

EPN

Ecumenical Pharmaceutical Network
Réseau Pharmaceutique Œcuménique



ANNUAL REPORT 2023

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LIST OF ABBREVIATIONS AND ACRONYMS

AACC.....	All Africa Conference of Churches
ACHAP.....	Africa Christian Health Association Platform
AMR.....	Antimicrobial Resistance
AMREF.....	African Medical and Research Foundation
AMS.....	Antimicrobial Stewardship
ASSOMESCA.....	Association des Œuvres Médicales des Églises pour la Santé en Centrafrique
BUFMAR.....	Le Bureau des Formations médicales agréées du RWANDA Limited
CAR.....	Central African Republic
CBC.....	Cameroon Baptist Convention
CEO.....	Chief Executive Officer
CHA.....	Christian Health Association
CHAK.....	Christian Health Association of Kenya
CHAL.....	Christian Health Association of Liberia
CHAM.....	Christian Health Association of Malawi
CHAN.....	Christian Health Association of Nigeria
CHASL.....	Christian Health Association of Sierra Leone
CHALe.....	Christian Health Association of Lesotho
CHAZ.....	Churches Health Association of Zambia
CSSC.....	Christian Social Services Commission
DCMP.....	Depot Central Medico Pharmaceutique
DRC.....	Democratic Republic of Congo
DTC.....	Drug and Therapeutic Committee
DSO.....	Drug Supply Organisation
EACPP.....	East Africa Community Pool Procurement
EPN.....	Ecumenical Pharmaceutical Network
EPP.....	Essential Pharmaceutical Practice
ESP.....	Ecumenical Scholarship Program
FBCMF.....	Faith Based Central Medical Foundation
FBO.....	Faith Based Organisation
FIP.....	International Pharmaceutical Federation
GDP.....	Good Dispensing Practices
GPHF.....	The Global Pharma Health Fund
HIV.....	Human Immunodeficiency Virus
HSS.....	Health Systems Strengthening
IMA.....	Corus International
INERELA+.....	International Network of Religious Leaders Living with or Personally Affected by HIV and AIDS
IPC.....	Infection, Prevention and Control
JMS.....	Joint Medical Store
LMS.....	Learning Management System
MEDS.....	Mission for Essential Drugs and Supplies
MQAS.....	Model of Quality Assurance System
MNCH.....	Maternal Neonatal and Child Health
MOH.....	Ministry of Health
MUSUHUM.....	Mouvement Universel pour la Survie de l'Humanité
NASCOP.....	National AIDS and STIs Control Programme
NTD.....	Neglected Tropical Disease
NCD.....	Non-Communicable Diseases
NUPSA.....	Nairobi University Pharmacy Students Association
PCC.....	Presbyterian Church in Cameroon
RCBIF.....	Réseau des Confessions Religieuses pour la promotion de la Santé et le Bien Être Intégral de la Famille
RECOSAC-G.....	Réseau Confessionnel Sanitaire Chrétien de Guinée
SF.....	Substandard and falsified medicines
SLSC.....	Smart Leveraged Supply Chain Project
STI.....	Sexually Transmitted Infection
STG.....	Standard Treatment Guidelines
TB.....	Tuberculosis
TWG.....	Technical Working Group
WHO.....	World Health Organisation
ZACH.....	Zimbabwe Association of Church- related Hospitals

MESSAGE FROM THE BOARD CHAIR

Ms. Christine Haefele - Abah



The content of the 2023 Annual Report was made possible by the activities carried out by the EPN Secretariat throughout the year, with invaluable support from members across the network. We extend our sincere gratitude to all members who participated in and contributed to EPN's work and engagement activities.

Despite worldwide challenges like political conflicts, economic instability and climate crisis, 2023 has been a promising year for EPN. Health challenges like the COVID pandemic and antimicrobial resistance were drivers in scaling up EPN's advocacy role. Through joint advocacy efforts, it was possible to enhance partnerships with important networks like ACHAP and AACC and to create more visibility for the work of EPN and its members on international, regional and local level. A lot has been achieved in 2023, and you can read about the projects in detail in this report.

With EPN's strong portfolio in the three strategic areas of "Capacity Building", "Pharmaceutical Systems Strengthening" and "Supply Chain and Quality Assurance" across the pharmaceutical and healthcare sector, we are well-positioned to help our members expand and enhance expertise in the health facilities involved in various project activities with their effects trickling down to the communities that receive these services. At the same time, our secretariat with their technical team has developed more hybrid and digital programs to create easier access to up-to-date information, to sustain the efforts made and be prepared for the future.

I was also grateful that we were able to strengthen the governance of EPN through strong board commitment during the year. Board members got engaged in

network activities, especially in the new technical working groups and regional members engagement meetings. In addition to quarterly digital board meetings and committee meetings, we were glad to meet in presence for a board meeting in October 2023 in Tuebingen/Germany. We used to this opportunity to invite more than ten European partners and donors of EPN for a partners' dialogue to strengthen existing partnerships and to build new ones. While EPN is still looking for further funding opportunities to sustain and strengthen the network's activities, we are grateful that the situation of EPN has stabilized in recent years. I truly appreciate the trustful collaboration between all bodies of the network - the members showing high interest and engagement, the secretariat with committed staff and under strong leadership of Dr. Neci and our Board. None of the achievements in 2023 would have been possible without the dedication of our secretariat, members, and partners from around the world, especially those in Sub-Saharan Africa, who are instrumental in shaping our church health systems on the ground. I would like to express my heartfelt gratitude and commend EPN's partners and donors for their ongoing support, as we continue to work together towards a world built on fairness, compassion, continuous learning, conscientiousness, and integrity.

EPN remains firmly committed to its values and purpose, focused on strengthening resilient church health systems. We are deeply appreciative of the roles played by each member, partner, and stakeholder, and we recognize the ongoing efforts to include health facilities, religious leaders, and communities in our mission.

A special acknowledgment goes to the members of the Technical Working Group (TWG) Committees. We recognize the dedicated work of the Supply Chain and Quality Assurance TWG, facilitated by Supply Chain & Quality Assurance Officer Mr. Austine Opiata and chaired by Ph. Anastasie Mukamanzi of Bureau des Formations Médicales Agrees du Rwanda (BUFMAR Rwanda); the Training and Capacity Building TWG, facilitated by Dr. Lillian Ngaruiya and chaired by Dr. Stephen Kigera of Mission for Essential Medicines and Drug Supplies (MEDS Kenya); and the Pharmaceutical Systems Strengthening TWG, facilitated by Dr. Judith Asin and chaired by Ms. Florence Bull (CHASL).

May God continue to bless the work of EPN and its members.

Board Chairperson.

MESSAGE FROM THE EXECUTIVE DIRECTOR

Dr. Richard Neci Cizungu

Upscaling capacity to achieve resilient pharmaceutical services!

This annual report describes the activities that took place and made a difference in the communities of our member network in the previous year 2023.

In 2023 EPN made a commitment to engage members in addressing the needs identified in the network, from development of guidelines and tools to the implementation. We were in awe by the participation of the network in both Anglophone and francophone regions and the EPN team's passion to ensure that health facilities were able to serve the communities better regardless of the location, some being in the extremely remote regions.

At the beginning of the year, we were excited to open the call for application to our members to join our Technical Working Groups (TWG) in order to support the implementation of the Strategic Plan. It was impressive to see the enthusiasm of EPN members to support our work. More than 60 applications were received from 20-member countries. The members of the 3 TWGs were appointed and started immediately their assigned agenda for 2023 including development of tools, standards and guidelines, review of technical documents, training content and the adoption of EPN training approach. You will learn more on their achievements in this report.

We also launched in 2023 regional meetings with our members to hear from them on various topics and the direction they would like EPN to take. The Secretariat is committed to translate their views in outcomes that would shape the future of our work. The diverse concepts and knowledge sharing were very meaningful to us.

Working with the team at the secretariat, I was directly involved in project design, members consultation and advocacy along the project implementation. Participation in key events and member engagement activities, donor and partner and religious leaders' engagement was a priority for me and I took part in several engagements on the same countries which ensured partners at global, regional and country levels were aware of the coverage of the church health system and the EPN secretariat's advocacy role of



promoting and providing just and compassionate quality pharmaceutical services for the communities served by our members.

On the supply chain, we had our goals set: One, ensuring improvement of the supply of quality medicines. Two, involving experts from our members to develop supply chain assessment and monitoring tools to strengthen their Supply Chain maturity. It was amazing to witness their willingness to make changes in their supply systems to align them with globally acceptable standards.

We are entering into a future where local manufacturing is on the top agenda of Development Partners and the Africa Union (AU) Leadership. The African Centers for Disease Control and Prevention (Africa CDC) and the AU together have called for a New Public Health Order which will safeguard the health and economic security of the continent as it strives to meet the aspirations of the continent's Agenda 2063. A key pillar of this Agenda seeks to expand the local manufacturing of vaccines, diagnostics, and therapeutics. A framework that will enable Africa to manufacture 60 percent of its vaccine needs locally by 2040 has been developed. Africa

is the second most populous continent and carries 25% of the global disease burden; however, Africa imports 99% of its vaccines and more than 90% of its medicines. Africa consumes nearly 25% of globally produced vaccines and this percentage will rise due to the expected 2.5% yearly population growth. In this perspective, and learning from the vaccine nationalism witnessed during Covid-19, EPN embarked in advocating for TRIPS waiver at the global level while calling global and regional leaders to invest more on Health Systems Strengthening among other enablers for successful local manufacturing. A position Paper was prepared and discussed in different audiences including the German Parliament Global Health Commission, the Coordinating Team Europe Initiative and Africa CDC. I started these engagements during my trip to meet donors and attend the World Health Summit in Germany last year where I pointed out the importance of having EPN as a stakeholder as we work at grassroot of the health systems. I speak from a position of joy seeing our institution committed to ensure that we have a clear stance on promotion of local manufacturing of quality products. I take this opportunity to thank Brea for the World for their special contribution to this global engagement and for our shared goal

In our Pharmaceutical Systems Strengthening (PSS) Programme, in addition to continued support to improve access in our members' health facilities, the PSS TWG reviewed and adopted the EPN guidelines and education, Information and Communication (EIC) materials, these are among others, the HIV Literacy Guide for Religious Leaders, the Availability Monitoring Tool and a number of EIC materials.

In the final quarter of the year, we launched the HIV Literacy Guide for Religious leaders and published comic strips for adolescents and the youth especially for those living in the remote areas of Sub-Saharan Africa. The review of this HIV Guide involved for months experts from different sectors and religious leaders. This provided us also an opportunity to work with church bodies and stakeholders, especially the All Africa Conference of Churches (AACC) who we had various engagements with. We realised how deep religious leaders who sit at the core of our member faith-based network need to advocate for emergency responses and pandemics at the pulpit continuing to bridge the gap between faith and science.

In the coming year there will be greater interactions with stakeholders, increasing impact seeing the need to partner with other like-minded entities that are compassionate about healthcare.

In advocating for quality healthcare, the fight against SF medicines or increasing Minilabs in the region, leading the capacity building efforts for increased availability and affordability of medicines and healthcare services, with more focus on EPN health priorities which are NCD, MNCH, NTD, IPC and AMR, EPN will continue to grab the future of safe medicines and accessible healthcare for all.

The strength and talent of our secretariat, members and partners are critical to the success of our compassionate work, and we continually strive to engage, develop and retain personnel committed to our mission and values.

I would like to thank our members and stakeholders for the great cooperation and commitments that you have shown to us in 2023. I would also like to thank our Secretariat for the continuous engagement and service they have shown in building capacities and improving healthcare in the continent.

Executive Director

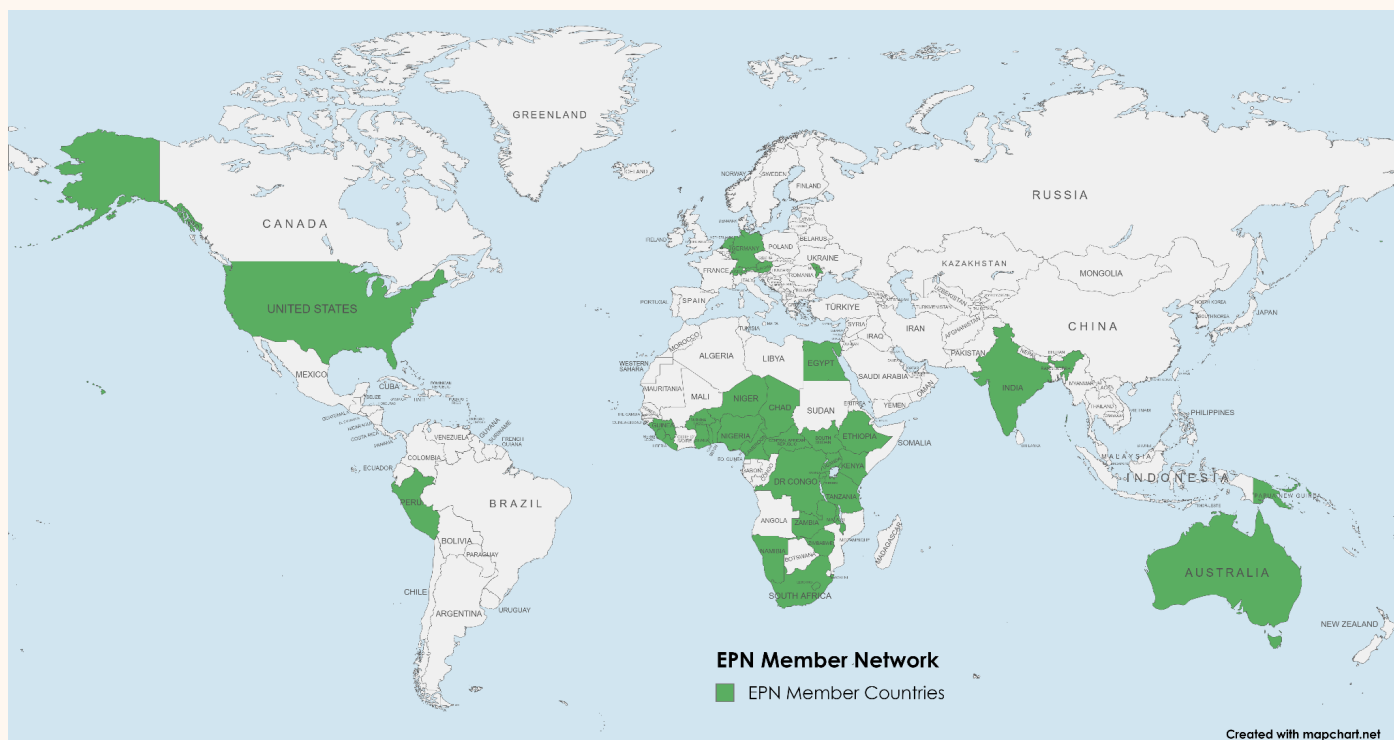
OVERVIEW OF EPN

Vision

A united and growing Christian network, in which at least 50% of its members meet pharmaceutical standards to ensure access to resilient quality pharmaceutical services.

Mission

EPNs mission aims to support churches and church health systems to provide just and compassionate quality pharmaceutical services.



For over 40 years, EPN has supported church health systems in both Francophone and Anglophone regions, primarily in sub-Saharan Africa, by providing technical support, training, and capacity building. Our efforts have focused on strengthening health systems to help them realize their full potential and better serve their communities.

EPN collaborates with its 141 members to reach last-mile healthcare workers in health facilities. With the continued support of our partners, we are committed to closing the capacity gap and improving access to healthcare services, quality health products, and technologies. This involves ensuring that healthcare is delivered by well-trained, motivated workers with established quality improvement structures in place, ensuring a sustainable impact. Our approach goes beyond pharmaceutical systems strengthening—it's a holistic healthcare approach.

As innovation and technology continue to evolve, it is essential to transition our projects accordingly. However, we must also consider challenges such as limited access to electricity and reliable networks in remote areas.

Additionally, a growing number of staffs in health facilities across the 38 countries where we operate require training and capacity building to enhance their capabilities. In all of our global health activities, we recognize the need to expand into more countries and facilities that are still struggling with basic healthcare access, which underscores the ongoing need for resources.



Our Health Priorities

In the Strategic Plan 2021 – 2025 our focus is on the following Health priorities:



TECHNICAL WORKING GROUPS

To facilitate the implementation of our programs, the Board has approved the establishment of three Technical Working Groups (TWGs). Their mandates include reviewing and updating guidelines and materials, developing training methods, and assessing members' capabilities. The selection of TWG members was conducted through an open process among EPN members.

This report outlines the milestones achieved in 2023 by the three TWGs: Capacity Building, Pharmaceutical System Strengthening (PSS), and Supply Chain and Quality Assurance.

Capacity Building TWG

As part of the 2023 work plan, the TWG assessed the accessibility of the Learning Management System (LMS). An initial evaluation of the e-Learning Platform and the Essential Pharmaceutical Practice (EPP) Training was carried out in partnership with Apotheker and the University of Tuebingen. Additionally, in collaboration with the PSS TWG, the Treatment Literacy Guide for Religious Leaders and the associated training content were reviewed and adopted.

Pharmaceutical Systems Strengthening TWG

The PSS TWG successfully achieved its 2023 action plan. The first priority was the review and validation of the HIV Treatment Literacy Guide for Religious

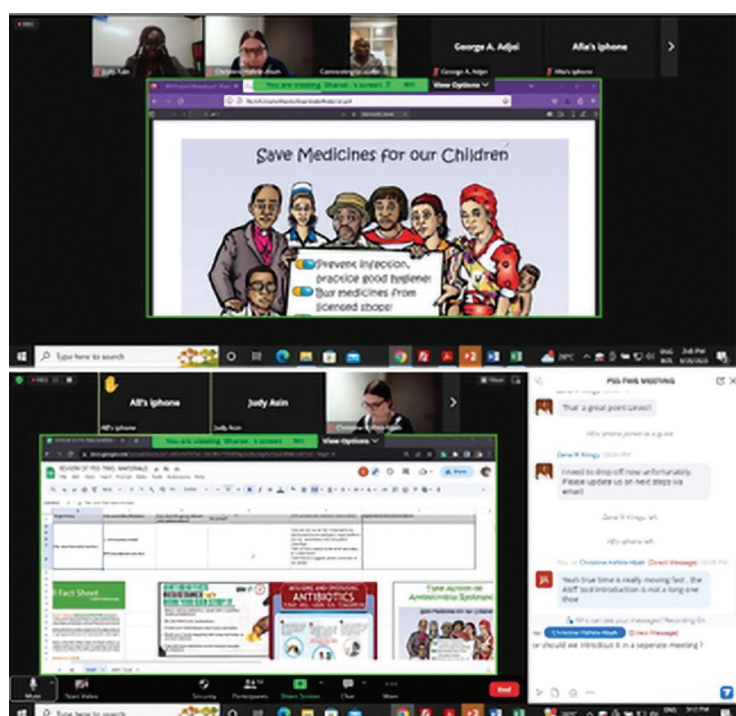
Leaders and the accompanying training content. The second priority involved reviewing the Availability Monitoring Tool (AMT) developed by the EPN Secretariat under the Access Project. Other tools, such as the AMR IEC materials, HIV comic strips for youth, and a course on compassionate HIV care, were also reviewed. The PSS TWG plans to complete the review of the AMT tool in 2024. Additionally, the EPN Continuous Quality Improvement (CQI) Tool, which was piloted in BUFMAR member facilities, will be reviewed prior to dissemination.

Supply Chain and Quality Assurance TWG

This TWG reviewed the DSO Maturity Assessment Tool developed by the EPN Secretariat, recognizing that EPN DSO members are at varying levels of maturity.

Key gaps identified in DSO supply chain activities include:

- Disparities in technical and operational capacities
- Competitiveness with the private commercial sector
- Performance gaps, particularly in forecasting, procurement, distribution, and quality
- Challenges in sustaining the Drug Revolving Fund with church health facilities
- Cold storage issues
- Inadequacies in quality systems, policies, and procedures



As an initial step in providing guidance to the Secretariat, the TWG focused on developing a tool that EPN members can use for self-assessment to identify their supply chain maturity gaps. Various reference tools were consulted during the development and review process, including the NSCA 2.0.2 developed by USAID/GHSC, the UNICEF Maturity Model, and the WHO MQAS for procurement agencies. The EPN Maturity Assessment Tool (EPN-MAT) is set to be piloted in Nigeria and Sierra Leone in early 2024.

TRAINING AND CAPACITY BUILDING PROGRAMME

EPN is committed to increasing the number of trained pharmaceutical staff in its member facilities, recognizing the need for skilled personnel to enhance the delivery of efficient and effective pharmaceutical services. EPN supports this initiative by:

- Offering continuous training opportunities, both in-person and virtual
- Providing scholarships, training healthcare workers, and offering ongoing support after their studies
- Engaging church leaders to encourage the training and development of pharmaceutical care staff

Key activities implemented under this program include:

1. Final review of the e-LMS before launching new courses
2. The EPN Scholarship Programme
3. The Cov-FAB Training Project on pandemic preparedness

E-LEARNING MANAGEMENT SYSTEM (LMS)

The EPN e-LMS platform has been an essential resource for various cadres in health facilities, providing a convenient tool for continuous learning. The platform's goal is to ensure that by 2025, 50% of untrained pharmaceutical staff within EPN member organizations will have completed at least one course.

Participation in the EPN e-LMS platform saw a significant rise in 2023, growing from approximately 700 to 1,800 participants—an increase of 157% over the year. Several new courses were developed and uploaded to the platform, including:

1. Substandard and Falsified Medicines (available in both English and French).
2. Pandemic Preparedness (focused on COVID-19 vaccination, available in both English and French).
3. Supply Chain: 10 short CPD-accredited courses,

Supply Chain Management (SCM) Course Package for Frontline Health Workers in Sub-Saharan Africa

Empower School of Health, in collaboration with Johnson and Johnson, the East, Central and Southern African College of Nursing and Midwifery (ECSA/ONM) and Ecumenical Pharmaceutical Network (EPN), have developed a SCM training curriculum for frontline health workers to understand their role in supply chain.

13 FREE COURSES | **ENROLL ON 3 PLATFORMS** | **GAIN 13 CPD POINTS***

**Certification of Continuing Professional Development*
ECSA/ONM in collaboration with regulatory authorities/councils from Botswana, Freetown, Rwanda, South Africa, Malawi, Eswatini, Lesotho, Zimbabwe, Zambia, Tanzania, South Sudan, Seychelles, Mauritius, Uganda, Namibia, Mozambique has established the provision of a single CPD point per unit within the supply chain management (SCM) courses listed below.

Topics covered:

1. Introduction to Procurement and Supply Chain Management (PSCM)
2. Basics of Communication
3. Cold Chain Management
4. Inventory Management
5. Ordering and Reporting
6. Good Storage Practices
7. Recording of Consumption
8. Tools and Systems Reporting
9. Rational Use of Medicines and the Role of Nurses
10. Good Dispensing Practices
11. Supply Chain Management During Public Health Emergencies
12. Mass Drug Administration
13. Biomedical and Pharmaceutical Waste Management

ENROLL HERE

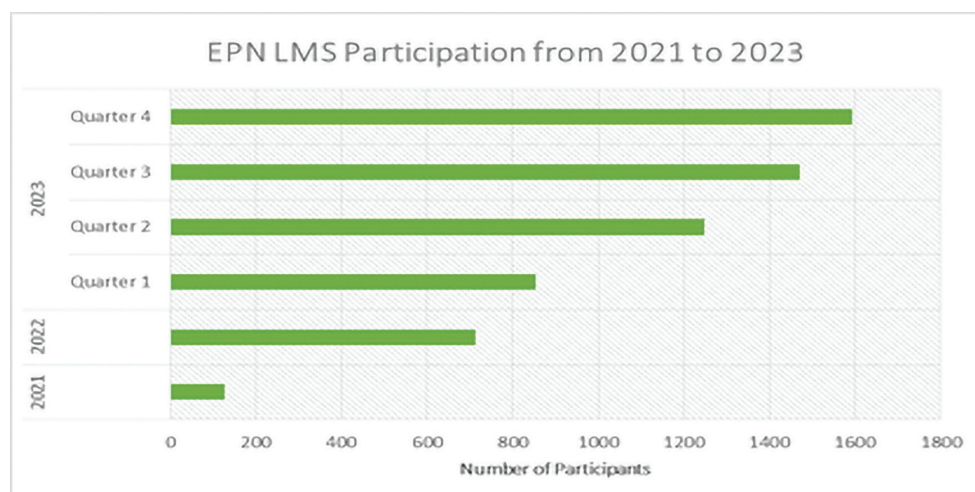
SCMFORFW | ECSA/ONM | EPN

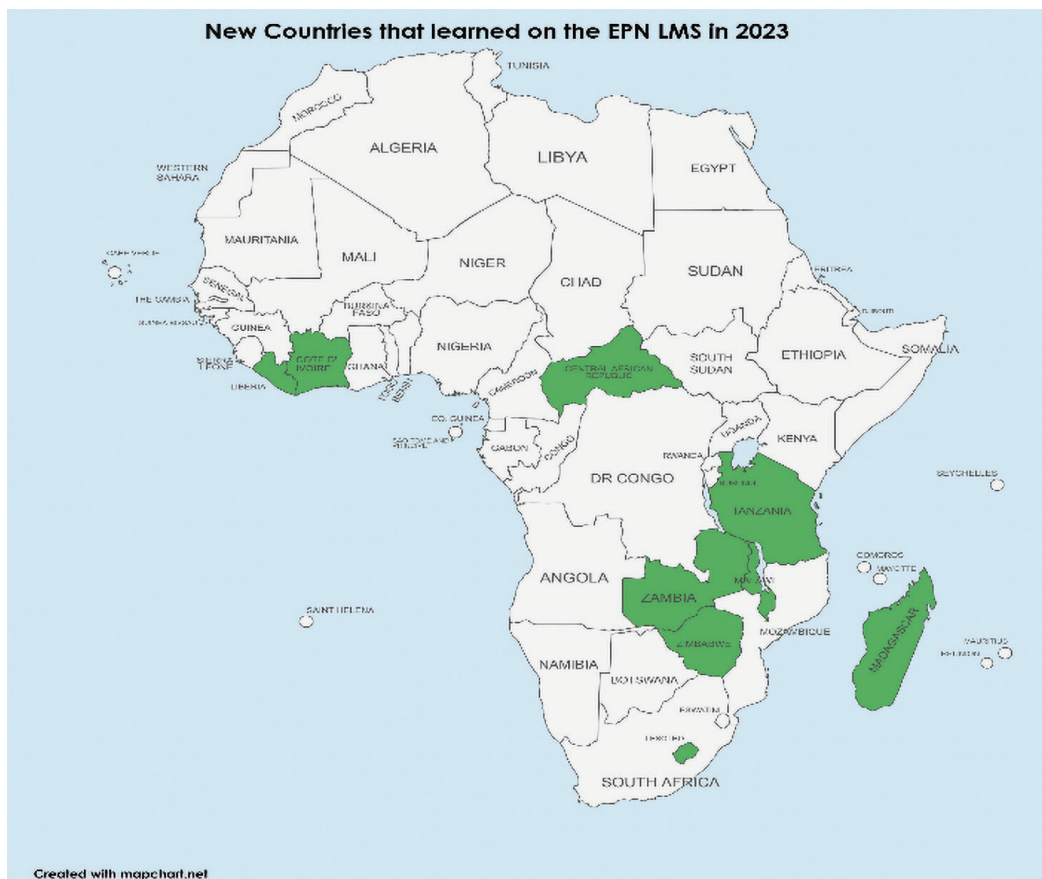
For the Mobile App: Search for 'Healthcare Supply Chain' in the Android Play Store/ iOS App Store

developed in collaboration with Empower School of Health.

90 participants from various countries were trained on the CPD Accredited Supply Chain courses.

In collaboration with Apotheker and the University of Tübingen, the e-LMS Platform and the EPP courses were evaluated to identify the gaps to be addressed to increase learners' experience.





personnel in healthcare, along with effective communication skills essential for healthcare delivery.

- **Structure:** The course comprises four units, each containing between four and thirteen sub-units. It includes a total of 36 tasks and 10 quizzes, designed to be completed in approximately 10 hours.

- **Participants:** Currently, 42 healthcare workers are enrolled in this module, with 35 participants having successfully completed the course.

Module 3: Medicine Supply Management

- **Content:** This module focuses on essential topics such as commodity management, medicine selection, procurement processes, and managing distribution systems

Essentials of Pharmacy Practice

ESSENTIAL OF PHARMACEUTICAL PRACTICE (EPP) - Course and Handbook

The Essentials of Pharmaceutical Practice (EPP) course, developed by EPN, is designed specifically for last-mile healthcare workers to enhance their knowledge and skills in pharmaceutical care. The course is structured into six comprehensive modules, each focusing on critical aspects of pharmaceutical practice: Module 1: Pharmacy and Health Care, Module 2: Pharmaceutical Formulations and Calculations, Module 3: Medicine Supply Management, Module 4: Overview of Medicines and their use, Module 5: Rational Use of Drugs, Module 6: Guidelines for Pharmaceutical Services and Practices

Two Modules are on the E-learning platform:

Module 1: Pharmacy and Health Care

- **Content:** This module introduces the primary healthcare concept, the national medicines policy, and the essential medicines concept. It also covers the roles of pharmacy and pharmacy



within hospitals. It also includes inventory management and storage techniques.

- **Structure:** The module is divided into eight units, each containing up to six sub-units. Participants engage with 50 tasks and 15 quizzes, with an estimated completion time of around 10 hours.
- **Participants:** A total of 102 healthcare workers have enrolled in this module, with 60 individuals having completed the course successfully.

In 2023, EPN conducted in-person training for the Medicine Supply Management module in Sierra Leone during March and September. This hands-on training aimed to reinforce the online learning experience, ensuring that healthcare workers could apply their knowledge effectively in real-world scenarios. Online training for this module continues on the EPN e-learning platform, providing flexibility and accessibility for healthcare workers across various regions.

Through the EPP course, EPN is committed to equipping healthcare workers with the essential skills and knowledge necessary to ensure the effective management and rational use of medicines, ultimately improving healthcare outcomes in their communities.



Photo: Physical Training of EPP Supply Chain Management in Sierra Leone in March 2023

ECUMENICAL SCHOLARSHIP (ESP) PROGRAM

The Ecumenical Scholarship Program (ESP), one of EPN's longest-standing initiatives, launched a new project in 2023 with support from Bread for the World. This initiative invited applications from last-mile healthcare workers within EPN member networks across Sub-Saharan Africa. A total of 5 Masters scholarship in Public health or Supply chain and 34 Diploma in Pharmaceutical Sciences or Technology are available.

In March 2023, eligible candidates were reviewed, and an ESP Scholarship Committee was established to evaluate applications and award scholarships for diploma and master's programs. The selection meeting was held in Nairobi. Throughout the year, successful candidates signed contracts and commitment agreements with EPN and Church Health Associations (CHAs). They then commenced their studies and conducted baseline assessments of pharmacy services in their health facilities to identify areas for improvement.

ESP Alumni engagement activities with Bread for the World

As part of the Ecumenical Scholarship Program (ESP), EPN collaborated with Bread for the World partners to launch a global platform for alumni to network and share experiences. The first step in this initiative involved conducting a Needs and Interests Survey across the alumni base. The survey revealed common areas of interest such as climate change, gender equality, human rights, and water and sanitation, along with a desire to improve digital skills.

To support alumni, EPN and Bread for the World plan to provide learning opportunities on these topics through activities and a shared platform for knowledge exchange.

Key Initiatives:

1. **Alumni Needs and Interests Survey:** The survey identified key areas where alumni wanted to enhance their expertise, helping shape the upcoming support activities.
2. **Webinar on Climate Change, Migration, Human Rights, and Health:** Co-hosted by EPN with two pilot organisations, ASONOG and CPCS, this two-day webinar in November 2023 addressed the intersection of climate change, migration,



Scholarship Committee Members from EPN Network and Academia. Evaluation of applications and scholarship award.

and health. Participants from three continents, speaking three languages (French, Spanish, and English), engaged in discussions. Scholarship recipients from Ghana and Cameroon shared personal insights during the event.

3. Digital Accompaniment Workshop in Berlin:

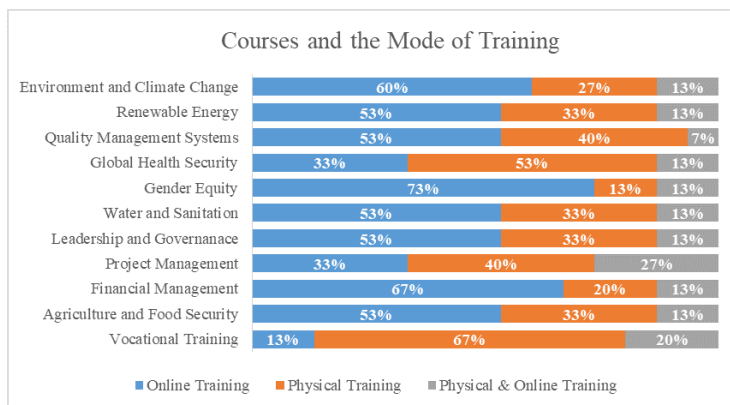
In December 2023, a workshop at Bread for the World's offices focused on creating a sustainable future for scholarship holders. The event explored future activities to engage all cohorts globally, including how alumni can stay connected through technology and networking.



Ecumenical Scholarship Project students appreciating a proud moment as they embark on their studies

These initiatives mark important steps toward empowering alumni and enhancing global engagement within the scholarship community, with more activities planned for 2024.

Bread for the World pilot partners from Honduras, Cambodia and Kenya during a workshop in Berlin, Germany in December 2023.

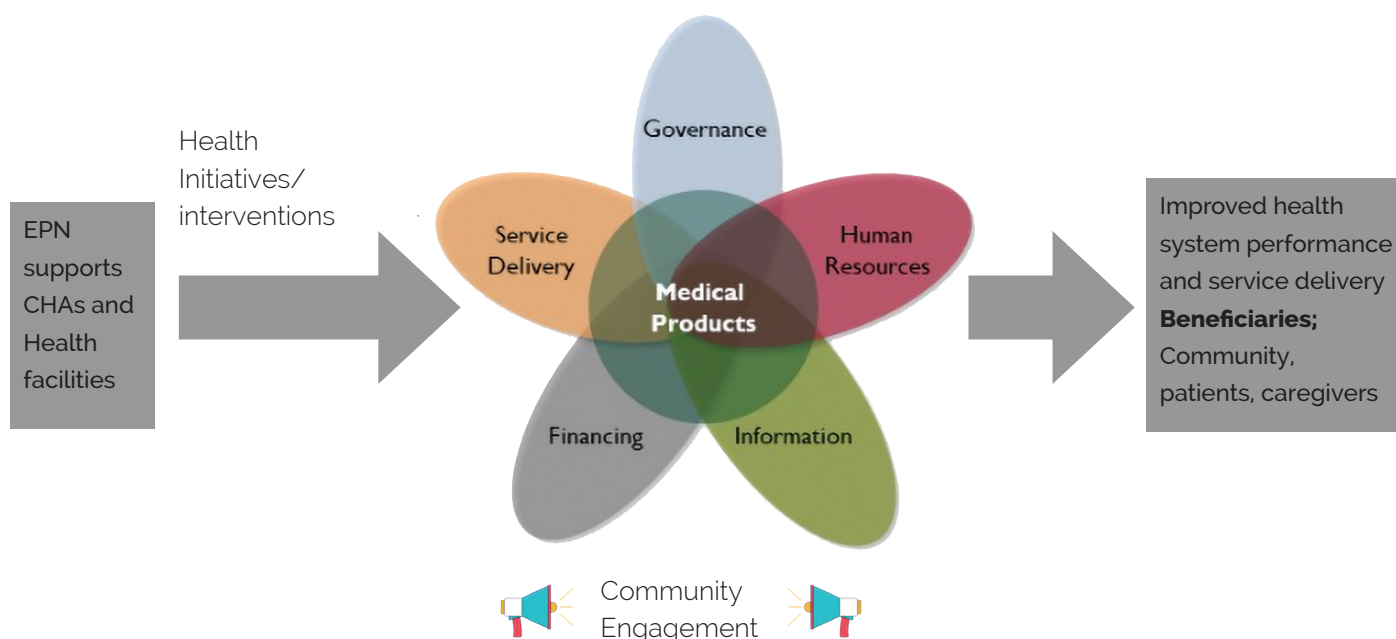


Pic: Lilian Ngaruiya (left centre) and Umazi Fanjo (centre) discussing ideas on the future for scholarship holders during the workshop

PHARMACEUTICAL SYSTEMS STRENGTHENING PROGRAMME

Pharmaceutical Systems Strengthening (PSS) is among the key technical programs recognized as per the EPN strategic plan that aims to assist member health facilities have effective systems and improved service delivery including access to medicines, for: *Non-communicable diseases (NCD)*, *Communicable diseases such as HIV, Neglected tropical diseases(NTD), Reproductive Maternal Neonatal and Child Health (RMNCH)* as well as *strengthened Antimicrobial stewardship and Infection Prevention & Control (IPC) practices* as our health priorities.

The figure below provides the flow of engagements and overall goal of the programme.



In 2023, the programme led several projects whose activities were implemented in the various member countries. Each of these projects are as described below:

IMPROVED ACCESS TO QUALITY EFFECTIVE PHARMACEUTICAL SERVICES IN CHURCH HEALTH FACILITIES (ACCESS) PROJECT

Project Countries: Cameroon, Kenya, Lesotho, Tanzania, Zambia

Participating CHAs: CBCHS, CHAK, CHAL, CSSC and CHAZ

The project's aim to strengthen delivery of services offered in the targeted health facilities and ensure sustainable access to and appropriate use of safe, effective, quality-assured, and affordable essential medical products and pharmaceutical services through the following key interventions; *Identification and training of champions with a focus on Antimicrobial resistance (AMR Champions), Infection Prevention and control (IPC Champions) and*

Medicine supply chain Management (DTC champion) ; Support the establishment of Antimicrobial stewardship committees (AMS) , IPC committees and Drug & Therapeutic Committees (DTC) whose composition also comprises of the trained champions.; Assist healthcare workers to proactively monitor the availability of essential medicines and medical supplies; Availability of standard treatment guidelines for specific health conditions ; Support CHA increase collaboration with Regulatory bodies to enhance adherence to pharmacy standards among the faith sector.

The project also recognizes HIV & AIDS as a EPNs key health priority and religious leaders as key advocates in educating their congregations on the importance of treatment adherence. Therefore, dialogue sessions with religious leaders are to be conducted supplementing these sessions with dissemination of the HIV literacy guide. A total of 100 health facilities are supported in this project i.e. 20 health facilities per country. EPN plans to roll out these interventions to the other member countries in future.

Identification & Training of Key champions

AMR, IPC and DTC champions were identified and enrolled to EPNs online learning platform for training. In 2023, a total of 459 champions were trained and are implementing their action plans monitored closely by the respective Christian Health Association (CHA) focal persons and EPN project lead.

Formation of technical committees

The 100 project health facilities were supported to establish antimicrobial stewardship committees (AMS), Infection, Prevention and Control Committees (IPC) and Drug & Therapeutic Committees (DTC).

EPN developed the Health Facility Committee mapping tool to assist the CHAs in monitoring the progress of establishment of these committees in their respective health facilities. These committees were able to meet quarterly with champions ensuring the momentum is sustained and continuous improvement is achieved. In addition, these committees act as a platform for the champions to share knowledge with their colleagues and also give updates on the progress of implementing their action plans.

Support Supervision Visits

EPN project lead Dr. Judith Asin joined the respective CHAs in Cameroon, Zambia, Tanzania and Lesotho to conduct supportive supervision visits. These visits strengthened the engagement with champions and assessed the progress of implementation of action points by these champions in order to improve work at the facility as well as identifying challenges experienced that has led to delays in training/ submission of action. During the visits, dialogue sessions with the champions, leadership and heads of Infection & Prevention committee (IPC), Antimicrobial stewardship committee (AMS), and Drug & Therapeutic Committee (DTC) were held. In addition, technical tools developed by EPN were disseminated in order to strengthen the role of the committees i.e Prescription assessment tools, technical committee guidelines and visual inspection chart and checklist to monitor quality of medicines received from the suppliers.

Cameroon

Facilities visited are located in the Central, Littoral, Southwest, West and Northwest regions of Cameroon

Zambia

Health facilities visited were located in the Copper belt and Northwestern Provinces



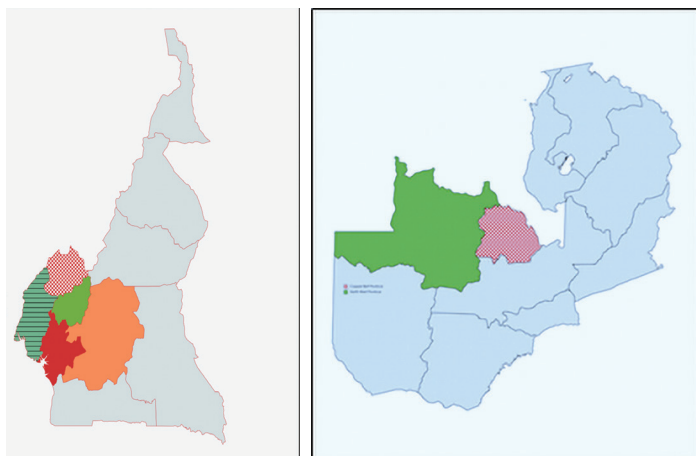
IPC committee meeting in Tumaini Hospital, Tanzania



DTC committee meeting in St. James Hospital, Lesotho



Mr. Alphonse Abanda, CBC Focal person for Access project, engaging with the champions at Mboppi Baptist hospital





Engagement session with the champions and dissemination of the visual checklist by the EPN project lead, Judy Asin at St. Theresa Mission Hospital



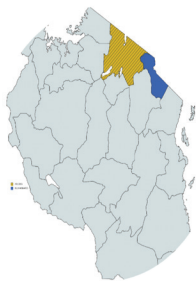
AMR champion, Alonge Ekane giving an update of his progress on the implementation of his action plan and sharing insights on what he was able to improve following his training



A photo with the champions, CHAZ project lead Macford Chandalala and EPN project lead Judy Asin at Mukinge Mission Hospital

Tanzania

Health facilities visited were located in Arusha and Kilimanjaro regions.



Sr. Maryveneranda a champion from Ngoyoni hospital sharing her experience following training on the EPN online learning platform.



EPN Project lead Judy Asin engaging with champions at Machame Hospital

Lesotho

EPN project Lead Judy Asin engaging with the champions in Seboche Hospital



EPN Review Team Hybrid Meeting

On November 18-23, 2023, the updated HIV Literacy Guide was officially launched at the AACC's 12th General Assembly held in Abuja, Nigeria. This significant event gathered representatives from churches across 38 countries, showcasing the broad interest and commitment to addressing HIV-related challenges in the region.



The guide received strong endorsements from religious leaders, affirming its importance in the fight against HIV/AIDS. To enhance accessibility, the guide has been uploaded to the EPN website, facilitating widespread dissemination among faith communities.

The HIV Literacy Guide serves as a vital resource to educate religious leaders about the latest advancements in HIV treatment. It empowers them to become key advocates for promoting awareness around the importance of treatment adherence within their congregations. By equipping these leaders with accurate information and resources, the guide aims to enhance their ability to support their communities, reduce stigma, and encourage individuals to seek necessary medical care. This initiative represents a significant step toward improving health outcomes and fostering a more informed approach to HIV prevention and treatment in faith-based settings.

ADVOCATING FOR INCLUSION OF FBOs IN SUB-SAHARAN AFRICA IN NATIONAL COVID-19 VACCINATION PROGRAMS

Pandemic preparedness and emergency response still remain an area of concern as the percentage of African countries advocating for vaccine uptake remain low. EPN as a faith-based health organisation is still in need of resources to prepare health facilities in response to future epidemics. The most in need countries are West Africa and Francophone Africa and there is a continuous need for interventions in the fight against infectious diseases.

Project countries: Burundi (Core Country), Cameroon, DRC, Niger, Sierra Leone



This project, funded by Difaem, began in 2021 and concluded with a Joint Learning Forum on 9th February 2023. Its primary goal was to raise awareness about the growing need to improve vaccination uptake, using the influential voices of church leaders and health actors within the church health system. Engaging religious leaders as key advocates was crucial in dispelling myths and misconceptions within local communities. The project also focused on training healthcare workers, raising community awareness, and disseminating accurate information.

Key Achievements:

1. Successful training of healthcare workers on COVID-19 vaccination through both physical sessions and virtual training on EPN's online platform.
2. Development and upload of IEC materials on the website for easy access by EPN members.
3. Dissemination of the "Call to Action" by 34 organisations at national, regional, and global levels.
4. Initiation of advocacy strategy development in various CHAs, fostering relationships with media and communities.
5. The Joint Learning Forum provided a platform to discuss advocacy initiatives inspired by the Call to Action, and how their implementation has positively impacted health systems and congregations.
6. Advocacy involves building and strengthening partnerships. AACC, ACHAP and EPN coming together sent a strong message that we can be united in addressing global challenges affecting our church health systems.

PROMOTING COVID-19 VACCINE EQUITY THROUGH FAITH-BASED NETWORKS IN AFRICA (COV-FAB PROJECT)

Supported by EPN partner organisations, the Africa Christian Health Associations Platform (ACHAP) and IMA World Health, the COV-FAB project aims to reduce COVID-19-related deaths and transmission in Sub-Saharan Africa. It contributes to global health security by strengthening the capacity of Christian Health Associations (CHAs) in Sierra Leone, Zimbabwe, Madagascar, Zambia, Côte d'Ivoire, Liberia, Tanzania, and the Central African Republic. The project officially began in November 2022.

The training course was thoroughly reviewed to align with current WHO guidelines, leading to the development of Course Number 7, which focuses on Pandemic Preparedness. The course was also

renamed "Pandemic Preparedness and COVID-19 Vaccination" to reflect the evolving context of the COVID-19 pandemic. Initially, the training was aimed at CHA health facility staff involved in COVID-19 vaccination efforts, but it was expanded to include more staff as the content grew to cover pandemic preparedness.



Photo: Orientation of CoV FaB nurses engaged in school vaccination outreach, training sessions at Mutoko District Hospital.



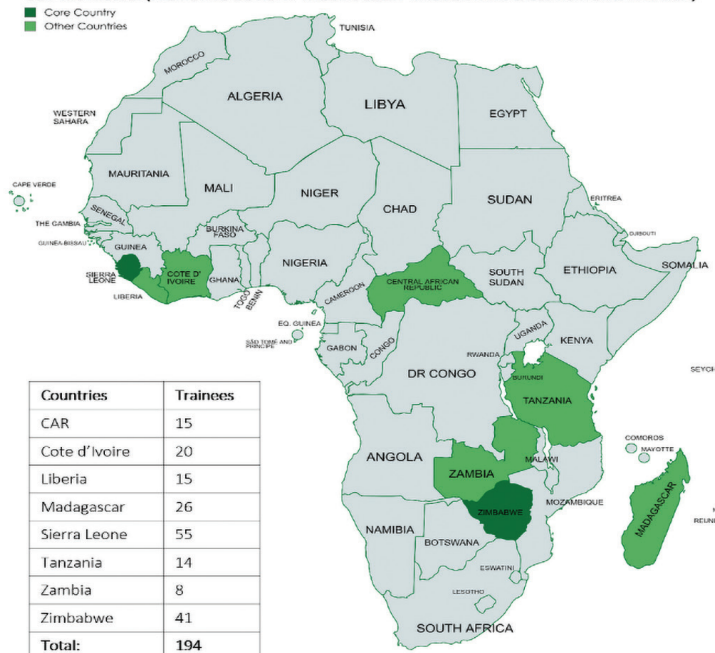
Photo: Orientation of healthcare workers to the online learning platform at St. Joseph Community Centre

Challenges such as widespread internet issues, particularly in rural areas like Côte d'Ivoire, and prolonged power outages in Madagascar hindered the delivery of online training, necessitating physical sessions in these regions.

Key Achievements:

- Successful launch of the EPN LMS platform for CoV-FaB facilities by the CHA in Côte d'Ivoire during a field visit.
- Health facility project monitoring visits were conducted in Zimbabwe, Zambia, Tanzania, Liberia, and Côte d'Ivoire.
- Due to internet difficulties, physical training sessions were implemented in Madagascar and Côte d'Ivoire.

COV-FaB PROJECT (PROMOTING COVID-19 VACCINE EQUITY THROUGH FAITH-BASED NETWORKS IN AFRICA)



with mapchart.net

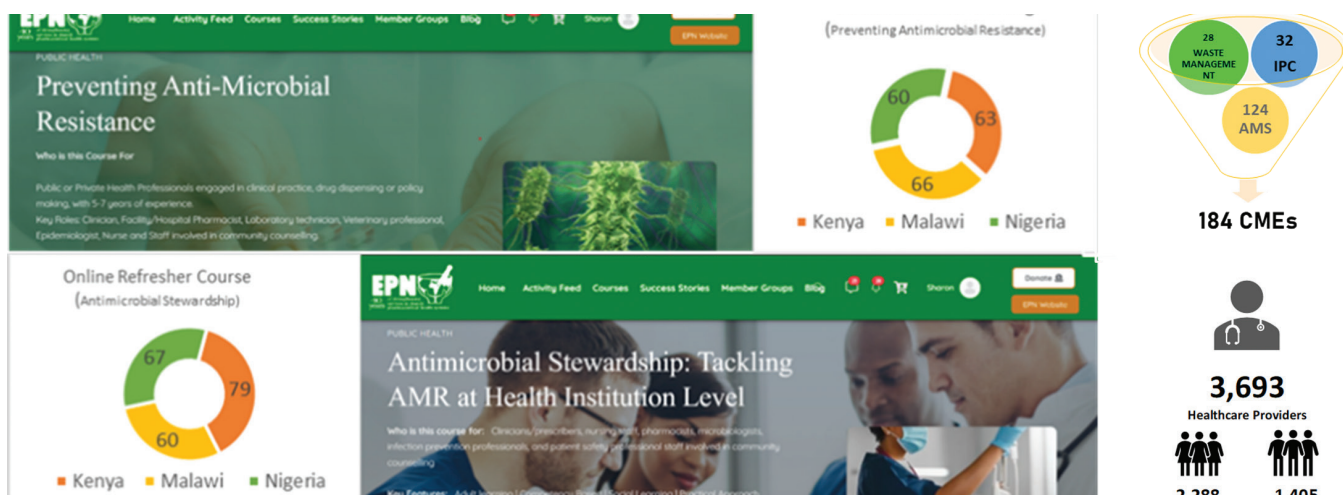
COMBATING ANTIMICROBIAL RESISTANCE IN CHURCH HEALTH FACILITIES IN SUB-SAHARAN AFRICA (ANTIMICROBIAL RESISTANCE (AMR) PROJECT)

Project Countries: Kenya, Malawi, Nigeria

Antimicrobial resistance (AMR) remains a critical global health challenge that threatens the efficiency of increasing treatments and increasing healthcare costs. EPN joined efforts in combating AMR through the implementation of a pilot project in Kenya, Malawi and Nigeria targeting 75 health facilities in total (25 health facilities per country). The project's aimed to strengthen antibiotic Stewardship and Infection Management in the targeted health facilities, increased accountability, monitoring, and surveillance of antibiotic prescription and supply and advocate for Antimicrobial Stewardship (AMS) and implement improved waste management of Antibiotics. This was achieved through the following interventions; Establishment of antimicrobial stewardship committees, Identification and capacity building of AMR champions; Promoting culture and sensitivity testing through sample referral mechanism; Detection of substandard/falsified antimicrobials using the GPHF Minilab; Community Education on AMR; Strengthening waste management practices in the health facilities.

Key Achievements

The AMR project has made significant strides in building capacity, raising awareness, and strengthening laboratory and stewardship practices in health facilities across Kenya, Malawi, and Nigeria. By



continuing to monitor progress and collaborate with stakeholders, the project is poised to make a lasting impact in the fight against antimicrobial resistance.

1. Training and Capacity Building of AMR Champions:

Each facility identified four healthcare providers to undergo training as AMR champions, including a clinician, a pharmacist or pharmacy technician, a nurse, and a lab technologist. 394 AMR champions were trained in the 75 health facilities. These champions developed action plans to address AMR and actively participated in AMS committees. They trained colleagues and educated communities on rational antibiotic use and infection prevention through Continuous Medical Education (CME) sessions. Refresher trainings were provided through the EPN Learning Platform.

Completion rates for the online Refresher Training and breakdown of CMEs topic areas and trained healthcare providers

2. Establishment of AMS Committees:

The project supported the creation or revitalization of AMS, Infection Prevention and Control (IPC), and Drug & Therapeutics Committees (DTC) across all 75 health facilities. These committees monitor prescribing practices and conduct prescription analysis, resulting in a significant reduction in antibiotic over-prescription. Since the project's inception, 5,443 prescriptions were assessed to track antimicrobial prescribing patterns.

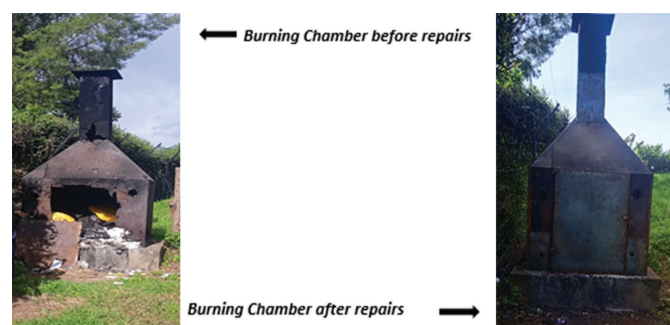
3. Increased Surveillance Through Culture & Sensitivity Testing:

Limited diagnostic capacity in African health facilities hindered AMR surveillance. The project enhanced microbiology capacity by supporting culture and sensitivity testing, enabling more accurate diagnoses

and better treatment decisions. Collaboration with government and private labs facilitated a "sample referral approach" for facilities lacking testing infrastructure, leading to 6,598 culture tests by the end of 2023

4. Proper Waste Management Practices

The project integrated waste management into IPC committee responsibilities. Continuous Medical Education (CME) sessions were conducted to train staff on proper waste handling. Action plans included procuring color-coded bin liners, upgrading waste disposal points, and repairing burning chambers. For example, Sabatia Hospital in Kenya upgraded its waste collection points after the IPC committee was activated.



5. Community Education on AMR

AMR awareness campaigns targeted communities, with a focus on women in antenatal and postnatal clinics. More than 5,216 people were reached through educational sessions led by healthcare workers, covering topics like rational antibiotic use, proper drug disposal, and infection prevention practices. Information, education, and communication (IEC) materials, including posters, were developed and displayed in health facilities.



Dr. Sharon Odeo, AMR Project Lead using IEC materials to explain the importance of facts and messaging provided by Health Facilities to communities.

6. Promoting the Use of Quality Antimicrobials

The project addressed the issue of substandard and falsified (SF) antimicrobials, which contribute to AMR. Using the GPHF Minilab, 587 antibacterial and antimalarial samples were tested in Nigeria and Malawi. In Nigeria, out of 289 samples, 14 were detected substandard, 4 were falsified and 4 probably falsified. The rate of non-compliant samples tested in Nigeria is 7.6%, a big concern! Facilities were equipped with visual inspection checklists to monitor medicine quality upon receipt from suppliers

7. Supportive Supervision and Technical Assistance

EPN's project lead, Dr. Sharon Odeo, and other team members conducted supportive supervision visits across the project countries, providing technical assistance to AMS, IPC, and DTC committees. Tools like prescription assessment guidelines and medicine quality checklists were disseminated to strengthen committee roles

8. EPN World Antimicrobial Awareness Week (WAAW) 2023 engagements in activities

EPN and its partners participated in the National launch of WAAW (Nov 18-24, 2023) in Kenya. Activities included public awareness drives, outreach campaigns, and engagement with stakeholders to promote infection prevention and antimicrobial waste management. The project also conducted 45 community sensitization sessions in Kenya, reaching 7,197 people. Similar awareness efforts were held in Malawi and Nigeria



Photo: EPN AMR project lead Dr.Sharon Odeo offering technical assistance on the steps of establishing these committees as well as their functionality



To the right, EPN PSS Officer Judy and AMR Lead Sharon with the AMR Focal Person from the Ministry of Health in Kenya Dr. Tanui

Success Stories

Evans Chirambo, Pharmacy Manager, Christian Health Association of Malawi (CHAM), Malawi

The AMR project aims to strengthen antibiotic stewardship and infection management in health facilities while increasing accountability, monitoring, and surveillance of antibiotic prescription and supply.

Creating Awareness and Knowledge on AMR:

At the start of the project, we noticed a knowledge gap regarding the threat of AMR among healthcare providers in our facilities. Through training sessions and the selection of AMR champions, we successfully raised awareness and educated our healthcare professionals on the critical aspects of AMR. Participants actively engaged in the training sessions, and we were delighted to witness their enthusiasm to participate in the upcoming World Antimicrobial Awareness Week (WAAW). Our AMR champions have even taken the initiative to spread awareness through social media platforms like WhatsApp, reaching out to their peers and communities.

Strengthening Drug and Therapeutic Committees (DTC) and Infection Prevention Control (IPC) Committees:

Through a baseline study, we discovered that a significant number of facilities lacked active DTCs and IPC committees. However, after introducing the AMR project and training our champions, we successfully formulated and reinvigorated these committees. The commitment of the facilities' management and the formal appointment of committee members have paved the way for improved infection control and antimicrobial stewardship.

Formulation of Action Plans:

In a remarkable achievement, action plans for AMR and antimicrobial stewardship have been formulated

in all our facilities. This unprecedented milestone demonstrates the impact of the AMR project in a relatively short period. The commitment to addressing AMR on the ground is commendable, and we believe it will lead to significant positive outcomes in the future.

Moving Forward:

While we celebrate these successes, our focus now shifts to translating these achievements into tangible results in our health facilities. The dedication of our AMR champions and the coordinating team in EPN will be instrumental in driving the project forward. Through continuous monitoring, training, and collaboration, we are confident in making a lasting impact in the fight against antimicrobial resistance.

Battling AMR: Strengthening Laboratory Testing for a Healthier Future

AMR Champion from Tenwek, Bomet County, AMR Training at the Christian Health Association of Kenya (CHAK)

The fight against AMR requires a coordinated effort, and one of the crucial pillars is improving laboratory capacity to undertake surveillance of AMR organisms. The training shed light on the significance of laboratory testing, specifically the identification and sensitivity testing of microbial organisms. It revealed a disconcerting reality – many hospitals in Kenya face deficiencies in basic laboratory operations and lack the necessary infrastructure. Trained microbiologists and modern equipment for automatic identification and sensitivity testing are scarce, posing a significant risk to the success of combating AMR.

To address these challenges, the AMR CHAK Training has put forth a strategic plan to enhance laboratory capacity in detecting AMR pathogens and undertaking surveillance. This will involve mentoring and training for laboratory quality management, bolstering best

practice requirements for AMR diagnostics, and implementing laboratory quality systems to ensure efficient testing and performance criteria for priority AMR pathogens.

One of the crucial takeaways from the training is the need for local antibiogram data. Such data plays a vital role in decision-making regarding the appropriate antibiotic to use. With the alarming rise of AMR, the gains achieved in the healthcare sector are under threat. Therefore, it is imperative for hospitals to prioritize setting up a microbiology laboratory, supporting and training the laboratory teams, and acquiring modern microbiology equipment.

Tenwek Hospital is leading by example in expanding the scope of its laboratory capacity. Through mentorship of the laboratory team and capacity building of the laboratory technologists, they are taking significant steps forward. Their dedication to acquiring modern microbiology equipment has resulted in a rise of microbiology culture testing and evidence-based antibiotic prescription over the past few months.

The CHAK-EPN project on AMR is set to amplify these efforts, and we hope to see every hospital equipped with state-of-the-art laboratories and well-trained, motivated teams. This collective action will be instrumental in combating AMR and safeguarding public health.

”The Patient came to the facility with recurrent dysuria, supra-pubic pain, and was treated with oral nitrofurantoin, the therapy wasn't successful. She was shifted to IV ceftriaxone on 1gm od for 3 days, this wasn't successful again so we decided to do a culture and sensitivity. We put the patient on septrin as per the antibiogram susceptibility results. We were able to identify septrin as the drug of choice for recurrent UTI for this particular patient ~ **AMR Champion from Jumuia Hospital Kaimosi, Kenya**

SURVEY REPORT ON THE PROVISION OF SERVICES FOR NEGLECTED TROPICAL DISEASES (LEPROSY) IN CHURCH HEALTH FACILITIES IN DEMOCRATIC REPUBLIC OF CONGO (DRC)

The challenge

There is insufficient data available due to lack of a robust data collection system in DRC. Therefore, there was no true reflection of the current trend of the disease.

EPN in collaboration with its member Eglise du Christ au Congo, Synode du Sud-Kivu, Department of Medical Works (DOM-ECC) organized for the survey to be conducted DRC. The assessment was designed to collect information on availability of Neglected Tropical Diseases (NTD) management services as well as patterns and trends affecting healthcare provision in selected health facilities in DRC with a focus on Leprosy.

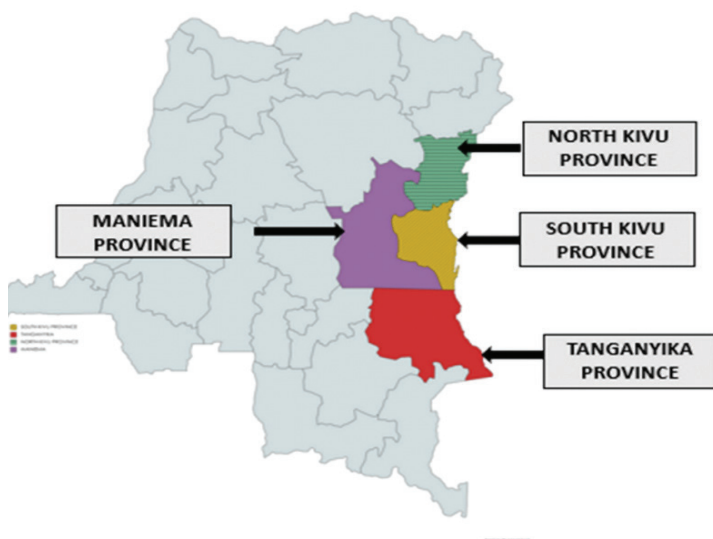
We thank Dr Nicolas Mihuhi, the Head of DOM ECC and Mr. Joseph Baraka, the Programmes Lead for their contribution to this survey and their commitment to end the spread of leprosy in DRC.

The data collected forms the basis/foundation of a project that will contribute to eradication of leprosy by ensuring the population is well educated and healthcare workers are well sensitized on the importance of early screening/detection of the disease through active case findings including contact tracing. This will ultimately improve detection and management of the disease.

Methodology

- Health facilities situated in South Kivu and the adjacent provinces of North Kivu, Maniema, and Tanganyika were selected. Initial target was 41 but a total of 61 health facilities were assessed at the end of the survey.
- A questionnaire was designed on Google Forms to gather pertinent information for the study in real-time. The data collectors to gathered information in each selected facility then used the questionnaire link to feed in the responses
- The cross-sectional survey included a combination of telephone interviews and in-person visits to the healthcare facilities. Data collection took a duration of 3 weeks.
- Data collected was then analyzed in-house (by EPN) and final report of the survey prepared.

MAP OF DEMOCRATIC REPUBLIC OF CONGO (DRC)



- They did not feel any pain (62%)
- Family/friend told me not to go to the health facility (59%)
- Misdiagnosis at other health facilities (44%)
- Long distance to go to the health establishment (23%).

Recommended interventions:

- Well-equipped and trained health providers remain the backbone of effective healthcare and therefore there is need to capacitate them on leprosy management, Infection prevention and control as well as promoting antimicrobial stewardship.
- Conduct comprehensive education and awareness campaigns to increase knowledge and understanding of leprosy, addressing cultural beliefs and stigma involving various channels and collaborations with community leaders. This will ensure increased screening.
- Awareness can also include addressing Rational use of antibiotics, proper drug disposal practices, hand hygiene, cough etiquette
- Improve data collection and reporting on NTDs to ensure accurate monitoring and evaluation of interventions.
- Enhanced collaboration and harmonization of efforts with the ministry of health to disseminate clear guidelines for NTDs, IPC and Antimicrobial stewardship

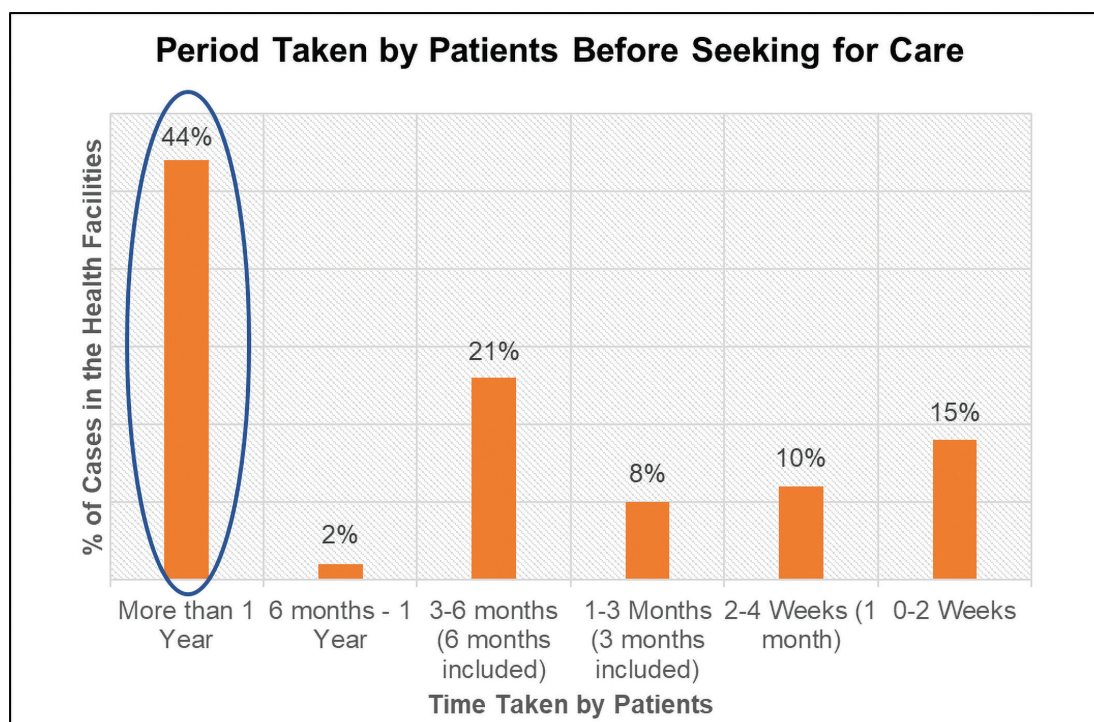
Findings

Identified Cases

- Total number of cases identified in 2022 was 156 out of which 58% were men.
- It was also evident that a significantly high number of patients took too long before seeking care.
- On average, 44% of the HFs had reported that their patients could take more than a year before going to the health facility to seek care.

Reasons for taking too long before seeking care:

- Lack of awareness of the disease symptoms or treatment options (85%)
- Search for a spiritual intervention/herb alternative (75%)
- Fear of stigma (70%)



SUPPLY CHAIN AND QUALITY ASSURANCE PROGRAMME

Supply Chain and Quality Assurance are strong focus for the EPN "Access" activities. To achieve better outcome in healthcare services, medicines quality, availability, affordability and rational use are key. Our supply chain and QA programme addresses the challenges hindering the achievement of this goal in the supply and management of health products and technology.

The GPHF Minilab work has enabled EPN demonstrate the gaps in countries' supply systems, and the need for more collaboration in building a better supply chain environment. Our faith-based healthcare system cannot be spared until the entire supply chain is well functioning. That is why EPN has developed the Supply Chain Maturity Model for its DSO members to highlight the weaknesses that affect the availability and quality of medicines in the supply chain, address them and build a sustainable Supply System.

MINILAB PROJECT

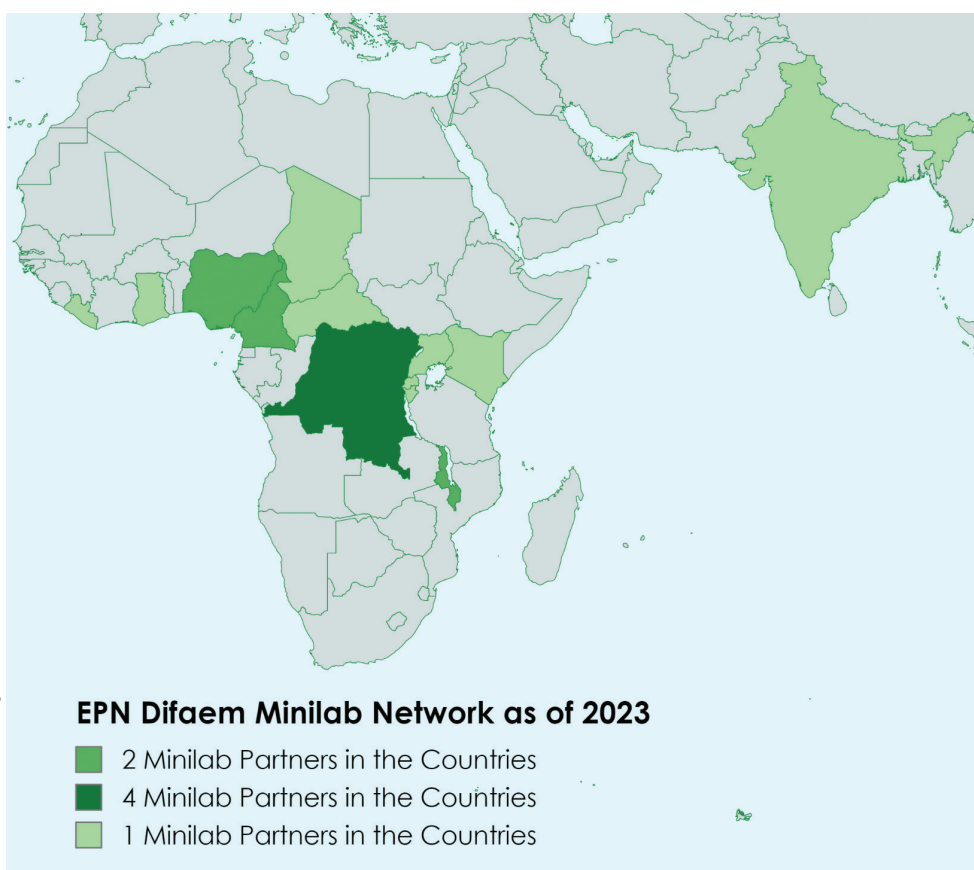
Substandard and falsified medicines are a leading cause of millions of preventable deaths worldwide, making the issue a critical global health concern. These Substandard and Falsified or poor-quality medicines often fail to treat illnesses effectively and can lead to severe health complications, including drug resistance, prolonged sickness, and death. In

many cases, patients are unaware that the medicines they are taking are substandard, which exacerbates the problem by undermining trust in healthcare systems. The rise of substandard and falsified medicines in Africa has escalated into a public health emergency that demands immediate and sustained intervention. Tackling this issue requires coordinated efforts from governments, healthcare providers, regulatory bodies, and international partners. Strengthening pharmaceutical supply chains, improving regulatory frameworks, conducting routine quality checks, and raising public awareness are crucial steps toward ensuring that people have access to safe, effective, and high-quality

medicines. Without these measures, the health and well-being of millions will remain at risk.

Initiated by the German Institute for Medical Mission (Difaem) and launched in 2010, the Minilab project is an innovative initiative designed to enhance the safety and quality of medicines by providing Drug Supply Organizations (DSOs) within the EPN network with a small-scale laboratory system for self-screening medicines. Developed by the Global Pharma Health Fund (GPHF), the Minilab allows for the detection of substandard and falsified products, contributing to the fight against poor-quality medicines that pose serious public health risks.

In March 2023, the Minilab Project funded by the Austria Government through Plan.g aiming at enhancing testing of suspected and falsified medicine in the Minilab partner organisation in 4 countries was completed. The EPN Partners for this project, Depot Centrale Medico-Pharmaceutique (DCMP), Presbyterian Churches of Cameroon (PCC), Assomesca, and the Church Health Association of Liberia (CHAL), have played critical roles in its success. The total number of samples tested by the end of the project was 985, surpassing the target of 800 representing an achievement of 123%.



A new project focusing on the quality of antibacterials was launched, supported by Novartis and Difaem, and involving two partners: CHAN Medi-Pharma in Nigeria and Chirstian Health Association of Malawi. A GPHF Minilab was donated by Difaem to CHAM and the training was organized to increase their capacity in detecting SF medicines.

Key Achievements:

- Through the AMR Project a total of 587 antibacterial and antimalarial samples were tested in Nigeria and Malawi, detecting 22 substandard and falsified in Nigeria.
- The EPN-Difaem Minilab Network collectively tested 11,802 samples, contributing valuable data on medicine quality across different regions.
- A survey identified the need for dedicated full-time staff to ensure continuous and efficient testing.
- EPN developed and published a course on Substandard and Falsified Medicines on its Learning Management System (LMS) platform, making it accessible in both English and French for broader training across the network.
- Advocacy visits were conducted in Cameroon and the Central African Republic to strengthen collaboration with government agencies on enhancing medicine quality standards and regulatory oversight.
- In June 2023, plan:g representatives visited EPN and Minilab partner MEDS in Nairobi, Kenya, to explore future collaborative efforts aimed at expanding the impact of the Minilab initiative.

- Ongoing discussions with donors and partners are in progress to secure future engagements and ensure the sustainability of the project.
- As presented in the AMR Project section, EPN focus for the Minilab activities was on monitoring quality of antibacterials in Nigeria with CHAN Medi-Pharm and Malawi with CHAM. Out of 289 samples tested, 8 were falsified and 14 substandard. This noncompliance represents 8% of samples tested. Quality of medicines remains a challenge in Nigeria. All the 298 samples tested by CHAM in Malawi were compliant.

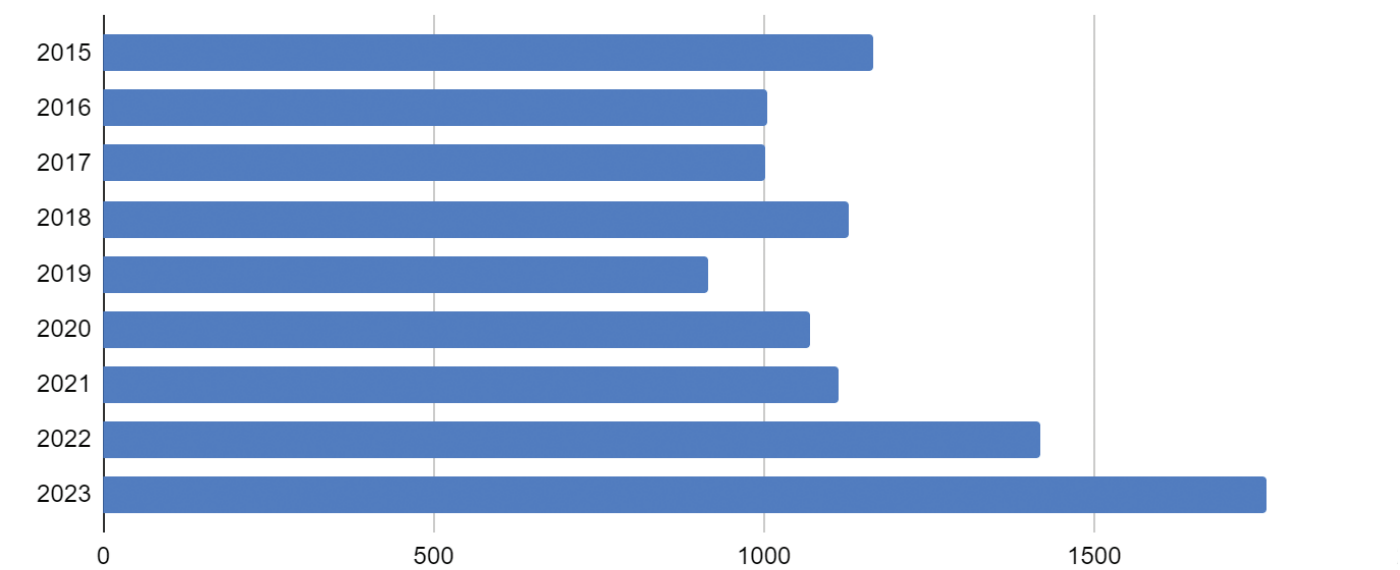
This project not only enhances the technical capacity of DSOs but also fosters stronger partnerships between faith-based health organizations, governments, and other stakeholders to combat the rising threat of substandard and falsified medicines. Through these efforts, EPN continues to lead in promoting medicine safety and improving health outcomes in vulnerable communities.

SURVEY ON AWARENESS ABOUT SUBSTANDARD AND FALSIFIED MEDICINE IN SUB-SAHARAN AFRICA – FEB. 2023

The goal:

The minilab work is a result of the synergy between the German Institute for Medical Mission e.V. (DIFAEM), plan:g, EPN and Minilab Network members DSOs. Additionally, EPN seeks to establish the level of awareness on substandard and falsified medicine among the healthcare workers in the church health facilities. This will help in establishing the needs and

EPN Difaem Minilab Network: Tests conducted over the years



EPN Difaem Minilab Network: Number of Tests

shaping our approaches and strategies of fighting substandard and falsified medicines in the Church health system.

This qualitative survey was conducted in 8 member DSOs and CHAs (CHAL, NCHS, PCC, CHAZ, CHAM, CSSC, DCMP and ASSOMESCA) and affiliated health facilities, and intended to explore the level of knowledge and awareness in regards to quality of medicines and the need for informed interventions to fight against substandard and falsified medicines.

Recommended interventions:

Supply Chain: There is a need to strengthen the faith-based medicine supply system to ensure that the main sources of medicine remain at the faith-based stores and the government

Advocacy and awareness: There is need to build collaboration by bringing different stakeholders, including various state and non-state actors together and advocate on the significance of combating this global menace through combined efforts.

Minilab Network Expansion: To improve on the detection of SF medicine within the Africa continent (EPN member network) there is need to expand the minilab network as it will empower member organizations with the ability to monitor and detect SF medicines in an efficient approach.

Capacity building: it is necessary to develop an online course to bridge the knowledge gap among healthcare workers. This should touch on various topics including Importance of medicine quality, role of minilab in fighting SF medicine, role of facilities in the fight against SF medicine and visual inspection training for healthcare professionals.

EAST AFRICAN COMMUNITY POOLED PROCUREMENT INITIATIVE (EACPP)

The East African Community Pool Procurement Initiative (EACPP) is a key regional project under Supply Chain and Quality Assurance which aims to enhance access to essential medicines and medical supplies by leveraging pooled procurement among participating countries and drug supply organizations (DSOs). The initiative was launched in 2012 with the technical support of the Ecumenical Pharmaceutical Network (EPN) and is overseen by both EPN and its member DSOs. The primary objective of EACPP is to reduce the cost of medicines, ensure their consistent quality, and improve the overall efficiency of supply chains across East Africa.

Faith-based partner countries such as Kenya, Uganda, and Rwanda are part of the East African Community Pool Procurement Initiative (EACPP) which aims to help lower procurement costs for essential medicines and supplies. Key participants in the initiative include prominent DSOs like BUFMAR, MEDS, and JMS, while other DSO members have shown keen interest in expanding pooled procurement to additional regions. This expansion aims to guarantee affordable and quality medicines for faith-based health facilities, improving healthcare access for communities across the region.

Key Objectives of EACPP:

- 1. Improve Access to Essential Medicines:** By pooling procurement, EACPP enables participating countries and organisations to purchase medicines and medical supplies at lower prices through bulk purchasing. This helps ensure that faith-based health facilities, which serve a large portion of the population in many East African countries, have consistent access to affordable and high-quality essential medicines.
- 2. Enhance Quality Assurance:** The initiative also focuses on ensuring that the medicines procured meet stringent quality standards. By centralising the procurement process, EACPP can vet suppliers more thoroughly, reducing the risk of substandard or falsified medicines entering the supply chain.
- 3. Promote Collaboration and Capacity Building:** The initiative fosters regional collaboration between various DSOs and other stakeholders in respective countries. It also provides technical assistance and capacity building for member organisations, enabling them to improve their supply chain management practices and procurement processes.
- 4. Strengthen Supply Chain Efficiency:** Pooling procurement under EACPP has streamlined the supply chain process by reducing duplication of efforts among individual DSOs. This ensures a more efficient distribution of medicines and medical supplies across the region, benefiting health facilities and patients.

Summary of activities:

- The tender 08/2023 was floated for the selected medicines and medical supplies. This was an improvement from last year's tender (EACPP 07/2022) in which only medical supplies were floated. 20 items were floated in total i.e 5 pharmaceutical products and 15 non-

pharmaceutical products. The 20 items were common to MEDS and JMS while BUFMAR could not participate due to internal structural changes.

- Collaboration among EACPP Members: Through TWGs, there has been focus on learning from the current and previous tenders. Due to limited submissions from suppliers where only 7 out of 79 were received, and mostly distributors, members committed to actively engaged in reaching out to the unresponsive manufacturers. The bided prices were also higher, compared to the historical data at each DSO. By the end of the year, this tender was still not concluded.

Key challenges:

- 2020-2021 tenders were not concluded due to suppliers' price fluctuations. The 2022 tender was successfully awarded to suppliers, however, the LPOs raised were deferred to some extent as only MEDS concluded the process and payment.
- There has been a decline in suppliers' interest to bid to EACPP tenders the last 3 years. This is due to delays observed in the process and the outcome of the last 2 tenders.
- From the EACPP Technical Working Group, it was observed:
 - Delays in sharing the items selected for the PP.
 - Decline of items along the way, after the tender is floated and the LPOs prepared.
 - Delay in testing samples shipped by suppliers as part of the tender/selection process.
 - The tender was a good step forward to include pharmaceuticals, but no criteria for their selection were set up in advance.
- EPN also faced constant change of staff involved in the pooled procurement which affected the continuity of the tender process, increasing the gaps in strategic sourcing, market shaping, suppliers' relation management and communication.
- Prices: supplier's prices for most items were higher than the DSO last purchase prices from the same suppliers, leading to the perception that no added value could be expected from the EACPP.

Learning and way forward

- Before floating a tender, it is necessary to ensure that compiled quantities per item meet the Minimum Ordering Quantities (MOQ) and for new products, check their registration status across participating countries. In addition, a market survey was necessary before floating the tender than relying only on DSOs' current suppliers.
- There is need to set up guiding criteria regarding selection of pharmaceutical and non-pharmaceutical product to be floated under the pooled procurement mechanism.
- EPN interventions have been focused on quality and availability of products. It is crucial to involve all the EPN DSOs in a continental mechanism

The East African Community Pool Procurement Initiative (EACPP) represents a driver for successful example of how regional cooperation and pooled procurement can be used to enhance the availability, affordability, and quality of essential medicines. EPN is committed to its continued expansion and will mobilize other DSOs to join the initiative either in a continental or regional perspective. With growing interest from other DSOs, the initiative holds great promise for improving healthcare delivery and outcomes for millions of people in the continent. The initiative's long-term sustainability will depend on the mobilization of additional resources for operational costs and capacity building, and a continued engagement of all stakeholders, including governments, donors, DSOs, and health facilities, as well as ongoing improvements in supply chain and procurement systems.

SMART LEVERAGED SUPPLY CHAIN PROJECT (SMART LCSC)

Project Countries: Nigeria, Sierra Leone

The SMART Leveraged Supply Chain Project (SMART LCSC) aims to enhance the capabilities of Church Drug Supply Organizations (DSOs) across Sub-Saharan Africa. This initiative focuses on ensuring a consistent and sustainable supply of affordable, quality-assured medical products while also preparing these organizations for future health emergencies.

By improving compliance with international standards, the project seeks to create a robust supply chain that can effectively respond to public health needs.

Key Objectives::

Strengthen Supply Chain Management: The primary goal is to build the capacity of DSOs to manage and distribute medical supplies efficiently, ensuring that health facilities have access to essential medicines.

Enhance Emergency Preparedness: The project emphasises the importance of early warning systems and preparing for potential health crises by establishing protocols and systems that allow for rapid response in emergencies.

Promote Compliance with International Standards: By aligning with global standards, the project aims to improve the quality and safety of medical products distributed by DSOs, thereby enhancing trust in the healthcare system.

This phase in building the EPN Supply Chain Maturity Model was piloted in two EPN DSOs. In Sierra Leone, the newly created medicines supply unit of Christian Health Association of Sierra Leone (CHASL) and 30 CHASL health facilities were targeted. In Nigeria, the Faith-Based Central Medical Foundation (FBCM) DSO was the main focus. **The foundation for the success of this project was the formation of the Supply Chain Technical Working Group.** This dedicated technical working group was established to facilitate through regular meeting, the review and the shaping of the DSO and Facility Assessment tools. This collaborative approach has enabled stakeholders to align on best practices and identify areas for improvement.

The Facility Supply Chain Integrity Tool and the DSO Maturity Assessment Tool were developed and approved by the TWG. These tools were respectively used to conduct the baseline in 12 health CHASL facilities and the 2 DSOs to inform the interventions to be implemented to strengthen the supply systems in both member countries.

Dissemination of Self-Assessment Tool

The EPN DSO Self-Assessment tool was shared with member DSOs, as an empowering tool to evaluate their own operations and identify areas for enhancement. This tool serves as a valuable resource for continuous improvement.

The **SMART Leveraged Supply Chain Project (SMART LCSC)** represents a significant step toward strengthening the capacity of Church Drug Supply Organizations in Sub-Saharan Africa. By focusing on training, assessment of SC functions and stakeholder

collaboration in addressing gaps, the initiative not only aims to enhance the supply chain for essential medicines but also prepares these organisations to effectively respond to future health emergencies. Through ongoing efforts and the commitment to international standards, the project seeks to foster a more resilient healthcare system in Sub-Saharan Africa, ultimately improving health outcomes for communities in need.

Health Facilities SC integrity in Sierra Leone

- **Baseline Assessment in Sierra Leone:** In collaboration with Difaem and the CHASL, a comprehensive facility SC integrity assessment tool was developed and deployed to evaluate the baseline state of health facilities. This assessment was crucial for identifying gaps and tailoring interventions to improve supply chain and pharmaceutical service delivery. The CHASL DSU Team conducted this physical assessment in 12 out of 30 targeted CHASL Health Facilities.
- **Training Initiatives:** A total of 36 pharmacy staff members in Sierra Leone received in 2 rounds, specialised training in Medicine Supply Management and Drug Revolving Fund (DRF). Additionally, the heads of various facilities participated in training sessions aimed at enhancing their leadership skills and operational efficiency.
- **Action Plan Supervision:** An oversight of the action plan developed for CHASL member health facilities was successfully carried out. This supervision ensured that the facilities were implementing the strategies and practices necessary for improved supply chain management.
- **Project Outcome: Improved inventory management and availability.** The endline assessment conducted in 13 health facilities revealed significant improvement in medicines availability. The increased involvement of DTC in drug procurement processes indicate a growing emphasis on structured decision-making and oversight related to drug use and procurement. The shift aligns with best practices in healthcare management, promoting efficient and informed decision-making in drug-related matters within health facilities.

A remarkable decrease of **39%** in the number of health facilities experiencing stock-outs lasting for at least 7 days in a span of 3 months was observed. Initially experienced by **54%** of the health facilities, it has reduced by **15%**.

- **Stakeholder Engagement:** EPN and CHASL organised a stakeholder meeting that brought together key players in the supply chain space within Sierra Leone. This forum facilitated valuable discussions on challenges, opportunities, and collaborative efforts to improve the medical supply chain.

SC Maturity Assessment and Roadmap at FBCMF DSO in Nigeria and CHASL DSU in Sierra Leone

Baseline and Endline Survey at FBCMF

The baseline survey provided essential data for measuring progress and informing future strategies. It was conducted physically in FBCMF and as a self-assessment in CHASL. After the Baseline, a roadmap was developed with strong leadership and the commitment of the management of FBCMF to address the gaps identified in Governance, Affordability, Availability, Procurement, Ownership by health facilities, Quality Assurance, Last mile distribution, End-users capacity development.

The endline assessment was conducted in Nigeria – FBCMF the in November and in Sierra Leone - CHASL DSU and health facilities in December 2023.

One size approach could not fit both of the two participating DSOs. In the project, we provided support to FBCMF, a well-established DSO and to CHASL, a starting DSU. CHASL could not progress with the implementation of the workplan as planned because of other challenges specific to their context, dealing with many priorities, the establishment of the management structure, procurement of software and the seed stock, motivating health facilities' management for the ownership of the DSU, navigating the regulatory compliance requirement and the financial management system.

Success Stories

FBCMF's Significant Milestone Through the Project with EPN funded by IMA /CORUS



EPN Executive Director, Richard Neki and the FBCMF team led by Sister Jane France during the SC maturity assessment activity

In Nigeria, a baseline assessment with EPN Member FBCMF revealed key gaps, including the need for a quarantine and dispatch zone, a functional quality manual, policies and SOPs, a fire assembly point, and an organisational structure. The roadmap was developed and implemented immediately, with support from EPN. This was a key milestone for both EPN and FBCMF that would enhance the potential of the DSO.

Major Achievements:

- FBCMF successfully developed a functional website to highlight staff roles and with the goal of enhancing the visibility of Faith-Based Central Medical Foundations' services.
- They also created and implemented policies and Standard Operating Procedures (SOPs), including the assignment of internal file numbers for improved tracking.
- The organisational structure was also reconstructed to meet the required standards and clarify reporting lines. An additional role for an internal auditor was created, and all the job descriptions were developed/reviewed with appropriate qualifications for the Supply Chain positions, the development of staff recruitment policy among others.
- Designated quarantine and dispatch zones were created in the warehouse in order to optimise stock movement.
- A poison cabinet for controlled substances was also installed.
- Development of Quality Manual: in this document, the commitment of the management is well reflected, with reference to all the policies and SOPs which they also worked on as a team to ensure the FBCMF system meet the good distribution standards.
- Development and adoption of a comprehensive supply chain strategic plan.
- Stakeholder analysis and mapping: they were able to understand the opportunities they have to engage strategically with the large number of partners and stakeholders to advance their businesses.

Key Lessons learnt were that:

1. Documenting procedures ensures consistency and helps staff understand processes and risks.
2. Policies are essential for effective organisational management.
3. Training is crucial for staff to understand processes and achieve organisational goals.
4. Well-functioning Procurement System is the cornerstone in achieving continued supply of quality medicines and patient safety.

New Drug Supply Unit at the Christian Health Association of Sierra Leone (CHASL), Sierra Leone

Together with EPN, and with a consistent contribution of Difaem, CHASL successfully implemented various activities as part of the development of the new medicines supply unit. Comprehensive assessment which focuses on key aspects of the supply chain was conducted, including forecasting, procurement, stock management, inventory, and dispensing.

At the DSU level, the quality system was well established, with successfully developed quality manual incorporating objectives for both supply chain management and the quality of medicines. The staff development plan was established. Regular supervisory visits by EPN were also performed to evaluate the progress in the implementation of the roadmap developed, to monitor the availability of essential medicines, assess documentation systems, proper storage conditions, monitor procurement processes, and review governance and financial management practices.

Additionally, training programs were organised for medical directors at health facilities on Drug Revolving Funds and partnerships aimed at sustaining the Drug Supply Unit. Pharmacy staff received training on quality assurance, stock management, and strategies for consistent supply of quality medicines. Pharmacy operations were improved, with pharmacy staff acquiring necessary skills to manage stock effectively, ensuring a continuous supply of quality medicines to patients.

The implementation of the EPN IMA project yielded significant milestones within CHASL member facilities. There was a marked enhancement in the availability of essential medicines, reducing instances of stock outs and ensuring patients' access to necessary treatments.

The success of this project underscores the importance of collaborative efforts and sustainability in strengthening healthcare supply chains in Sub-Saharan Africa. Through strategic interventions and capacity-building initiatives, the project has made significant strides in ensuring that there are quality medical products that enhance healthcare delivery.

SURVEY REPORT ON ACCESS TO DIABETES MEDICINES AND GLUCOSE TESTING DEVICES IN THE EPN NETWORK, April 2023

The goal:

To assess the availability and supply of Diabetes diagnostic devices, Insulin, and anti-diabetic drugs among the EPN Members,

Participating Members and Countries:

- Five DSOs: DCMP in the Democratic Republic of Congo (DRC), ECWA Central Pharmacy in Nigeria, Joint Medical Stores (JMS) in Uganda, FBCMF in Nigeria and NCHS in Ghana
- 25 Health Facilities affiliated to 6 different Christian Health Associations: CHAM – Malawi (7), CHAZ Zambia (6), ZACH Zimbabwe (5), CHASL Sierra Leone (5), BUFMAR Rwanda (2).



ED EPN Training Hospital Management staff

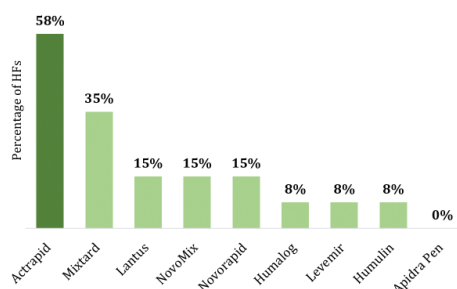


EPN SC Officer joining a facility supervisory visit

Insulin Availability

- Short-acting and Long-acting insulin were commonly supplied by DSOs.
- Actrapid and Regular insulin were stocked by 50% of health facilities.
- Prices for glucose meters, glucose strips, insulin vials, and insulin pens varied by country.

Types of Insulin available



Insulin Action and Brand		Country						
Action	Brand	Malawi	Zambia	Sierra L.	Ghana	Nigeria	Zimbabwe	Rwanda
Rapid-acting insulin	Humalog (Insulin Lispro)	X	X	X	X	X		
	Novorapid (Insulin aspart)		X	X	X			
	Apidra (Insulin glulisine)							X
Short-acting Insulin	Actrapid	X	X	X		X	X	X
	Humulin R	X	X	X	X			
Intermediate-acting Insulin	Humulin NPH (Neutral Protamine Hagedorn)		X	X	X	X	X	X
	Protaphane							
Long-acting Insulin	Lantus (glargine Insulin) pen			X	X	X		X
	Levemir (Determir Insulin) pen	X	X	X	X	X		
Mixed Insulin	Rapid + Inter-acting NovoMix 30/70 (30% rapid, 70% Protaphane)		X	X	X	X	X	X
	Short + Inter-acting Mixtard 30/70 (30% short, 70% Protaphane)	X	X	X	X	X	X	X
	Humulin 30/70 (30% short, 70% Humulin NPH)			x	x	x		



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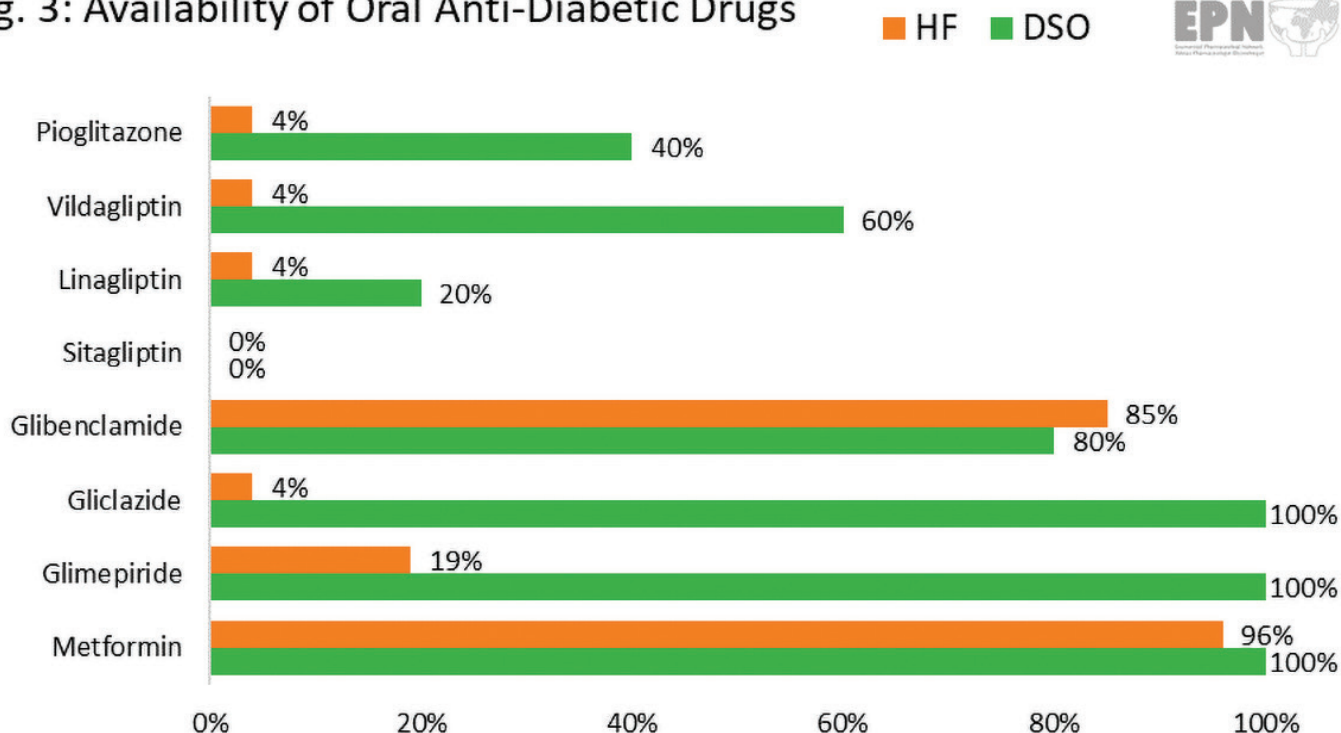
1. Insulin Availability

- Short-acting and Long-acting insulin were commonly supplied by DSOs.
- Actrapid and Regular insulin were stocked by 50% of health facilities.
- Prices for glucose meters, glucose strips, insulin vials, and insulin pens varied by country.

2. Oral Antidiabetic Drugs

- Metformin and Glibenclamide were commonly stocked/supplied by DSOs.
- Availability of other drugs varied, with some being unavailable.
- Metformin was available in 96% of surveyed health facilities.
- Sitagliptin and Other Oral anti-Diabetic drugs were not stocked/supplied.
- According to the level of use, although 52% of participating HF's are hospitals, the availability of

Fig. 3: Availability of Oral Anti-Diabetic Drugs



most of medicines remains low

Diabetic Self-Monitoring Devices

- Blood Glucose Meter was the only device supplied by DSOs.
- Unavailable devices :Flash Glucose Monitoring and Continuous Glucose Monitoring devices.
- Only one Health Facility Stocked and sold the Blood Glucometer

Summary of Price Variation and Testing devices for both DSOs and the Health Facility

Country	Facility	Average Price	Average Price Package of 50
	Blood Glucometer		Glucose Strips
DRC	DSO_1	\$ 22	\$ 10
Ghana	DSO_2	\$ 20	\$ 20
Nigeria	DSO_3	\$ 45	\$ 10
Nigeria	DSO_4	\$ 30	-
Health Facility (HF)			
All HFs (Average of \$1/ strip)			\$50

Most used Glucometers						
Items	DRC	Ghana	Nigeria	Malawi	SL	Zimbabwe
Accu-chek Active		x	x		x	x
Accu-chek Instant			x			x
One Touch Select/Verio		x	x	x		
OnCall Plus		x	x		x	
Freestyle		x			x	
Contour Plus		x				
Code Free	x	x	x	x	x	x
Glucodocor			x			
Viva Check		x				
Glucoplus						x
SD check Gold				x		
Glucospark			x			



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3. Diabetic Self-Monitoring Devices

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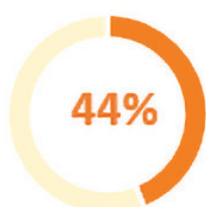
Challenges identified at health facilities

- Disparities across countries in costs of consultation (high in Zimbabwe and low Rwanda) and diagnostics (high in Malawi and low in Sierra Leone and Rwanda)
- Inadequate capital and budget dedicated to procurement of anti-diabetic medicines and strips
- Stock outs at the health facilities due to financial constraints, under-supply from the National stock, out-of-stock from the suppliers and delivery time issues.
- On average, these stock-outs occurred three times annually.

- Need of increased technical skills of pharmaceutical workforce and clinicians/nurses

Challenges at DSO

- **Limited capacity in market shaping** and suppliers' prequalification leading to high prices.
- **Limited system for collecting and monitoring key data** (availability, price, use, quality and safety)
- Inefficient distribution systems
- Lack of strategic procurement
- **Inadequate capacity in building partnerships** with manufacturers/distributors to supply antidiabetic medicines and devices at reduced prices.
- **Limited opportunity for competitive tenders** due to reduced number of suppliers for insulin, self-testing devices and strips.
- **Lack of technical support for improving the skills** of the pharmaceutical workforce. Devices like Flash Glucose Monitoring and Continuous Glucose Monitoring not known by most of DSOs



11 of 25 assessed **Health Facilities** reported at least an incident of **stock out of anti-diabetic medicines in 2022**

Recommended Interventions

AT THE NATIONAL AND REGIONAL LEVELS:

- Strategic procurement – using collaborative approaches based on existing models (pooled procurement).
- Engage in price negotiations to reduce the financial burden of diabetes treatment
- Systems for collecting and monitoring key data on diabetes medicines and devices: availability, price, expenditure, usage, quality and safety, and ensuring use of these data for better evidence-based policy-making.
- Promote transparency throughout the value chain, including the disclosure of procurement prices and procedures, and supply chain mark-ups.
- Technical support for improving the skills of the pharmaceutical workforce and monitoring its size, composition, skill sets, training needs and performance.
- Establishing strategic partnerships and collaborations with manufacturers, partners NGOs and government institutions.

AT THE HEALTHCARE FACILITY LEVEL:

- Enhance the **efficiency and cost-effectiveness of the supply chain** through optimized inventory management, streamlined distribution processes, and minimized logistical costs.
- **Enhancing the knowledge and skills** of healthcare professionals in diabetes care, reducing the need for expensive interventions and improving affordability.
- **Pharmaceutical system and practices**
 - Availability of guidelines, SOPs, STGs
 - Well-functioning Drug and Therapeutic Committee (DTC) to support selection and rational use.

Acknowledgement

We thank all the DSOs and CHAs of EPN who participated in this survey. The EPN Secretariat promotes the work of the network members and commit to the mobilization of resources to support the implementation of recommended interventions.

MEMBER ENGAGEMENT

EPN is a membership-based network focused on strengthening church health systems by tackling healthcare and pharmaceutical challenges in remote Sub-Saharan Africa. With a diverse membership, we aim to enhance services and support healthcare staff in member organisations to implement effective tools, policies and guidelines aligned with EPN's vision.

Church leaders and managers recognize the importance of procuring quality medicines and the challenges of access. However, technical training is vital for establishing efficient pharmaceutical systems and a robust supply chain. Our program emphasises engaging all levels of our membership to promote positive change.

We involve our members through webinars, publications, online and in-person training, Annual General Meetings, forums, regional meetings, networking, board participation, and Technical Working Groups.

Some of the notable highlights and achievements of 2023 included:

EPN Membership

EPN Membership sits at the core of the activities that we engage in.

With its rich expertise in Member Engagement, Training and Capacity Building, Pharmaceutical Systems Strengthening and Supply Chain and Quality Assurance, Donor Partnership and Sustainability, we describe our members as experts with good conduct and experience in their respective fields who contribute to strengthening health systems especially in the pharmaceutical and supply chain space.

Our Network continue to grow, with currently **141 members** in 38 countries (In which 27 are in Sub Saharan Africa) from Healthcare Associations, professionals and experts, which include:

- 32 Christian Health Associations (CHA's)
- 24 Health Systems Strengthening (HSS)
- 21 Drug Supply Organizations (DSO)
- 18 Church Health Institutions (CHI)
- 46 Individual Members

Categorization of our members is based on the type of organisation and its affiliations in the Faith based system.



EPN represented by Dr. Richard Neci and Umazi Fanjo. Representatives and colleagues from CSSC led by Executive Director Mr. Peter Maduki

The different categories that the membership is distributed in are:

Ordinary Members who comprise of Christian Health Associations, Church related pharmaceutical agencies, Church related donor agencies, and any other Christian Health Institution.

Associate Members who comprise of Individual, association, institution or business that is interested in supporting and furthering the aims and objectives of the Organization

Honorary Members who comprise of any person or corporate body whom it wishes to honour for services to the Organization.

Some of the key benefits of the EPN membership are:

1. Project engagement in different countries under our Health priorities.
2. African Regional Meetings represented through EPN Board Members (East Africa, West Africa, Southern Africa, Francophone Africa).
3. Member Needs Assessment: Assessment of needs and priorities of members and their Health Facilities.
4. Technical Working Groups through a selection of members with technical expertise and those who would like to gain from the experience as well.
5. Sharing best practices and experiences through Webinars, Publications.
6. Networking in physical events such as the EPN Forum.
7. Engaging institutions including religious leader representatives in Advocacy activities.

Table 1

	Name of Institution/ Organisation	Category	Country
1	Medmissio Germany	Ordinary Member (PSS)	Germany
2	Pharmaceutical and Medical Supplies Society Limited (PMSS)	Ordinary Member (DSO)	Rwanda
3	Dr. Cibaka Mukinayi	Individual Member	Kenya
4	Mr. Joseph Guwor	Individual Member	Liberia
5	Dr. Mukendi Esdras	Individual Member	DRC
6	Dr. Sonja Pumplun	Individual Member	Germany

EPN New Members 2023

We acknowledged and welcomed 6 new members to EPN in the year 2023.

EPN Member Visits

EPN visit to members Christian Social Services Commission (CSSC) and Action Medeor International, Tanzania

In 2023, Executive Director Dr. Richard Neci and Communications and Engagement Lead Umazi Fanjo conducted a courtesy visit to EPN member organisations, Action Medeor International and the Christian Social Services Commission, both located in Dar es Salaam, Tanzania.

During their visit, they attended the inauguration ceremony at Action Medeor's Health Technology Center in Kibaha, held on September 22, 2023. This event marked a significant milestone for Action Medeor, symbolising a major advancement in fostering local production capabilities for laboratory reagents within Tanzania.

The ceremony was attended by key stakeholders, including representatives from the Tanzanian Ministry of Health and international partners such as GIZ. Together, they celebrated the launch of one of the first facilities dedicated to producing high-quality haematology reagents in both Tanzania and the wider East African region. This initiative is expected to significantly enhance the local healthcare system's capacity by providing essential medical supplies that are both reliable and accessible.

EPN remains committed to supporting the efforts of Action Medeor International in improving the quality of products and services in Tanzania. Their dedication to local production not only helps to meet the country's healthcare needs but also contributes to the overall strengthening of the region's health infrastructure.

Through such initiatives, EPN encourages sustainable practices that promote self-sufficiency in healthcare delivery, ultimately benefiting communities across East Africa.

EPN Member RCBIF visit to members Christian Social Services Commission (CSSC), Tanzania

Representatives from the Christian Social Services Commission (CSSC) in Tanzania hosted a significant meeting with a team from Le Réseau des Confessions Religieuses pour la Promotion de la Santé et le Bien-Être Intégral de la Famille (RCBIF-Burundi) at their Secretariat in Dar es Salaam, Tanzania. This gathering aimed to foster collaboration and knowledge exchange between the two organizations, enhancing their capacity to address health and well-being in their respective communities.



EPN played a crucial role in facilitating this partnership, enabling members from CSSC Tanzania and RCBIF Burundi to share their experiences and best practices. The meeting provided an excellent platform for dialogue, allowing participants to discuss strategies for effective service delivery and to address common challenges faced in their work.

During the visit, staff members from RCBIF Burundi, including representatives from the Executive Committee and the Monitoring and Evaluation (M&E) officer, were warmly welcomed at CSSC. This interaction not only strengthened the professional ties between the two organizations but also allowed for the exchange of valuable insights and lessons learned from their respective programs.

By bringing together these faith-based organizations, EPN aims to enhance their collaborative efforts in promoting health and well-being in their communities. The meeting underscored the importance of inter-organizational partnerships in tackling health

challenges and improving service delivery in the region. Through such initiatives, CSSC Tanzania and RCBIF Burundi can build on each other's successes and continue to make a positive impact on the lives of the people they serve.

EPN visit to members Christian Health Association of Nigeria (CHAN) and CHAN Medi-Pharma (CMP) – Jos, Nigeria

Dr. Richard Neci visited and met the CHAN management team composed of Mike A. Idah (Secretary General), Mr Christopher S. Amosi (Head of Finance and Administration) and Past. David Omorebokhoe (Director of Advocacy and Communication), Chair of the Board of Directors of CHAN Medipharma and the Legal Advisor of CHAN at the CHAN Secretariat.



From left to right: Richard Neci, Past. David Omorebokhoe, Mike A. Idah and Mr Christopher S. Amosi

During his visit Dr. Richard and the team conducted an assessment at CMP on the request of the CHAN leadership to provide guidance on sustaining the DSO.

The assessment focussed on reviewing what had changed since the Value-For-Money audit, the capacity of the DSO to continue and sustain its operations, an analysis of current and past customers' needs, staff number against current income, management capacity to drive needed changes (debts recovery, protection of current distribution contracts, the increase of the customer base, stakeholders engagement and communication on current changes to rebuild trust, staff motivation, costs reduction, etc.), business model (production or procurement, warehousing, sales, distribution) and value proposition.

There was also an opportunity to discuss with key informants and consult a number of reports which guided in the analysis of the supply chain system of the CMP.



Visit and assessment of CHANs warehouse

EPN has remained committed to accompany CMP in this journey and offers technical support based on the key recommendations formulated during the assessment which is also a key mandate of EPN.

Regional Member Meetings

EPN extends its gratitude to all members for their continued engagement in online activities, despite the distance. In 2023, the membership team, alongside EPN Board representatives, successfully hosted three virtual regional meetings. The primary goal was to ensure members' needs were being met, service delivery was satisfactory, and the network remained vibrant and active.

The first meeting, for the West African region, was chaired by Ms. Florence Bull of the Christian Health Association of Kenya. Although the meeting was attended by active members, it did not reach the required quorum and was rescheduled.

In the second quarter, the Central and Francophone Regional meeting, chaired by Dr. Edward Ndze of the Cameroon Baptist Convention and EPN Board member, saw good attendance. Key discussions included potential project delivery in the Francophone region.

The East African Regional meeting, held in August and led by Dr. Joannita N. Luwayanga, was also successful. Questions focused on collaboration with members and fulfilling commitments made within the network.

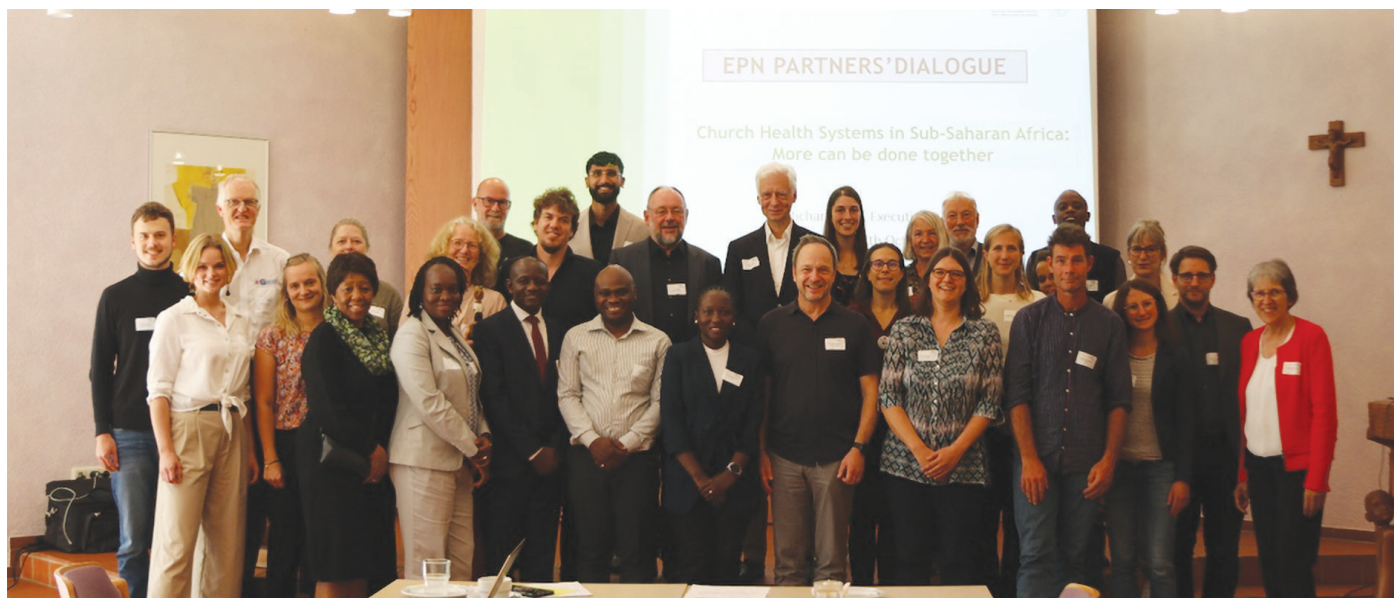
A key recommendation that was emphasised was the need to support more members with training and capacity building projects and activities in order to improve service delivery and efficiency at facility level through the knowledge shared.

Webinars

Webinars are essential for learning, networking, and sharing best practices. Given the diversity in experience and contexts among members, EPN offers its online community a platform where representatives and stakeholders can exchange knowledge and insights. The key benefits of participating in these webinars include mentorship, networking, access to exclusive content, and lessons learned.

In 2023, EPN conducted six webinars on various topics:

1. 'Uptake of COVID-19 Vaccination in Africa', in collaboration with the All Africa Conference of Churches (AACC) and Africa Christian Health Association Platform (ACHAP) – 9th & 10th February 2023.
2. 'Effects of Irrational Drug Use' and holistic approaches to promote rational drug use – 27th April 2023.
3. 'Achieving Supply Chain Maturity in the Church Health System' – 22nd June 2023.
4. 'Translating Skills into Lasting Impact': Empowering the pharmaceutical workforce of the Church health system through EPN's transformative approach – 16th August 2023.
5. 'Climate Change, Healthcare, Migration, and Human Rights': A joint webinar with Bread for the World, ASONOG (Central America), and CPCS (South East Asia) – 7th & 8th November 2023.
6. 'Driving Change for Antimicrobial Stewardship': A call to action for health facilities – 30th November 2023.



Participants in the Partner's Dialogue - Picture credit to "Deutsche Apotheker Zeitung/Gnegel"

DONOR, PARTNERSHIP AND SUSTAINABILITY

Donors and partners dialogue in Tübingen, Germany

During the week of Oct 9 – Oct 15, our partner Difaem, through our Board Chair Christine Haefele-Abah, had invited the EPN board members for their board meeting to Tuebingen. This occasion was used to organize a "Partners Dialogue" with more than 10 European partner organizations who gathered for a 1-day Meeting in Tuebingen. EPN board members had fruitful exchange and discussions with representatives from Bread for the World, Difaem, action medeor, Apotheker Helfen, Plan G, Begeca, medmissio, the university of Tuebingen and further partners. Existing partnerships were strengthened and new partnerships initiated.

The Executive Director was able to present on the gaps identified in the church health system, EPN's capability to bridge the pharmaceutical gaps in the 3 main programs (Pharmaceutical System Strengthening, Training and Capacity Building and Supply Chain and Quality Assurance), stating the current needs and priorities and proposed shared opportunities for more collaboration.

EPN Secretariat has been interacting with these partners to explore these collaboration opportunities.



Dr Gisela (Director of Difaem) and the Difaem team supporting in gathering the feedback from partners:

- "EPP e-learning support; Lesotho MTC training program support" (Apotheker helfen)
- "Networking; possibly small-scale funding" (Begeca)
- "Knowledge Sharing" (Action medeor)



Prof. Lutz Heide, the moderator of the event co-organized with vfa and the University of Tübingen, Stephen Kigera and Richard Neci.

Partnerships, advocacy and conferences

World Health Summit (WHS) 2023

The theme for the 2023 World Health Summit was "A Defining Year for Global Health Action." The summit was taking place from October 15-17, 2023, in Berlin, Germany focusing on several critical topics, including climate change and health, pandemic prevention, digital technologies for global health.

At a side event of the World Health Summit 2023, Richard Neci and two board members, Stephen Kigera from MEDS and Joanita Namutebi from JMS, presented on "The Fight Against Falsified and Substandard Medicines," addressing the challenges of combating poor-quality medicines in the context of weak post-marketing surveillance and regulatory capacity. The event celebrated the 25th anniversary of the Global Pharma Health Fund's (GPHF) Minilab, which has become a vital tool in over 100 countries, with half of the analysis kits deployed in Africa. Notably, the summit announced the delivery of the 1000th Minilab to Rwanda.

The discussions highlighted the urgent need for collaborative efforts between government bodies and health organizations to enhance access to quality medicines, particularly in low- and middle-income countries. The Executive Director advocated for increased investment in innovative solutions, such as the GPHF Minilab, which provides a practical means to detect and address the threat of Substandard and Falsified medicines.

These engagements underscore the commitment of stakeholders in addressing global health challenges and fostering sustainable solutions. The conversations are part of a broader effort to align with global health priorities and ensure that health systems are equipped to respond effectively to the threats posed by falsified medications.

The GPHF Minilab plays a crucial role in swiftly, reliably, and affordably identifying substandard and falsified medicines, thereby preventing these dangerous products from reaching patients and compromising their health.

Looking ahead, the GPHF plans to expand its testing methods by 2025 to include a wider range of medications and to introduce new technologies that will enhance usability and handling. For ongoing updates, stay tuned to the latest developments in this critical initiative!

Advocacy for access to vaccines and resilient local manufacturing in Africa

During the World Health Summit 2023, Richard Neci also held an advocacy engagement with members of the German Bundestag, the Global Health Commission, and representatives from the BMZ (Ministry of Development and Cooperation). These advocacy meetings co-organized with Bread for the World focused on the importance of TRIPS waiver for local manufacturing of vaccines and the need for strengthening policies and funding for global health and international cooperation.



Richard Neci with Prof. Dr. Andrew Ullmann, Member of the Parliament of the Federal Republic of Germany after a meeting where they discussed local manufacturing and monitoring of quality of medicines. Prof. Ullmann was the guest speaker at the Minilab workshop at the World Health Summit.

The TRIPS Agreement waiver for the Prevention, Containment and Treatment of COVID-19 is a joint intervention communication by South Africa and India to the TRIPS council of the World Trade Organization (WTO) on 2 October 2020.[1] The two countries suggested a temporary patent waiver for COVID-19 drugs, COVID-19 vaccines and related equipment and technologies in four categories of intellectual property under the TRIPS agreement. The four categories, as enunciated in sections of the TRIPS agreement, cover- copyright, industrial designs, patents and protection of undisclosed information. By November 2021, the countries sponsoring the TRIPS waiver was 64. Among the opponents to the Waiver are the European Union, the United States and Switzerland, among others [2]. Gates Foundation is the significant non-state opponent to the waiver. The Waiver opponents argue that the TRIPS waiver would make pharmaceutical companies less willing to respond to the next crisis as it "would undermine innovation", considering Intellectual Property and Patents as the drivers of Innovation [3].

In all the engagements with MPs and BMZ, EPN urged the German Parliament and Government to champion the following measures to ensure fair access to vaccines and medical products:

1. Encourage and incentivize technology transfer, investment of IP rights' holders in LMICs and sharing of Patents for vaccines, diagnostics and therapeutics production to increase LMICs' local production capability.
2. Support Investment in local production in LMICs to promote self-sufficiency.

3. Support the extension of the WTO June 2022 Ministerial Decision on the TRIPS Agreement to other diagnostics and therapeutics products.
4. Promote the creation of sustainable regional and global partnerships which is essential to the development of local production capacity.
5. Strengthen Health Systems: Equity and fairness are not only the matter of high-income countries vs developing countries. We shared our strong believe that Germany can catalyze the enhancement of healthcare systems in low-resource settings to improve the distribution and administration of vaccines and medical products. We also highlighted the strategic position of the faith health systems In LMICs countries, which count for up to 40% of healthcare provision in Sub-Saharan Africa and how it is often left behind.
6. Support transfer of competences in Research and Development and local production value chain Agenda.

References

[1] <https://docs.wto.org/dol2fe/Pages/SS/directdoc.aspx?filename=q:/IP/C/W66g.pdf&Open=True>

[2] [https://www.europarl.europa.eu/RegData/etudes/ATAG/2021/690649/EPRS_ATA\(2021\)690649_EN.pdf](https://www.europarl.europa.eu/RegData/etudes/ATAG/2021/690649/EPRS_ATA(2021)690649_EN.pdf)

[3] <https://www.ifpma.org/news/ifpma-statement-on-wto-trips-intellectual-property-waiver/>



Richard Neci with the German MP, Dr. Georg Kippels from the Christian Democratic Union (CDU), Julia Wohrle, Julia Stoffner both from BfTW.



MP Tina Rudolph representing the Social Democratic Party in the Bundestag Health Committee and its Global Health subcommittee.

Access to Medicine Foundation (AMTF) Round Table and visit

On June 16, 2023, our Executive, Richard Neci, participated virtually as a speaker at the Access to Medicine Foundation (AMTF) | Amsterdam Round Table. This event focused on strategies to enhance **access to diabetes medications and related commodities** in low- and middle-income countries (LMICs).

In his presentation, Richard talked about the accessibility of essential diabetes treatments and glucose self-monitoring devices, providing a comparative case study based on EPN's Drug Supply Organizations (DSOs) and Christian Health Associations. His insights aimed to shed light on the challenges faced in the distribution of diabetes care products and to identify potential solutions that could improve access for vulnerable populations.

The workshop served as a valuable platform for collaboration among stakeholders committed to addressing the barriers to healthcare access, particularly for chronic conditions like diabetes. The discussions highlighted the need for innovative approaches and partnerships to ensure that essential medicines reach those who need them most.

Additionally, in the second quarter of 2023, a representative from the Access to Medicine Foundation visited the EPN Secretariat for a courtesy meeting. This meeting proved to be highly productive, as it allowed for discussions on upcoming surveys that will inform the organization's research and development, particularly regarding health priorities that align with EPN's strategic focus areas. We look forward to collaborating with them in 2024.



Dr. Richard Neci welcomed a partner representative from Access to Medicines at the EPN offices

The Global Health Supply Chain Summit 2023 – Nairobi, Kenya

The Global Health Supply Chain Summit is a pivotal event focused on enhancing the efficiency and resilience of supply chains in the healthcare sector. The 2023 summit's theme, "The Journey to Self-Reliance: Sustainable and Resilient Supply Chains for Equitable Access to Healthcare," highlights the urgent need for countries to build robust supply chains capable of ensuring timely access to medicines and healthcare services, especially in the wake of the COVID-19 pandemic.

At the summit, participants engage in discussions that address key challenges and share best practices for developing self-reliant supply chains. The event serves as a platform for health professionals, policymakers, and supply chain experts to collaborate on strategies that promote sustainable practices and enhance local capacities.

In November 2023, Dr. Richard Neci, EPN's Executive Director, and Austine Opiata, the Supply Chain Officer, attended the East Africa Supply Chain Summit held in Nairobi, Kenya. Their participation provided valuable insights as they engaged with supply chain partners, fostering discussions on growth strategies and tackling the critical challenges facing the healthcare industry. Their involvement highlights EPN's commitment to enhancing supply chain efficiency, particularly in relation to Christian Health Associations (CHAs), and emphasizes the importance of collaboration among stakeholders in achieving sustainable health outcomes.

AMR Multi stakeholder Partnership Platform coordinated by Food and Agricultural Organisation (FAO) – Rome, Italy

In November 2023, the inaugural plenary assembly was held at the FAO headquarters in Rome, Italy. Sharon Odeo, EPN's AMR project lead, was among the invited attendees. EPN is actively involved in this platform managed by the quadripartite agencies (FAO, UNEP, WHO, and WOA), which aims to unite diverse organizations—including governments, the private sector, and civil society—focused on human, animal, plant, and environmental health, as well as agriculture and food production.

During the assembly, Dr. Sharon represented EPN as a member of the CSO action group, where she presented a proposal titled "Mapping and Structuring Civil Society Organizations and Networks in Africa to Strengthen Community-Level AMR Initiatives."



Dr. Sharon Odeo during a high-level meeting on Antimicrobial Resistance

which received approval. The primary objective of this platform is to foster collaboration among stakeholders from various sectors engaged in the fight against AMR.

International Pharmaceutical Federation (FIP) World Congress 2023

Dr. Lillian Ngaruiya, the Training and Capacity Building Program Lead, represented EPN at the 81st FIP World Congress 2023 in Brisbane, Australia, where she highlighted EPN's initiatives to enhance health worker capacities in the last mile. Her presentation aligned with this year's pharmacy week theme: "Pharmacists for Health Systems Strengthening."

She addressed the significant challenge posed by language barriers, particularly between Francophone and Anglophone communities, which contribute to healthcare disparities. EPN is committed to both pre-service and in-service training, with 60% of scholarship recipients hailing from Francophone countries. The organization offers virtual and in-person training in basic pharmaceutical services and public health interventions, ensuring that courses are available in both languages to meet contextual needs. Participants in these programs have made notable contributions to strengthening pharmaceutical systems, enhancing supply chain integrity, and promoting public health.



Dr. Ngaruiya's presentation was well-received, earning recognition in the social and administrative pharmacy section.



International Conference on Public Health in Africa (CPHIA) – Africa CDC

The annual International Conference on Public Health in Africa (CPHIA) serves as a vital African-led platform for leaders across the continent to reflect on lessons learned in health and science and to strategize on creating more resilient health systems.

Dr. Richard Neci and Dr. Lilian Ngaruyia attended the conference, themed **"Breaking Barriers: Repositioning Africa in the Global Health Architecture."** During this event, which was held in Lusaka, Zambia, Dr. Ngaruyia presented an abstract titled *"Church Health Systems: Cultivating a Skilled Workforce Beyond the Last Mile for Health Systems Strengthening,"* which emphasized the significant contributions of faith-based organizations to strengthening health systems throughout Africa.



ScoMRA Conference - African Union Development Agency (AUDA – NEPAD)

The conference serves as a platform for sharing scientific advancements and best practices in regulatory science, aimed at strengthening regulatory systems, enhancing access to affordable essential medical products, vaccines, and technologies, and promoting local production of medical products in Africa.

The theme of the sixth SCoMRA builds on the outcomes from the previous five **Biennial Scientific Conferences on Medical Products Regulation in Africa**, jointly organised by the African Union Development Agency (AUDA-NEPAD) and the World Health Organization (WHO).

During the event, EPN was represented by Supply Chain and Quality Assurance Officer, Mr. Austine Opiata, who addressed experts, researchers, and stakeholders committed to improving medical product regulations in Africa.

In his presentation, Mr. Opiata emphasized EPN's initiatives to combat substandard and falsified medicines within the Faith-Based Sector, detailing the challenges faced and the innovative strategies implemented to ensure the safety and efficacy of medical products. Through collaboration, quality control measures, and awareness-raising, EPN is making significant strides towards a safer healthcare environment.

ReACT Conference on AMR – Lusaka, Zambia

EPN Programme Officer Dr. Judith Asin represented EPN at the ReACT conference held in Lusaka, Zambia, in August 2023. During the conference, she emphasized the contributions of the Faith-Based sector in tackling antimicrobial resistance (AMR), a significant global health challenge.

The theme of the event was "Leave No One Behind: Advancing One Health AMR National Action Plans Implementation in Africa," focusing on the role of the Faith-Based sector in addressing AMR.

Discussions led by various experts underscored the importance of a multi-sectoral approach, the need for strengthened governance systems, and the value of community-based interventions in combating AMR.



Regional workshop on Antimicrobial Stewardship by East, Central and Southern Africa Health Community (ECSA-HC) – Nairobi, Kenya

The Pharmaceutical Systems Strengthening Programs team, represented by Dr. Judith Asin and Dr. Sharon Odeo, participated in a regional workshop organized by the East, Central, and Southern Africa Health Community (ECSA-HC) in Nairobi, Kenya, in August 2023. The workshop focused on reviewing Antimicrobial Stewardship (AMS) Guidelines and the implementation of AMR surveillance.



EPN contributed to a panel discussion, sharing its expertise in implementing AMS programs across various regions and countries. Through these discussions, participants identified overlapping areas and opportunities for collaboration between EPN and ECSA-HC.

Economic Community of West African States (ECOWAS) workshop on Pooled Procurement, May 2023 – Accra, Ghana

EPN Executive Director Richard Neci participated in an Economic Community of West African States (ECOWAS) workshop in Accra, Ghana, from May 15th to 19th, 2023. The workshop focused on developing and validating a framework for good procurement practices aimed at procurers of essential medicines. This initiative is crucial for enhancing procurement efficiency, transparency, and quality throughout the West African region, with the ultimate goal of improving access to essential medicines.

Partners visits

Visit from Long Term Partner Bread for the World Representatives

In the same quarter, we welcomed Bread for the World representatives Imke-Friederike Tiemann-Middleton, and Michael Luking to the EPN Secretariat. During their visit, we engaged in discussions centered on future programs and projects, the Ecumenical Scholarship Program, and emerging healthcare issues.

German Partner Apotheker Helfen e.V. Andreas Wiegand pays a courtesy call to EPN office

EPN member representative Dr. Andreas Wiegand visited the EPN offices to discuss the collaboration with Apotheker Helfen. The primary objective of this partnership is to support and enhance the digitalization of EPN's online training platform, which will enable more healthcare workers to gain both foundational and advanced skills in leadership and various healthcare disciplines. This initiative aims to improve access to high-quality training, fostering stronger healthcare systems through capacity building.

Minilab Partner Plan:g visit EPN and MEDS Laboratories in June 2023

In June 2023, Program Lead Bernhard Emmerich from plan:g visited the EPN offices during his trip to Kenya. During this visit, he had productive discussions with the EPN team on the Minilab and supply chain projects. He also visited the EPN member organisation, Mission for Essential Medicines and Supplies (MEDS), a WHO-prequalified lab, where he observed how

MEDS utilises the Minilab alongside other methods for testing and ensuring the quality of medicines.

This visit strengthened the partnership between plan:g, EPN, and MEDS, further supporting efforts to improve medicine quality and supply chain systems.

Management Sciences for Health (MSH) visit to EPN Secretariat

Dr. Joseph Mukoko, Senior Technical Advisor at Management Sciences for Health (MSH), visited the EPN Secretariat to discuss potential future collaborations and engagements. His visit fostered productive dialogue, and we look forward to working with MSH in advancing shared goals in the near future.



Welcoming Dr. Mukoko from Management Sciences for Health at the EPN Secretariat

EPNs Engagement with Young Professionals

EPN is dedicated to empowering youth and young professionals by building their capacities and engaging them in activities that prepare them for leadership roles and expertise in healthcare.

In 2023, EPN collaborated with several youth and student organisations, including:

- Kenya Youth Against Neglected Tropical Diseases
- Kenya Youth Against NTDs (KYAN)
- The University of Nairobi School of Pharmacy Association (NUPSA)



EPN colleagues visiting MEDS with Plan:g Programme and project lead Bernhard Emmerich

These partnerships focus on fostering knowledge and leadership skills among the younger generation to drive future advancements in health systems, particularly in combating neglected diseases and enhancing pharmacy education. More details can be found in the E-Pharmalink publication.

EPNs Engagement with Religious leaders

In February 2023, EPN, in collaboration with partners ACHAP (Africa Christian Health Associations Platform) and AACC (All Africa Conference of Churches), launched a joint faith-based advocacy platform aimed at strengthening engagement with religious leaders.

This initiative marked a significant step toward fostering collaboration among faith-based organisations in addressing health issues within their communities.

The first activity of this platform was an online joint learning forum held on February 9th, where participants had the opportunity to discuss advocacy efforts stemming from a unified Call to Action. During this forum, attendees reflected on the impact of these initiatives on health systems and highlighted the essential role that congregations play in supporting community health.

As the year progressed, EPN, ACHAP, and AACC continued their collaboration and participated in the AACC General Assembly, which took place in Abuja, Nigeria, from November 18-23, 2023. During this significant event, they co-facilitated a workshop that

emphasised the critical role of religious leaders in emergency response and pandemic preparedness. The workshop focused on enhancing leadership skills and addressing health financing to build community resilience in the face of health emergencies.

Additionally, during the AACC General Assembly, EPN launched the Second revised edition of the HIV Literacy Guide for Religious Leaders, further demonstrating their commitment to equipping faith-based leaders with the knowledge and tools needed to advocate for health within their congregations.

This launch was a result of the collaboration between EPN member INERELA+ -Kenya who spearheaded the review process of the HIV Literacy Guide for religious leaders in 2023. This process involved several review meetings with the government, AACC, Religious Leaders and EPN member CHAs from the Access project target countries Cameroon, Lesotho, Zambia, Tanzania and Kenya.

The guide serves as an essential resource for educating religious leaders about the latest advancements in HIV treatment and empowering them to promote awareness and treatment adherence within their communities.

Through these efforts, EPN continues to strengthen its partnership with religious leaders, recognizing their influential role in health advocacy and community mobilisation.



EPN launched the HIV literacy guide during the All African Conference of Churches (AACC) 12th General Assembly that was conducted in Abuja, Nigeria on 18th-23rd November 2023.



EPN Board Members during the Physical Board Meeting in Tübingen

Left: Board Members and EPN/Difaem staff.

Right: EPN Board Members (Richard Neki, V. Chitimbi, Christine Haefele-Abah, Mwai Makoka, Joanita Namutebi and Stephen Kigera.

GOVERNANCE

EPN Board

The board convened in quarterly digital board meeting and additional committee meetings. In order to monitor the financial situation more closely, the finance committee met every six weeks.

During the board meeting in Tübingen in October 2023, a training on good governance and sustainability was conducted to strengthen the capabilities of the board.

Other topics were discussed including the responsibility of the board and the board chair, the management structure and the importance of the management letter of the auditors for the board, the content of the board Manual and where to rule it and the self-evaluation of the board.

The new knowledge gained was used for a revision of the board manual, specifying board functions, tasks and responsibilities of the board.

Key action points:

1. Development of criteria for the recruitment of new board members.
2. Plan to develop the EPN advocacy Strategy with the analysis of key stakeholders
3. Identification of sections of the board manual to be revised
4. Integration of sustainability perspective in the EPN governance structure
5. Clarification on the role of the Executive Director and Board Treasurer in the internal audit process.

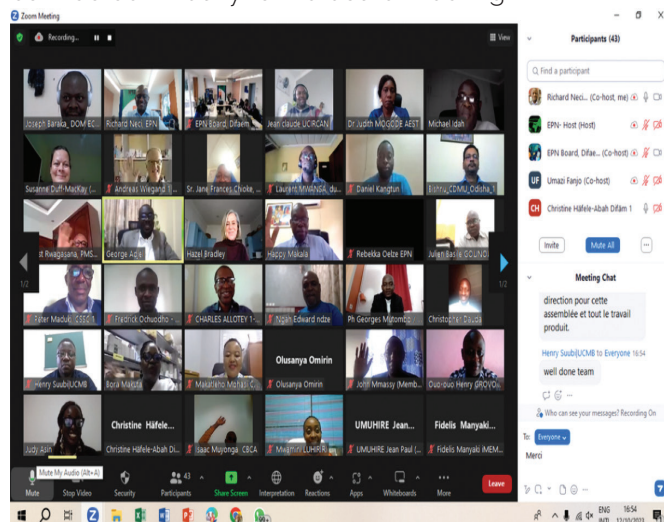
Board Matters: In 2023, Christoph Bonsmann resigned from his position as a Board Member and Mrs Vuyelwa Chitimbi's term as board member ended as well. Both were bid farewell during the AGM. We are grateful for their commitment and contribution during the six years they served in the EPN board.

In 2024, four more Board members will complete their terms, and a call for applications has been issued for EPN members to apply.

Annual General Meeting 2023

The Annual General Meeting was held in October 2023, during the same period with the Partners Dialogue and was conducted as a hybrid event that brought, 82 participants virtually, among them representatives from 39 full membership.

We are grateful to Difaem and the Board Chair for accepting to host and co-fund the Board delegates stay and activities in Tübingen. Due to visa problems, the board vice chairperson Mr Edward Ndze Nghah, Managing Director of CBC Central Pharmacy Cameroon, was not able to attend in person. He was connected virtually to the board meeting.



EPN Members attending virtually the AGM 2023

ADMINISTRATION AND HUMAN RESOURCE

Policy reviews: The Travel Policy was reviewed and approved by the Board in July, while several additional policies are planned for review and development, including: new policies on Staff Allowances, Child Protection, and Trafficking in Persons, as well as reviews of the Internship and Gender Policies. These updates, along with the revision of all expired policies, are expected to take place in the coming year.

Additionally, the Board appointed a consultant to evaluate EPN's grading and salary structure, and the consultant's report was approved in January 2023. The revised grading and salary structure, along with the updated organisational structure aligned with the current EPN Strategy, is now in effect.

Human Resources:

- **Capacity Building Officer** – Dr. Lilian Ngaruiya joined EPN on January 1st, 2023.
- **Finance Assistant** – Catherine Mutaiti began her role in April 2023.
- **Monitoring & Evaluation Officer** – Frederick Ochuodho transitioned to regular staff from July 1st, 2023, and served until December 2023.
- **Supply Chain Officer** – Austine Opiata departed from EPN at the end of 2023, after nearly three years of service.

Internships:

- **M&E Intern** – Frederick Ochuodho held this role from January 1st, 2023, to June 30th, 2023, before transitioning to regular staff.
- **Communications Intern** – Edward Mbutia served from February 1st, 2023, to April 30th, 2023.
- **Research Master's Thesis Intern** – Doudette Nsoki completed her internship on February 29th, 2023.

EPN warmly welcomes all new staff members who joined in 2023 and extends heartfelt thanks to those who left for their invaluable contributions during their time with the organisation.

FINANCES

REPORT OF THE INDEPENDENT AUDITOR

Ecumenical Pharmaceutical Network (EPN)				
Statement of comprehensive income				
For the year ended 31 December 2023				
	2023 US\$	2023 Kshs	2022 US\$	2022 Kshs
Grants received	506,416	68,811,300	670,040	77,949,813
Other income	94,520	13,671,562	69,876	8,111,398
	<u>600,936</u>	<u>82,482,862</u>	<u>739,916</u>	<u>86,061,211</u>
Expenditure				
Programme Cost	429,722	58,390,567	282,216	32,831,893
Administrative Expenses	340,879	46,261,246	265,996	29,624,188
Other Operating Expenses	2,444	382,280	3,605	418,994
Fund (Deficit)/Surplus	<u>(172,109)</u>	<u>(22,551,231)</u>	<u>188,099</u>	<u>23,186,136</u>
Finance Costs	<u>1,473</u>	<u>200,027</u>	<u>2,759</u>	<u>320,928</u>
Balance for the year	<u>(173,582)</u>	<u>(22,751,258)</u>	<u>185,340</u>	<u>22,865,208</u>

Statement of Financial Position				
For the year ended 31 December 2023				
	2023 US\$	2023 Kshs	2022 US\$	2022 Kshs
ASSETS				
Current Assets				
Trade and other receivables	73,803	8,506,408	96,639	11,547,502
Tax recoverable	397	53,913		
Cash and cash equivalents	179,846	26,456,549	352,397	43,800,453
	<u>254,046</u>	<u>35,016,870</u>	<u>449,036</u>	<u>55,347,954</u>
Non Current Assets				
Intangible Assets	530	26,126	585	34,832
Property, Plant and Equipment	11,192	1,120,711	11,732	1,243,216
	<u>11,722</u>	<u>1,146,837</u>	<u>12,317</u>	<u>1,278,048</u>
TOTAL ASSETS	<u>265,768</u>	<u>36,163,707</u>	<u>461,351</u>	<u>56,626,002</u>
FUNDS & LIABILITIES				
Current Liabilities				
Trade and Other payables	37,374	4,914,067	20,527	2,625,104
	<u>37,374</u>	<u>4,914,067</u>	<u>20,527</u>	<u>2,625,104</u>
Fund Balance				
Fund Balance	228,394	31,249,640	440,824	54,000,898
	<u>228,394</u>	<u>31,249,640</u>	<u>440,824</u>	<u>54,000,898</u>
TOTAL EQUITY & LIABILITIES	<u>265,768</u>	<u>36,163,707</u>	<u>461,351</u>	<u>56,626,002</u>

We thank all our partners



ECUMENICAL PHARMACEUTICAL NETWORK

P. O. BOX 749 - 00606

KIRICHTWA FLATS | MAIS 1 | LR NO. 2/68

KIRICHTWA ROAD - KILIMANI

NAIROBI | KENYA

TEL: +254 724 301755

INFO@EPNETWORK.ORG

www.epnetwork.org

