

EPN advocacy strategic objective focusses on increasing the priority given to access to medicines issue in both faith-based and national health systems. Lack of access to quality-assured medicines 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;

- The CCIH Conference that was attended by EPN virtually from June 1st - July 9th 2020.
- International AIDS Virtual Conference 2020 from 6th - 10th July 2020 was attended virtually by EPN.
- FIP Virtual Council Meeting 12th and 13th September 2020.
- World Health Summit took place virtually from 25th - 27th October 2020 in which the Executive Director presented in the Substandard and Falsified Medicines Session - on the Ecumenical Pharmaceutical Network and its activities in the fight against falsified and substandard medicines in Africa: Lessons learnt and recommendations for future action.
- WHO Africa 70th Session of the Regional Committee.
- The Executive Director of EPN participated in this virtual Meeting held on August 25th, 2020. A joint statement was developed jointly on the WHO Report on the performance of health systems in Africa. This statement was submitted by Dr Mwai of World Council of Churches on our behalf (EPN, ACHAP, AACC

RESEARCH AND INFORMATION SHARING

Newsletters: EPN published five issues of its bimonthly electronic newsletters Netlink and e-pharmalink to over 1600 readers in 2020. Netlink informs about what happens currently within the Network, the members, secretariat, actual projects updates, visits and important events while E-pharmalink informs readers about current research and technical publications in EPN strategic areas, pharmacy practice and general health information.

Some of the topics covered in the editions that were shared in 2020 covered topics like;

1. INERELA+ Kenya implements Wajibu Wetu Initiative
2. Management of HIV/AIDS among children by Kenya Conference of Catholic Bishops – Kenya AIDS Response Program (KCCB-KARP)
3. Why Drug Supply Organisations should invest in capacity building of health facilities: A Joint Medical Stores perspective
4. i+solutions launches the COVID-19 procurement portal
5. Impact of COVID-19 on employees – a peep into CHAN Medi-Pharm Ltd/gte
6. Faith in Action against violence against women - South Africa
7. Faith in Action –Advocacy against gender-based violence- Malawi
8. 10 years of cooperation between Pharmacists without Borders Germany and St. Bernard Health Centre in Hanga, Tanzania
9. Developing systems, thinking is the only hope for effectively addressing the Antimicrobial Resistance crisis
10. Drug misuse and abuse in our society with greater impact on youths in Cameroon Celebrate with Lifenet: Reaching 10 million patient visits
11. MEDS embraces e-Learning in capacity building of health care workers
12. Availability, prices and affordability of selected antibiotics and medicines against non-communicable diseases in western Cameroon and northeast DR Congo



13. Reorganization of Mission for Essential Medical Supplies (MEMS) Company
14. Strengthening infection prevention in Sierra Leone: training IPC champions on IPC and basic COVID -19 prevention
15. ZACH in the fight against cervical cancer
16. ECWA Central Pharmacy Limited (ECPL) COVID-19 Intervention story – Responding to COVID-19 outbreak
17. S.D. Cooper Hospital praises Christian Health Association of Liberia (CHAL) for provision of drugs



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 or visit the website on <https://www.epnetwork.org/> to subscribe.

Pharmalink: EPN also released its 2020 edition of the Pharmalink publication that focused on capacity building. 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. These are some of the articles shared in the 2020 edition;

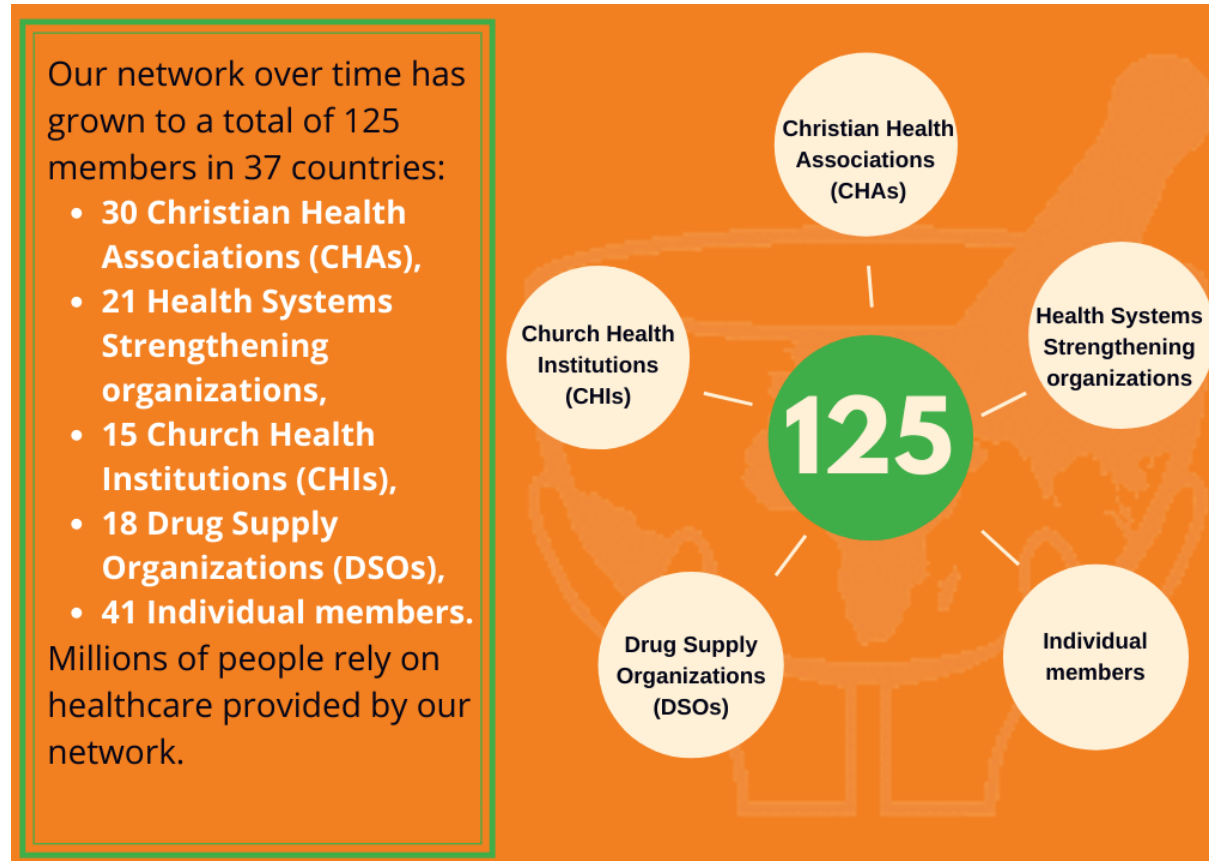
- Pharmaceutical capacity building in health systems –DIFAEM’s approach and experience in Liberia
- Action Medeor at the University of Rwanda
- Essential medicines; health systems strengthening
- Capacity building for pharmaceutical supply chain management: the PSA and EPN approach
- Effects of pharmaceutical human resources on the quality of pharmacy services in the CBCA health facilities in Kivu
- Aspect of health commodities management
- Challenges experienced due to changes in anti-retroviral treatment protocols in Zambia
- Impact assessment of long-lasting insecticide mosquito net distribution and usage on Malaria cases in Eastern province of Zambia.

Website: The EPN website is EPN’s online avenue for sharing the organization vision, mission and areas of action, news and events, important resources among others. 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.

Social Media: (Twitter, Facebook and LinkedIn): The platforms provide 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 are now a total of 125 members in the EPN distributed in 38 different countries, 27 In Africa and 10 outside of Africa.



In 2020, eight (8) members joined the Network;

Banda Health- Institutional- Kenya

Banda Health is a non-profit organization based in Nairobi, Kenya empowering healthcare providers in low resource setting by providing technology solutions, with a focus on dispensaries and clinics in very-low-income communities. Banda's main focus is on the business software needed by small clinics at the frontlines of healthcare in some of the toughest situations, so they can provide good healthcare out of scarcity. They bridge the gap that leads to loss of funds through inefficient management and manual cumbersome operations.

Mr. Tambo Cletus- Individual- Cameroon

Tambo Cletus is an Infection Prevention and Control trainer and current Chairman of Infection Prevention and Control Association of Cameroon (IPCAM) affiliated to ICAN. He is in charge of Quality control and Quality assurance of medicines, foods, water and teaches at the pharmacy section of Baptist Training School of Health Personnel, Bansa, Cameroon. He has worked as Quality Assurance Manager since 2004. His expertise also covers areas of research on medicine quality and fight against falsified medicines, campaign

against abuse of medicines and antimicrobial resistance and research on nosocomial infections in hospitals especially operation theaters, observations wards, neonatal ward, labour room and ICUs.

Dr. Mike Upio-Individual- Uganda

Mike is a public health consultant from Uganda. He is a physician and a lecturer of public health and epidemiology. His medical work covers areas of teaching of young doctors, improving quality of services in hospitals and general surgery. He has expertise in the areas of health system strengthening, quality of care in health facilities, Universal Health Coverage, Non-Communicable Diseases, health care management and reproductive health.

Dr. Elvira Beracochea –Individual- USA

Elvira Beracochea is a Global Health consultant at Realizing Global Health Inc. based in the United States of America. She has broad experience in managing various projects on improving pharmaceutical management and rational drug use. Elvira has expertise in rational drug use, strategic planning, monitoring and evaluation, training and networking.

Zana Wangari-Individual-Kenya

Zana Wangari is a pharmacist and a Doctor of Public Health (DrPH) student/research fellow at the Boston University School of Public Health. She is experienced in project management, data management and quantitative data analysis and currently building skills in community health needs assessment, policy development and program planning. One of her recent work is a program evaluation of pharmaceutical company access initiative in Kenya, which focused on improving access to quality and affordable non-communicable disease medicines. Zana is interested in access to medicines, pharmaceutical systems strengthening.

Christelle Ange –Individual-Cameroon

Christelle Ange Waffo is a PhD student at the Liege University. She works in the field of quality control of medicines. She has expertise in areas of accessibility of quality-assured medicines in Africa especially for the most marginalized communities. She is affiliated to the National Council of the Pharmaceutical Society of Cameroon.

Faith Based Central Medical Foundation-Institutional- Nigeria

The Faith-Based Central Medical Foundation is a faith-based organization headquartered in Nigeria. It is was founded to ensure the sustainable availability of affordable and quality medicines, medical and laboratory consumables, and reagent in private not-for-profit facilities. The Faith Based Central Medical Foundation specializes in: Quality Assurance Laboratory Services, Provision of essential and affordable Medical Commodities, Capacity building in core areas, Advocacy for improved public policies and improved management systems, Warehousing of health commodities, Supply chain management, Logistics services and Maternal and Child Care services

Front-Line Action for Health Services-Institutional- DRC

Front-Line is an independent NGO in the Democratic Republic of Congo. Its areas of focus include;

1. Improving access to quality pharmaceutical services; quality medicines and other related health commodities (malaria, tuberculosis, and HIV/ AIDS, MCHN, FP)
2. Providing technical assistance to public and private institutions to improve the supply chain of medicines and other health products;
3. Promote the rational use of drugs, pharmacovigilance and the fight against antimicrobial resistance.

External End-Term Performance Evaluation of the Ecumenical Pharmaceutical Network 2016-2020 Strategic Plan

The end-term evaluation of the performance of the Ecumenical Pharmaceutical Network (EPN) was conducted from October 6 to November 9, 2020. The evaluation period was from 2018 to 2020 and corresponded to the second half of the 2016-2020 strategic plan. This evaluation built on the results of the mid-term evaluation of the 2016-2018 period and provided information to design the next 5-year strategy.

The purpose of the end-term evaluation was to determine how effective the EPN has been in implementing its strategic plan during the performance period of 2019 and 2020. The evaluation included three main general objectives of the evaluation:

1. Assess how effectively the EPN has implemented its programs and projects
2. Assess how effective the EPN has been in meeting the needs of its institutional and individual members and faith-based health systems
3. Assess the effectiveness and sustainability of the current organization and of the membership structure of the EPN to fulfill its mission

The evaluation approach, criteria, design and the methodology including the evaluation questions and tools used followed a collaborative and participatory approach for the effective execution of the evaluation. The methodology included document review, in-depth interviews with key informants and an online survey of members and stakeholders.

The reported and observed performance of EPN members was considered and compared to measure the fulfillment of the Christian mission of EPN. The evaluation also informed actionable recommendations for the future of the EPN to fully become a sustainable and growing organization that fulfills its mission in all it does.

Findings

EPN has met most of the objectives of the strategic plan but has not been able to monitor all the indicators included in the strategy. There are a number of Christian values that make EPN a unique organization in the achievement of its mission.

During this evaluation period (2018-2020), informants reported that the EPN Secretariat emphasized implementing projects over other activities they used to implement in the past. This emphasis was reported to have caused that members perceive EPN not as their network but as "another NGO" that funds selected research and implementation activities. This new perceived role of the Secretariat as the leader and manager of various projects that are implemented by members also led some donors to see EPN as "an intermediary" and to stop funding in favor of direct funding to members. Reduced funding caused the previous Executive Director and other staff to leave and impacted the ability of the Secretariat to support members. Now with a new Executive Director committed to the mission and serving EPN members, new opportunities for fulfilling the mission are anticipated. EPN has a strong regional and international reputation and many assets

with which to support its members to help themselves and others, and thus develop a sustainable financial strategy that allows it expand the benefits to various kinds of members.

Conclusions and Recommendations

There have been many achievements and many challenges in this period. The road ahead should build on past achievements and take corrective action to overcome challenges and get on the road to a sustainable and mature network that delivers quality and compassionate pharmaceutical services. Focus and strategy are going to mark the road ahead for EPN. Below are the most important recommendations to be discussed with the Board, the Secretariat team and network members:

1. *Renew focus on the mission and meeting the needs of the EPN members*
2. *Focus on the needs of the bottom 25% of facilities that do not meet standards and lack trained pharmaceutical staff*
3. *Improve M&E*
4. *Build on the lessons learned of the last 5 years and expand training online and in person training.*
5. *Develop a sustainable financial management plan*

The EPN Forum

The EPN Forum is EPN members' biennial event that provides an opportunity where EPN members meet physically, learn, share and exchange experiences, knowledge and best practices on emerging issues in pharmaceutical health services within faith-based health facilities across. They discuss, develop ideas and make critical decisions in relation to the activities of the Network with experts, friends and partners. The While the EPN Forum is the main event, it is usually flanked by one pre-event and the EPN Annual General Meeting. The latest Forum was held in May 2018 in Kampala, Uganda hosted by Joint Medical Store (JMS), a member of the EPN.

The 2020 edition of the Forum was to be held in August 2020, but owing to the public health concerns caused by the outbreak of Coronavirus disease (COVID-19), this edition will now be held from 16th-18th August 2021 in Nairobi, Kenya. The theme of this edition is **Universal Health Coverage in the face of the COVID-19 Pandemic: Road Ahead for LMICs and the Church's health system**. The thematic areas under this topic include;

1. *COVID-19 and its implications on universal health coverage*
2. *Delivery of Holistic pharmaceutical services in the context of UHC*
3. *Pharmaceutical industry and local production of medicines in LMICs (progress/success, innovations, and challenges) within the UHC lens.*
4. *Universal Health Coverage: Access and Resilient Supply Chain*
5. *Networking and Universal Health Coverage*

HUMAN RESOURCES AND ADMINISTRATION

EPN Board

As at 31/12/2020, the EPN Board comprised of the following members:



Marlon Banda- Chairperson



Christoph Bonsmann-
Vice-Chairperson



Richard Neci-
Secretary



Michael Mwangi-
Treasurer



Vuyelwa Sidile- Chitimire



Christine Hafaale-
Abbah



Fidelis Nyaah



Mwai Makoka



Joanita Namutebi

The Secretariat

At the end of 2020, Richard Neci was selected as the EPN Executive Director taking over from Dr. Mirfin Mpundu who retired in 2019. Nduta Kamere (Programs Assistant), Molly Karimi (Communications Officer) and Lisa Irungu (Programs Intern) also joined EPN. Tracy Muraya (Programme Officer) and Mercy Naitore (Support services officer) also stepped down from their positions at the Secretariat. The EPN staff members as at 31st December 2020 were;



Richard Neci, Executive Director

<p>Irene Tindi – Office Administrator</p>	<p>Nduta Kamere - Programs Assistant</p>	<p>James Mireri – Accountant</p>	<p>Molly Karimi - Communications Officer</p>
<p>Damian Kibet – Accounts Assistant</p>	<p>Collins Khisa – Logistics Assistant</p>	<p>Hezron Kiptalam – IT and Communications Assistant</p>	<p>Susanne Duff-Mackay- Technical Advisor</p>

REPORT OF THE INDEPENDENT AUDITOR

Report of the independent auditor

To the members of Ecumenical Pharmaceutical Network (EPN) for the year ended 31 December 2020

This is an excerpt from the Audit Report on 2020 Annual Financial Statement

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 2020, 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 2020, 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 organization 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

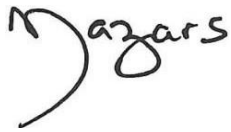
Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee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

Nairobi



18 March 2021

Certified Public Accountants (K)

Ecumenical Pharmaceutical Network (EPN)
Statement of comprehensive income
For the year ended 31 December 2020

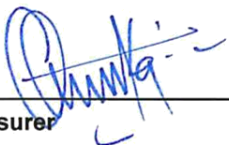
	Note	2020 US\$	2020 Kshs	2019 US\$	2019 Kshs
Income					
Grants received	4	333,420	36,399,477	418,325	42,401,074
Other income	5	59,496	6,495,160	193,990	19,662,667
		<u>392,916</u>	<u>42,894,636</u>	<u>612,315</u>	<u>62,063,741</u>
Expenditure					
Programme 1: Advocacy	6	2,766	302,012	162,317	16,452,342
Programme 2: Pharmaceutical Services Capacity Development	7	15,815	1,726,522	24,842	2,517,917
Programme 3: Research and Information Sharing	8	25,882	2,825,527	2,181	221,061
Programme 4: Non-Communicable Diseases		-	-	-	-
Programme 5: Maternal and child health	9	-	-	605	61,334
Programme 6: Antimicrobial Resistance and Infectious Diseases	10	36,313	3,964,264	62,236	6,308,162
Overhead Expenses	11	205,289	22,411,384	347,795	35,258,190
		<u>286,065</u>	<u>31,229,710</u>	<u>599,975</u>	<u>60,819,007</u>
Balance for the year		<u>106,851</u>	<u>11,664,926</u>	<u>12,340</u>	<u>1,244,735</u>

**Ecumenical Pharmaceutical Network (EPN)
Statement of financial position
For the year ended 31 Dec 2020**

	Note	2020 US\$	2020 Kshs	2019 US\$	2019 Kshs
RESERVES					
Restricted funds (page 7)		129,062	14,089,663	23,466	2,377,810
Sustainability fund (page 7)		134,774	14,713,281	131,809	13,356,250
Capital fund (page 7)		14,671	1,601,596	16,651	1,687,232
Foreign exchange reserve (page 7)		(42,739)	(4,665,755)	(43,009)	(4,358,122)
		<u>235,768</u>	<u>25,738,785</u>	<u>128,917</u>	<u>13,063,170</u>
REPRESENTED BY:					
Non- current assets					
Intangible Assets	12	972	106,120	1,339	135,731
Furniture, fittings and equipment	13	13,699	1,495,476	15,311	1,551,500
		<u>14,671</u>	<u>1,601,596</u>	<u>16,651</u>	<u>1,687,232</u>
Current assets					
Receivables and prepayments	14	48,035	5,243,975	13,374	1,355,166
Cash and cash equivalents	15	223,011	24,346,160	165,206	16,740,357
		<u>271,046</u>	<u>29,590,135</u>	<u>178,580</u>	<u>18,095,523</u>
Current liabilities					
Payables and accruals	16	49,949	5,452,946	66,314	6,719,585
Net current assets		<u>221,097</u>	<u>24,137,189</u>	<u>112,266</u>	<u>11,375,938</u>
		<u>235,768</u>	<u>25,738,785</u>	<u>128,917</u>	<u>13,063,170</u>

The financial statements on pages 6 to 17 were approved for issue by the board of directors

on 18th March 2021 and were signed on its behalf by:



Treasurer



Executive Director

Ecumenical Pharmaceutical Network (EPN)
Statement of cash flows
For the year ended 31 December 2020

	Note	2020 US\$	2020 Kshs	2019 US\$	2019 Kshs
Cash flows from operating activities:					
Balance for the year		106,851	11,664,926	12,340	1,250,735
<u>Adjustments for:</u>					
Depreciation	13	3,435	374,969	5,032	509,931
Amortization	12	367	40,113	588	59,521
Loss on asset disposal		20	2,230		-
Interest income		(2,965)	(323,704)	(3,239)	(328,256)
Gain on disposal				(530)	(53,740)
Surplus before working capital changes:		<u>107,708</u>	<u>11,758,534</u>	<u>14,190</u>	<u>1,438,191</u>
Decrease/Increase in:					
Receivables and prepayments		(34,661)	(3,783,958)	19,635	1,989,575
Payables and accruals		<u>(16,241)</u>	<u>(1,773,018)</u>	<u>(68,802)</u>	<u>(6,971,719)</u>
Net cash generated/(used) in operating activities		<u>56,806</u>	<u>6,201,558</u>	<u>(34,978)</u>	<u>(3,543,953)</u>
Cash flows from investing activities:					
Purchase of furniture & equipment		(2,088)	(227,976)	-	-
Interest income		2,965	323,704	3,239	328,256
Disposal proceeds		122	13,283	648	65,649
Translation adjustment (Forex)		-	1,295,235	-	(102,401)
Net cash used in investing activities		<u>999</u>	<u>1,404,246</u>	<u>3,887</u>	<u>291,504</u>
Increase/(Decrease) in cash and cash equivalents		<u>57,805</u>	<u>7,605,804</u>	<u>(31,091)</u>	<u>(3,252,449)</u>
Movement in cash and cash equivalents					
At the start of the year		165,206	16,740,357	196,297	19,992,806
Increase/(Decrease)		<u>57,805</u>	<u>7,605,804</u>	<u>(31,091)</u>	<u>(3,252,449)</u>
At end of the year	15	<u><u>223,011</u></u>	<u><u>24,346,160</u></u>	<u><u>165,206</u></u>	<u><u>16,740,357</u></u>

ACKNOWLEDGEMENTS

Partners

The year 2020 was quite a challenging year especially in the healthcare sector. However, our resilient energy, efforts and cooperation has ensured we carried out the various activities. EPN would like to express utmost gratitude to our members, donors and partners, the governments, individuals and all who walked with us in our efforts to promote access to quality-assured pharmaceutical services for all. Thank you.