EPN
Ecumenical Pharmaceutical Network
Réseau Pharmaceutique Œcuménique

CO-HOSTS:

action medeor

CSSC

9TH ECUMENICAL PHARMACEUTICAL NETWORK BIENNIAL FORUM

NEUVIEME FORUM BIENAL DU RESEAU PHARMACEUTIQUE ECUMENIQUE 2024

Accelerating Access to Quality Healthcare Services for All: ***Bridging the Last Mile***

Accélérer l'Accès aux Services de Santé de Qualité pour Tous: ***Franchir le Dernier Kilomètre***

FORUM REPORT

Venue:
Dar es Salaam, Tanzania

Dates:
Pre-conference Oct 28–29, 2024
Main Forum Oct 30–31, 2024
General Assembly Nov 1, 2024

9th EPN Biennial Forum 2024

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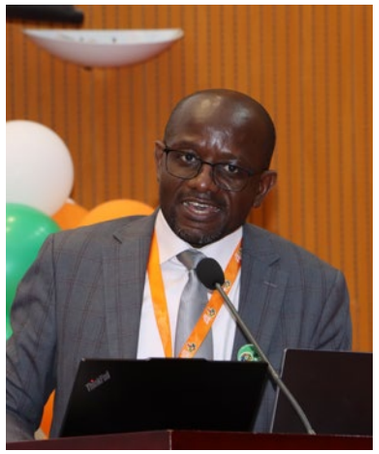
FOREWORD



It gives me a great pleasure that we present the report for the Ecumenical Pharmaceutical Network (EPN) 9th Biennial Forum, held from 28 October to 1 November, 2024, at the APC Hotel & Conference Centre in Dar es Salaam, Tanzania. Co-hosted by our members Action Medeor-Tanzania and the Christian Social Services Commission (CSSC), this forum provided an essential platform for members and partners from across the globe to engage, share knowledge, and collaborate towards one united goal: Accelerating Access to Quality Healthcare Services for All: Bridging the Last Mile.

EPN forum builds on our continuous and sustained actions against our common challenges. This 9th edition was a remarkable milestone in our efforts to promote access to quality pharmaceutical care for all, by addressing the systemic challenges that continue to hinder equitable healthcare access, especially in our faith-based health system. A significant opportunity to evaluate progress on various commitments to address issues including access to quality medicine, antimicrobial resistance, new and emerging threats to public health and explore interventions to strengthen health systems.

The forum's objective was clear: to bridge the gap in healthcare access and delivery, ensuring that no one is left behind. The discussions underscored the crucial role of cross-sector collaboration in identifying and implementing innovative, scalable and sustainable solutions under the One Health approach.

It is our hope that the insights and recommendations from the forum will guide future collaborative action and serve as a roadmap for advancing healthcare access for vulnerable populations.

As we move forward, this report serves as a valuable resource, capturing the essence of the discussions, key takeaways, and action points proposed during the forum. With the call to action highlighted in this report, we seek to inspire sustained advocacy, policy change, partnerships, innovation and investments in healthcare, ensuring that we can make meaningful progress towards bridging the last mile in our healthcare access for all.

We extend our sincere appreciation to all participants, our co-hosts and our partners who made this event a success. Together, we are one step closer to building healthcare systems that are not only resilient but also accessible, affordable and capable of delivering quality services to all.

Together, we are bridging the last mile.

Richard Neci Cizungu
Executive Director
Ecumenical Pharmaceutical Network (EPN)

TABLE OF CONTENTS

ABBREVIATIONS & ACRONYMS

AMR - Antimicrobial Resistance
AMS - Antimicrobial Stewardship
BUFMAR - Bureau des Formations Médicales Agréées du Rwanda
CBC - Cameroon Baptist Convention
CBCA - Baptist Church in Central Africa
CHAM - Christian Health Association of Malawi
CHAN - Christian Health Association of Nigeria
CHAN - Christian Health Association of Nigeria
CHAL - Christian Health Association of Lesotho
CSSC - Christian Social Services Commission
DTC - Drug and Therapeutics Committee
DRF - Drug Revolving Funds
DSO - Drug Supply Organization
EPN - Ecumenical Pharmaceutical Network
FBCMF - Faith-Based Central Medical Foundation
FBO - Faith-Based Organizations
GMP - Good Manufacturing Practices
GPHF - Global Pharma Health Fund
HCW - Healthcare Workers
IPC - Infection Prevention and Control
JMS - Joint Medical Store
LMICs - Low- and Middle-Income Countries
M&E - Monitoring and Evaluation
MEDS - Mission for Essential Drugs and Supplies
MUHAS - Muhimbili University of Health and Allied Sciences
NMRA - National Medicines Regulatory Authority
NRA - National Regulatory Authority
PNFP - Private-Not-For-Profit
PPI - Pooled Procurement Initiative
PQM+ - Promoting the Quality of Medicines Plus
RCBIF - Réseau des Confessions Religieuses pour la promotion de la Santé et le Bien Être Intégral de la Famille
SC - Supply Chain
S/F - Substandard and Falsified
TMDA - Tanzania Medicines and Medical Devices Authority
Tz - Tanzania
UHC - Universal Health Coverage
WHO - World Health Organization

EXECUTIVE SUMMARY

The 9th Ecumenical Pharmaceutical Network (EPN) Biennial Forum, held in Dar es Salaam, Tanzania, from October 28 – November 1, 2024, focused on the theme "Accelerating Access to Quality Healthcare Services for All: Bridging the Last Mile." The forum brought together stakeholders from faith-based organizations, regulatory agencies, healthcare providers (including EPN scholarship beneficiaries) and international partners to discuss challenges in healthcare access and pharmaceutical systems, exchange best practices, and identify strategies for strengthening health systems.

The pre-conference sessions addressed two critical issues: antimicrobial resistance (AMR) and medicine quality assurance. Discussions emphasized a One Health approach, highlighting the need for cross-sector collaboration between human, animal, and environmental health sectors to combat AMR. Participants explored policy reforms, antimicrobial stewardship programs, and community engagement as key strategies for addressing the growing resistance crisis. The sessions on medicine quality assurance focused on tackling the issue of substandard and falsified medicines, with the Mini-lab network playing a central role in identifying and removing poor-quality pharmaceuticals from supply chains.

The main conference covered key topics related to healthcare access, health financing, policies, regulations, and advocacy. Discussions examined the systemic barriers preventing equitable access to healthcare and explored innovative approaches to breaking down healthcare inequalities. Presentations and panel discussions highlighted strategies for strengthening supply chains, ensuring resilient drug procurement, and leveraging policy and regulatory frameworks to improve health outcomes. Advocacy emerged as a crucial tool in pushing for reforms that enhance healthcare access, particularly in under-served communities.

A key outcome of the forum was a renewed call to action for multisectoral collaboration, data-driven policy development, and capacity building. Participants emphasized the importance of strengthening partnerships, integrating technology into healthcare systems, and increasing investment in pharmaceutical and healthcare infrastructure. The forum underscored the need for community-driven solutions and sustained advocacy efforts to bridge healthcare gaps and ensure equitable access to quality healthcare services for all.

This report serves as a comprehensive record of the discussions, key takeaways, and actionable strategies proposed during the forum, offering a roadmap for future initiatives aimed at improving access to healthcare and strengthening pharmaceutical systems.

CHAPTER 1
Introduction

1.1 Background

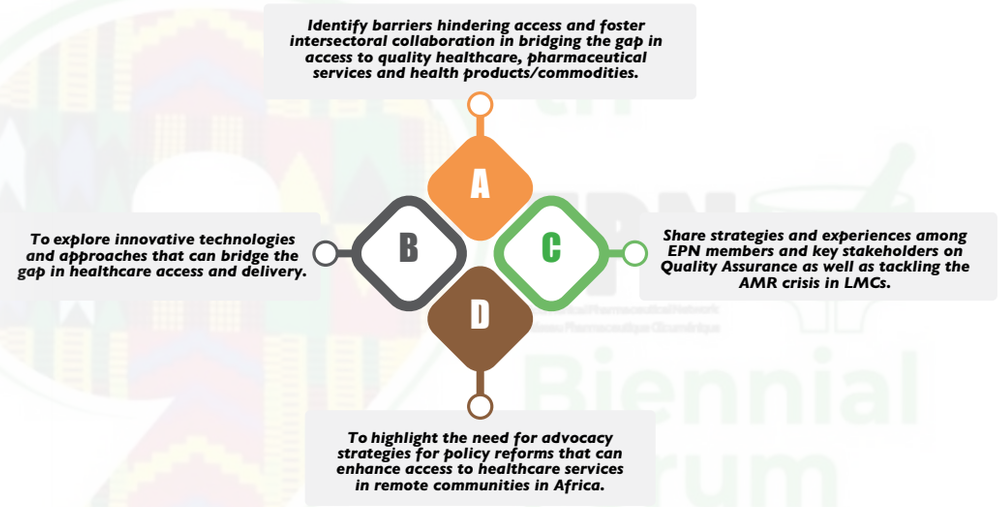
The EPN 9th Biennial forum aimed at providing a platform for key stakeholders and members to address the systemic challenges that hinder access to healthcare through knowledge exchange and sharing of best practices as well as lay a foundation for collaborative action in prioritising the needs of the most vulnerable populations. This ensured strengthened health systems that are resilient, equitable and efficient as well as advancing the principle of leaving no one behind.

The forum included:

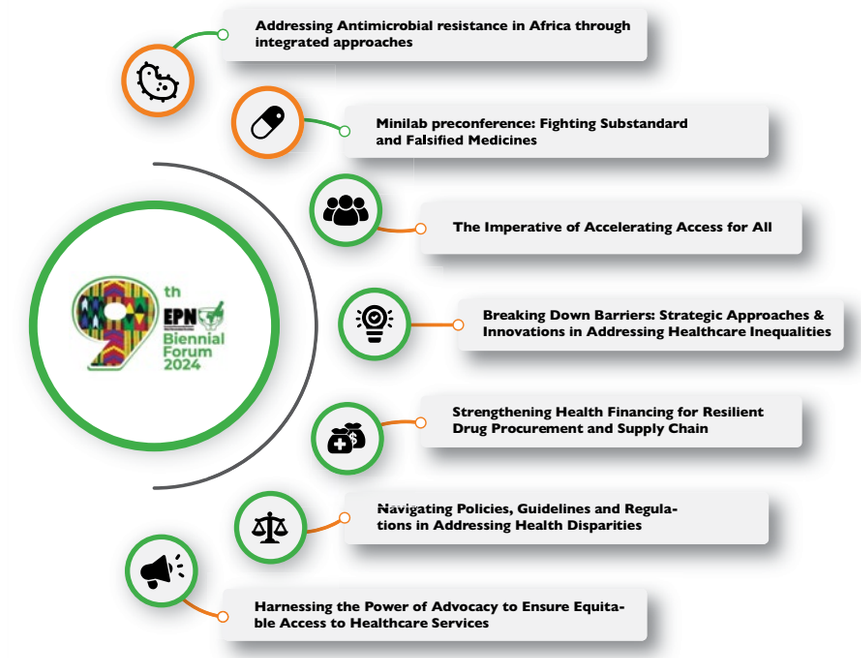
a) **The Pre-conference** which addressed Antimicrobial Resistance as a rising threat to treatment of infectious diseases and highlighting strategies needed to combat it beyond the human health domain It also covered the concept of quality of antimicrobials with a focus on Global Pharma Health Fund (GPHF) GPHF Mini-lab.

b) **The Main conference** which unpacked the key contributors of access to health care focusing on the following health systems building blocks including healthcare workers, health products and technologies including diagnostics as well as health financing. In addition, it addressed the importance of adoption of the regulations, policies and guidelines at two levels that is drug supply level and health facility level. It also leveraged on the importance of working with community health promoters and advocating for access of healthcare at community level.

1.2 Objectives of the 9th EPN Forum



1.3 Forum Main Topics



October 29, 2024

CHAPTER II
Pre-Conference

2.1 Introduction

The Pre-Conference Sessions of the 9th Ecumenical Pharmaceutical Network (EPN) Biennial Forum, held on October 28th and 29th, 2024, in Dar es Salaam, Tanzania, addressed two critical issues: antimicrobial resistance (AMR) and medicine quality assurance. These sessions underscored the urgency of tackling AMR as a rising threat to infectious disease treatment while exploring strategies beyond the human health domain. Discussions emphasized the need for a One Health approach, integrating perspectives from human, animal, and environmental health. Through plenary presentations, World Café discussions, and panel dialogues, participants examined key strategies, such as strengthening antimicrobial stewardship programs, enhancing the safety and access to antimicrobials in supply chains, and mobilizing youth and community engagement. Additionally, the sessions celebrated the achievements of EPN AMR champions, inspiring participants with real-world examples of impactful action.

The sessions on medicine quality assurance focused on addressing substandard and falsified medicines, highlighting their detrimental impact on effective treatment outcomes and healthcare systems. Participants explored the role of the Global Pharma Health Fund (GPHF) Mini-lab, a portable tool used for rapid medicine quality verification, in combating these challenges. Technical training sessions and regional group discussions provided hands-on experiences and opportunities to share best practices. The pre-conference opened with a sermon by Rev. Jacob Kaimeli and welcome remarks from EPN Executive Director, Richard Neci Cizungu. Opening remarks were delivered by Dr. Judy Asin and Christine Haefele-Abah for AMR and Mini-lab Pre-conference sessions respectively. Participants then joined the two concurrent pre-conference sessions tailored to their areas of interest, fostering collaboration and innovation in addressing these pressing healthcare issues.

2.2.1 Opening Sermon - Rev. Jacob Kaimeli

Rev. Jacob Kaimeli began his sermon by reminding attendees of the Christian responsibility to care for their bodies as temples of the Holy Spirit, referencing I Corinthians 6:19–20: "Do you not know that your bodies are temples of the Holy Spirit, who is in you, whom you have received from God? You are not your own. You were bought with a price. Therefore honour God with your bodies." He emphasized that maintaining physical health is both a spiritual and practical duty, urging participants to steward their bodies as vessels for God's work. He connected this care to the greater mission of ensuring access to healthcare for all, highlighting the communal responsibility to "sit with each other when we are sick" as a fulfilment of God's call to love and support one another.

He critiqued the concept of "presumptuous prayer," drawing from Psalm 19:13: "Keep back your servant also from presumptuous sins; let them not have dominion

over me." Rev. Kaimeli explained that asking for God's help without taking action is an incomplete expression of faith. He called on attendees to couple their prayers with tangible efforts, such as advocating for equitable healthcare access and addressing systemic barriers. He further reflected on Deuteronomy teachings, emphasizing the need for intentionality in health stewardship and the dangers of neglecting this duty.

Concluding with 3 John 1:2—"Beloved, I pray that you may prosper in all things and be in health, just as your soul prospers"—Rev. Kaimeli tied spiritual well-being to physical health and community care. He urged the audience to see their role in improving access to healthcare as part of their Christian witness, pointing to biblical figures like Moses and Job as examples of lives marked by faithfulness, resilience, and care for others. The sermon called for action-driven faith, inspiring attendees to embrace their roles as advocates for health equity, stewards of their bodies, and champions of communal well-being.

2.2.2 Welcoming Remarks - Richard Neci Cizungu Executive Director, EPN

Richard Neci Cizungu warmly welcomed participants to the 9th Biennial Forum of the Ecumenical Pharmaceutical Network (EPN) in Dar es Salaam, Tanzania, extending gratitude to co-hosts action medeor and the Christian Social Services Commission (CSSC) for their support. Reflecting on the journey since the first forum in 2006, he highlighted how these gatherings have become a vital platform for collaboration among EPN members and partners from around the globe, all united in their mission to improve access to quality healthcare. Richard expressed appreciation for the commitment of attendees, acknowledging the challenges some faced while travelling, and affirmed that their presence demonstrated a shared dedication to advancing healthcare equity.

He emphasized the significance of the forum's theme, "Accelerating Access to Quality Healthcare Services for All: Bridging the Last Mile," as a reminder of the pressing need to address health inequities, particularly in under-served and remote areas. Richard underscored that access to quality healthcare—including medicines, prevention, and treatment—remains a fundamental human right that many communities, especially in Africa, are still denied. He pointed to the Last Mile as a critical area where limited infrastructure, resources, and healthcare professionals create substantial barriers to achieving equitable healthcare access.

> ***Access to quality healthcare is a fundamental human right for all, regardless of geographical location or demographic factors, built on the principle of leaving no one behind. Unfortunately, access to quality healthcare services remains one of the greatest challenges, reflecting the health inequalities faced by many African communities.***

Richard also highlighted the forum's pre-conference dual focus: addressing antimicrobial resistance (AMR) through integrated approaches and strengthening medicine quality assurance. He praised the inclusion of diverse voices, including government representatives, partners, and healthcare professionals, whose contributions would enrich the discussions and foster actionable solutions. He encouraged participants to actively engage in breakout sessions on AMR and the Mini-lab Network, emphasizing the importance of leveraging this opportunity to exchange insights and experiences across sectors and regions.

In closing, Richard urged attendees to embrace the forum as a collaborative and transformative experience. He reminded them of the EPN's mission to save lives and promote compassionate healthcare services, calling on participants to reflect this ethos in all their deliberations. Expressing optimism for the forum's outcomes, he wished everyone inspiration and success as they worked together to address the challenges facing healthcare in the Last Mile.

2.3 Mini Lab
Pre- Conference

2.3.1 Overview of Mini-lab pre-conference - Christine Haefele-Abah German Institute for Medical Mission (Difäm), Germany

Christine Haefele-Abah, representative of the German Institute for Medical Mission (Difäm) welcomed participants to the Mini-lab Pre-conference, emphasizing its vital role in addressing the global challenge of substandard and falsified medicines. She highlighted the magnitude of the issue, citing WHO statistics that estimate 10% of all medicines in low- and middle-income countries are either substandard or falsified. Within the faith-based sector, the EPN Mini-lab Network, now comprising 19 members across 13 countries, has been at the forefront of addressing this problem. The network

> ***"We want to raise awareness and discuss this important, very relevant challenge and problem of substandard and falsified medicine. The World Health Organization estimates that 10% of all medicines in low- and middle-income countries are either substandard or falsified"***

facilitates the rapid detection of medicine quality issues and collaborates closely with public sector authorities to strengthen regulatory oversight and promote best practices.

Christine outlined the day's agenda, which included presentations from Mini-lab Network partners in countries such as Nigeria and Cameroon, as well as input from regulatory authorities like the Tanzanian Medicines and Medical Devices Authority (TMDA). These sessions aimed to showcase successful collaborations and share experiences from the field. Additionally, participants would engage in regional group discussions to explore tailored approaches for addressing medicine quality challenges in West Africa, East Africa, Francophone countries, and Tanzania. This collaborative format reinforced the importance of cross-regional learning and partnership-building.

She also invited participants to join a site visit to action medeor's diagnostic production plant in Kibaha, highlighting the opportunity to observe innovative manufacturing processes. Christine concluded by encouraging attendees to fully engage with the pre-conference activities, emphasizing the informal yet impactful nature of the discussions. She expressed hope that the sessions would inspire and equip participants to advance efforts in combating substandard and falsified medicines, strengthening healthcare systems in their respective contexts.

2.3.2 Plenary Session 1: Experience Sharing of the Difaem EPN Mini-lab Network

2.3.2.1 Overview of the current status of the Difaem EPN Mini-lab network, Christine Haefele-Abah, Difäm, Germany

Christine Haefele-Abah started off by describing the GPHF Mini-lab, a laboratory in a suitcase that allows for screening of over 100 active ingredients following three key steps of analysis: visual inspection, simplified disintegration testing and thin-layer chromatography (TLC) analysis. She went on to describe the Mini-lab network, which as of January 2024 included 19 partners across 13 countries, coordinated by Difäm and EPN. She described the objective of the network as follows:

i) To detect substandard and falsified medicines in the supply chain of the faith-based sector and thus improve quality assurance.

ii) To raise awareness on the problem of S/F medicines in the faith-based sector and beyond.

iii) To contribute to medicine quality surveillance in the countries in collaboration with public actors e.g. by taking samples in faith-based health facilities and from open markets.

iv) To advocate for more collaboration and consideration of the challenge of S/F medicines on national and international level in order to strengthen regulatory systems and control.

She shared some key milestones since the last forum in 2022 including new members that had joined the network (CHAM Malawi, CHAN-Medipharm Nigeria, CBCA Goma DRC and RCBIF in Burundi), practical trainings and awareness raising activities, enhanced collaboration between faith-based and public stakeholders, publications and scientific studies on the quality of medicines in Nigeria, increased representation in national and international fora and regular online meetings and trainings.

On the data front, she shared the network's testing results from January to December 2023. Of the 1802 tests conducted in that time period, 1742 were ok, 46 were substandard, 8 were probably falsified and 7 were falsified. Most non-compliant samples were obtained from unlicensed private vendors, with 8.7% of all samples collected from this source being non-compliant. The most pervasive therapeutic category of non-compliant samples was antibacterials (54.1%), followed by antimalarials (19.7%), analgesics (6.6%), cardiovascular (6.6%), antiallergics (4.9%), anthelmintics (3.3%), antifungals (3.3%) and gastrointestinals (1.6%).

She proceeded toshare some specific examples of cases from various countries, including 500mg Healmoxy(Amoxycillin) Capsules in Central African Republic and Cameroon, Paludex (an antimalarial) in Nigeria and Naturcold Syrup (Paracetamol, Phenylephrine, Clorpheniramine) in Cameroon. All of these cases were reported to the World Health Organization by Difäm.

Christine closed by reflecting on future directions for the network over the next three years. She confirmed that the Mini-lab network would continue, with funding for basic support already secured. She also highlighted the importance of strengthengin the relationship with regulatory authorities for improved quality assurance and enhanced awareness raising. Furthermore, the need to build quality assurance in the DSO's supply chains was mentioned, including activities such as supplier prequalification (joint supplier database starting on EPN platform and joint Good Manufacturing Practices (GMP) audits which have already been planned in Nigeria), conducting DSO maturity level assessments (using the EPN tool), strengthening procurement and documentation systems at DSOs. She also encouraged members of the network to share their innovative ideas.

2.3.2.2 Sharing of partners´ experiences, FBCMF, CHAN Medi-Pharm Ltd and CBC

a). FBCMF

During this segment, partners shared their experiences with the Mini-lab. The Mini-lab Report by Pharmacist Nkiru Sunny-Abarikwu of the Faith-Based Central Medical Foundation (FBCMF) in Enugu, Nigeria, highlighted that they tested a total of 365 samples in 2023. Of these samples which were predominantly solid dosage forms, 5 sample failed visual inspection while 13 samples failed TLC analysis. In 2024, FBCMF reported testing of 306 samples within the first three quarters of the year. Of these, 5 failed visual inspection, 7 failed disintegration and 4 samples failed the TLC analysis. FBCMF's key achievements following their engagement in the network included:

i) Increased visibility of the organization, making them a household name in the state

ii) A joint study of FBCMF and Tubingen University, leading to a scientific publication on the quality of essential medicines from different sources in Enugu and Anambra.

iii) Recognition of organization's efforts from the Enugu State Ministry of Health, Central Medical Store and Enugu NAFDAC Office

iv) Temporary closure of Impact Pharm Limited (to date), following the WHO report on Paludex, which was a non-compliant following Mini-lab testing and confirmation by the MEDS laboratory.

v) Endorsement on the efficacy of FBCMF products by major suppliers in Enugu State

The key challenges faced by FBCMF included access to cash for purchase of drugs from the open market and unlincensed vendors, short supplies of test kits, submission of samples from clients that are not in the mini-lab test reference standard (e.g. aceclofenac), indictment by some drug suppliers and security challenges.

To close, FBCMF shared some reflections on innovative

strategies to advance quality assurance, including the need for continual awareness of substandard and falsified medicines through the use of visual inspection parameters by health workers in the rural areas.

b). CHAN Medi-Pharm Ltd

Pharmacist Temitope Farotimi began by sharing a brief introduction of CHAN Medi-Pharm, an organization with the vision to be the preferred partner in healthcare, and a mission to ensure access to quality healthcare products and services globally, while creating value and delighting all their stakeholders. Their key roles include logistics and supply chain management of essential medicines, warehousing, advocacy and capacity building and mini-lab testing. The organizations 2023/2024 Mini-lab activities translated to a total of 393 samples tested. 370 of these samples were reported to be ok, 15 substandard, 4 falsified and 4 probably falsified. Of the samples tested, 1 failed visual inspection, 11 failed disintegration, 3 failed TLC analysis, and 8 failed both TLC analysis and verification by the national regulatory authority. The samples were collected from 7 states, namely Oyo (1 facility), Ogun (1 facility), Abia (1 facility), Nassarawa (2 facilities), Benue (2 facilities), Plateau (more than 2 facilities) and Enugu (more than 2 facilities).

Pharmacist Temitope also described some of the organizaiton's key achievements, including:

i) Strengthened relationship with the national regulatory authority (National Agency for Food and Drug Administration Control and Control - NAFDAC)

ii) Strengthened relationship with the Ministry of Health

iii) Strengthened relationship with mission health institutions

iv) Training on visual inspection to guide the public on how to physically inspect their medicines and identify suspicious samples

v) Capacity building of staff at CHAN Medi-Pharm and select health facilities

vi) Built trust with facilities by recommending good products

Despite these achievements, the organization reported some challenges, including obtaining samples to test and having few standards. Some key recommendations that the organization put forth to facilitate quality assurance included: ensuring continuation of the Mini-lab network, garnering support for collection of samples and capacity building.

c). CBC

The Cameroon team, represented by Ngiagah Joseph and Ngah Edward shared a brief update on their experience with the Mini-lab. The first GPHF- Mini-lab training of 8 staff took place in Cameroon Baptist Convention Health Services (CBCHS) in 2002. The second GPHF-Minilab endeavour in the country was in 2011, when CBC HS Central Pharmacy received a test kit. The third training was held in 2023, involving 20 participants from CBC, the Presbyterian Church in Cameroon (PCC) Health Services, the Ministry of Health and other key stakeholders. The 6 facilitators of the most recent training were from CBC and PCC. The trainees highlighted the importance of following the Mini-lab manual closely to ensure test procedures are accurate. Between 2011 and 2024, a total of 2817 samples were tested, of which 74 samples failed. Some of the challenges that the team described in their use of Mini-lab included limited laboratory working space, limited time for trainings, expiration of reference standards, delays in supply of reagents, language barriers in communicating

with other Mini-lab partners, the exclusion of some APIs from the Mini-lab portfolio and staff turnover. Despite these challenges, the team asserted the value of the Mini-lab, stating that it was critical to mitigate the circulation of substandard and falsified medicines in Cameroon.

2.3.2.3 Screening for substandard and falsified medicines in Nigeria, Prof. Lutz Heide, Germany

Professor Lutz Heide shared results from a paper focused on the screening for substandard and falsified medicines in Nigeria. He described the study design which involved collection of 260 medicine samples containing 13 different active pharmaceutical ingredients (APIs), obtained from two different sources licensed vendors and informal pharmaceutical markets. The samples were assessed in two stages, using Mini-lab screening by FBCMF and Compendial analysis by Tubingen University. Study results demonstrated that Mini-lab can reliably detect falsified medicines with no API or the wrong API.

The study also demonstrated that detection of substandard medicines requires carefu analysis. Specifically, Mini-lab can reliably detect substandard medicines with less than 50% of the API if one examined the results carefully, while medicines with 50% to 70% API require very careful assessment for detection. Therefore, to avoid supplying substandard medicines which are not easily detectable by Mini-lab, the study recommended careful analysis and precise evaluation of TLC results, and recommended training to improve Mini-lab analysis.. Additional approaches discussed to avoid the supply of substandard medicines include visual inspection and careful disintegration testing. Furthermore, the importance pf improving selection of good-quality products and manufacturer/wholesalers during medicine procurement was also emphasized.

Professor Lutz reported on another study undertaken to assess the relationship between the prive and quality of medicines in Cameroon, the Democratic Republic of Congo (DRC) and Nigeria. 260 Samples were collected from licensed manufacturers and wholesalers and markets with unclear licensing status in Nigeria. An additional 244 samples in Cameroon and 262 samples in DRC were collected from government health facilities, church health facilities, private pharmacy shops and informal vendors. To asses medicine quality, assay testing was undertaken and where applicable, dissolution testing according to USP. The sample results were classified as in specification, moderate deviation, extreme deviation (API content 50% to 80% of declared amount, and/or dissolution more than 25% lower than the USP Q-value), probably falsified (API content <50% declared amount) and falsified (no API or wrong API). Medicines prices were assessed according to the Health Action Internation/WHO methodology.

Of the 260 samples from Nigeria, 23.8% were substandard and 1.5% falsified. Of the 15.6% were substandard and 0.6% falsified. Exploration of the correlation between assay and dissolution testing with medicine prices revealed that higher prices did not correlate with higher quality. The study also considered the WHO Public Inspection Reports, and found that medicines from manufacturers with WHO Public Inspection Reports had significantly better quality and at significantly lower prices. This finding suggests that adequate quality assurance does not invariably result in higher medicine prices.

2.3.3 Plenary Session 2: Leveraging Mini-labs for Effective Quality Monitoring

2.3.3.1 Use of Mini-lab in Post-Market Surveillance of Medicines - Japhari Said Mtoro Tanzania Medicines and Medical Devices Authority (TMDA),

Mr. Mtoro started off with an introduction into post-marketing surveillance. He defined it as an ongoing process of monitoring the safety, quality and effectiveness of medicines after they have been approved and released to the market, in order to ensure that they meet the regulatory standards and to protect the public by identifying substandard or falsified (S/F) medicines. He then defined the risk-based approach to post marketing surveillance (PMS) as a strategy to prioritize monitoring efforts based on the level of risk associated with specific medicines, manufacturers or market conditions. He described that the risk-based approach involves directing resources and testing efforts towards those products or areas that pose a higher likelihood or impact of harm due to substandard or falsified medicines.

Mr. Mtoro noted that there are two methodologies for PMS in Tanzania: a drug quality assurance program which focuses on conducting preliminary screening of medicines at QA centers and structured PMS programs which are systematically prepared as per the established risk criterion. He also mentioned the GPHF Mini-lab kit, a portable laboratory used in Post Marketing Surveillance (PMS) to conduct preliminary field tests for detecting

substandard and falsified medicines. He emphasized the value of mini-labs particularly in low-resource or remote areas where quick on-site testing that supports national regulatory authorities in monitoring the quality of medicines on the market. He delineated the key uses of the Mini-lab kit for: rapid screening for quality issues, cost-effective and accessible testing, preliminary identification of S/F medicines and providing supporting data for regulatory decisions. In line with this, the benefits of Mini-lab were summarized as: timely detection, wider coverage of PMS and enhanced public health protection.

After this overview, Mr. Mtoro shared some examples of TMDA's experience with Mini-lab kits. First, TMDA acquired 27 Mini-lab kits to distribute across various Quality Assurance (QA) centers in Tanzania. These centers include key port entries, TMDA offices and regional referral centers. Second, the TMDA successfully trained 56 inspectors from local government authorities across Tanzania to perform screening of medicines at QA centers using Mini-labs. This training empowered inspectors to independently conduct medicine quality screening, facilitating a wider reach of effective monitoring throughout the country. Mr. Mtoro concluded by asserting that Mini-labs have and will continue to be the cornerstone in the TMDA's Post Marketing Surveilance efforts to protect public health and ensure access to safe, effective medicines for all.

2.3.3.2 Working with NRAs to safeguard public health through PMS activities, Edward Abwao, Promoting the Quality of Medicines Plus (PQM+) Program, U.S. Pharmacopoeia Convention

Dr Edward Abwao started off with a brief overiew of the objectives of the PQM+ program: to improve governance for medicial product quality assurance systems, to improve country and regional regulatory systems to assure the quality of medical products in the public and private sectors, to optimize and increase financial resources for medical product quality assurance, to incrase supply of quality-assured essential medical producs of public health importance and to advance global medical products quality assurance learning and opertational agenda. He focused his presentation on PQM+'s work with National Regulatory Authorities (NRAs). PQM+ has worked with NRAs in Africa, Asia and South America to support srengthening of medicines quality assurance systems and support local production of quality assured medical products.

To this end, he descrlbed the Post-Market Surveillance (PMS) Technical Working Groups which PQM+ has set up in collaboration with NRAs. The TWG members are draen from various stakeholders including universities, medicines testing laboratories, procurement agencies, Ministries of Health, public health programs and research institutions. The purpose of the TWGs was to support the NRAs to plan, conduct and disseminate the results of PMS. Additional PQM+ efforts to support NRAs include implementation of risk-based PMS through provision of training and access to the MedRS Tool. He shared the major accomplishments of their work: PQM+ has helped governments in 16 countries in Africa conduct risk-based PMS, and has helped governments complete 28+ rounds of risk-based PMS. Their rounds have tested reproductive health products, HIV/AIDS, malaria, TB and COVID-19 products. The failure rates of the samples that they tested ranged from 0% to 61% - highlighting the importance of risk-based PMS in detecing S/F products.

Dr. Abwao spent the second half of his presentation describing some of the ways EPN could collaborate with NRAs. He asserted that it would be critical for EPN to conduct PMS activities only in collaboration with the autority, to ensure that they are not duplicating efforts of the NRA. He also highlighted that NRAs have existing guidelines that EPN should follow. Lastly, he described the important role of NRAs in responding to result - thus any EPN PMS efforts would need to be reported to the NRA.

2.3.3.3 The use of Mini-lab in training facilities, Prof. Eliangiringa Kaale, Muhimbili University of Health and Allied Sciences (MUHAS), Tanzania Wensaa Muro, Kilimanjaro School of Pharmacy (KSP), Tanzania

Professor Kaale and Mr. Muro discussed the use of the Mini-lab in training facilities. They started off with a brief history of Mini-lab experience in Tanzania. Mini-lab was first introduced to Tanzania in the year 1998 by the Saint Luke Foundation (formerly Evangelical Lutheran Church in Tanzania). The first training in the year 2000 involved three faith-based hospitals in Tanzania. Following this, the Saint Luke Foundation, which was commissioned by GPHF, conducted a long-term observation study between April 2000 to April 2003. After this, Tanzania pioneered the introduction of the Mini-lab component into the market-based quality assurance system on the African continent. The key institutions involved were the Tanzania Medicines and Medical Devices Authority (TMDA) and the Muhimbili University of Health and Allied Health Sciences (MUHAS). The TMDA provided support for the initiative through provision of Mini-lab kits, capacity building through training of staff on the Mini-lab operations and development of critical documents such as inspectors' manuals, SOP and reporting forms, and training of Inspectors and Analysts. Meanwhile, the MUHAS School of Pharmacy introduced Mini-lab into the Bachelor of Pharmacy curriculum, focusing on practical skills in screening using the Mini-lab technology. This ensured that there was a trained workforce ready to support the TMDA after graduation from MUHAS. To facilitate sustainability, the Training of Trainers (ToT) approach was used, involving lower cadre schools to expand training coverage. This ensured there was a continuous supply of skilled personnel training to use Mini-labs. This approach was rolled out to the East African Community, including Kenya, Uganda, Rwanda, Zambia and Burundi. Beyond this Mini-lab approach, the World Health Organization donated portable near-infrared spectrometers to advance the quality assurance processes. A final approach to support the quality assurance system which they described was capacity building for regulatory staff, using the risk-based Post Market Surveillance Tool.

2.3.4 Session 3: Regional Group Discussions on the Use of Mini-lab

Following the in-depth presentations and panel discussions on the Mini-lab, participants attended four breakout sessions, each led by personnel from different organizations. The focus and approach to each breakout session was determined by the moderator, and key points raised are summarized below.

2.3.4.1 Region 1 - West Africa

Countries Represented: Liberia, Sierra Leone, Ghana, Nigeria, and Cameroon

Moderator: Pharmacist Temitope Adetunji (CHAN Nigeria)

Presenter: Dr. Christolyn O. W. Chizoba (CHAL Liberia)

Topic 1: Collaborating with National Stakeholders on Mini-Lab Initiatives

Sub-Topic: ***Do countries have a working Memorandum of Understanding (MOU) with stakeholders?***

Current Status:

- Liberia is the only country with a working MOU, though it is not comprehensive.
- Other countries (Sierra Leone, Ghana, Nigeria, and Cameroon) rely on undocumented working relationships with stakeholders.
- Challenges with Authorities:
- Authorities often perceive Mini-Labs as a threat, believing they might take over their role in quality analysis.
- Collaboration is difficult due to the complexities of engaging with multiple levels of government, particularly in countries like Nigeria.

Proposed Solutions:

✓ Education and Training:

Adopt the Tanzanian approach by integrating quality assurance training into pharmacy school curricula. This foundational knowledge could help future policymakers recognize the importance of Mini-Labs and advocate for their use.

Conduct visual inspection training sessions through local pharmacy programs to raise awareness about quality assurance.

✓ Awareness Campaigns:

Partner with authorities to run public awareness campaigns (e.g., radio jingles) highlighting the dangers of falsified and substandard medicines. These campaigns should also discourage the purchase of medicines from unregulated street vendors.

Topic 2: Can Countries Benefit from Pooled Procurement?

Consensus:

Participants agreed that pooled procurement could be beneficial. However, no long-term plans are currently in place.

Next Steps:

Sierra Leone and Liberia expressed strong interest in pooled procurement, citing their shared border as an opportunity for collaboration. Future discussions will focus on exploring the feasibility and potential frameworks for implementation.

2.3.4.2. Region 2- East and Southern Africa

Presenter: Mildred Wanyama- Mission for Essential Drugs and Supplies (MEDS), Kenya

Why Raise Awareness About Substandard and Falsified (S/F) Medicines?

Based on WHO findings:

- Patient Safety: S/F medicines harm patients and fail to treat intended diseases.
- Trust in Healthcare: They erode confidence in

medicines, healthcare providers, and health systems.

- Global Impact: These issues affect every region worldwide.
- Therapeutic Categories: S/F products span all categories, including medicines, vaccines, and diagnostics.
- Anti-malarials and antibiotics are the most commonly reported.
- Both generic and innovator medicines are subject to falsification, from expensive cancer drugs to cheap painkillers.

Access Points: S/F medicines infiltrate markets via:

i) Illegal street vendors.
ii) Unregulated online platforms.
iii) Pharmacies, clinics, and hospitals.

Key Statistic: *Approximately 1 in 10 medical products in low- and middle-income countries is substandard or falsified.*

Proposed Awareness Channels

Healthcare Professionals: Leverage hospitals and clinics at all levels (national, county, sub-county).

✓ ***Regulatory Bodies:*** Involve organizations such as PPB (Pharmacy and Poisons Board), PMRA (Pharmacy and Medicines Regulatory Authority), and NDA (National Drug Authority).

✓ ***Health System Strengthening (HSS):*** Integrate awareness into programs.

✓ ***Drug Suppliers and Clients:*** Utilize supplier forums.

✓ ***Educational Institutions:*** Engage universities and other higher learning centers.

✓ ***NGOs:*** Partner with non-governmental organizations.

✓ ***Professional Forums:*** Target professional bodies such as PSK (Pharmaceutical Society of Kenya) and KMPDC (Kenya Medical Practitioners and Dentists Council).

✓ ***Workplace Sensitization:*** Encourage awareness within workplace environments.

✓ ***Networking and Collaboration:*** Foster partnerships and technical working groups.

✓ Research and Policy: Drive awareness through research publications and policy-making.

Mini-Lab Testing Methods for Awareness

- Visual Inspection
- Disintegration Testing
- Mass Uniformity
- Identification via Thin Layer Chromatography (TLC)
- Quantitation by TLC (Visual)

Additional Recommendations

✓ Technology Integration:

Incorporate QR codes on packaging to allow consumers to verify product authenticity.

✓ Reporting Channels:

Establish robust reporting systems with features like:

- Toll-free numbers.
- Media campaigns.
- Regional public alerts.

2.3.4.3 Region 3 - Tanzania

Moderators: Wensaa Muro- Kilimanjaro School of Pharmacy (KSP), Tanzania

Raphael Shedafa- Muhimbili University of Health and Allied Sciences (MUHAS), Tanzania

Participating Institutions and Status of Mini-Labs:

- Kilimanjaro School of Pharmacy (KSP) - Has a Mini-Lab kit and actively utilizes it.
- Muhimbili University of Health and Allied Sciences (MUHAS) - Status not specified.
- Ruaha Catholic University (RUCU) - Status not specified.
- Catholic University of Health and Allied Sciences (CUHAS) - Status not specified.
- Saint Benedict Ndanda Referral Hospital - Mtwara - Does not have a Mini-Lab but wishes to acquire and utilize one.
- Saint John's University of Tanzania (SJUT) - Status not specified.
- Kilimanjaro Christian Medical Center (KCMC) - Status not specified.

Key Agreements & Recommendations:

The participants identified areas for collaboration and improvement, including:

✓ Challenges with Mini-Lab Utilization:

✓ Lack of genuine reference standards after initial ones provided with the Mini-Lab are depleted.

✓ Use of outdated Mini-Lab kits and manuals by some training institutions for teaching and testing.

Proposed Recommendations:

i) ***Sustainability:*** Integrate Mini-Lab kit training into institutional budgets to ensure sustainability.
ii) ***Capacity Building:*** Provide training for new staff on Mini-Lab use and for senior staff on updated Mini-Lab technologies.
iii) ***Expert Exchange Programs:*** Facilitate an exchange program for Mini-Lab trainers to share teaching experiences.
iv) ***Innovations in Mini-Lab Technology:*** Involve training institutions in the development of new Mini-Lab test methods to ensure they stay up-to-date with advancements.
v) ***Collaboration with Regulators:*** Allow Mini-Lab trainers to participate in training drug inspectors from regulatory authorities involved in Mini-Lab testing.

2.3.4.4.Region 4 - Francophone

Moderators:

- Nadine Luhiri- DCMP, DRC
- Gabriel Mbusa- CBCA, DRC

2.3.5 Key Lessons and Takeaways from the Mini-lab Pre-Conference

2.3.5.1 Lessons Learned

i) Mini-labs are effective in resource-limited settings: They offer a practical and cost-effective approach to quality testing, especially in areas with limited access to traditional laboratories.
ii) Community engagement is key: Partnerships with community health centers and public awareness campaigns can significantly enhance the impact of Mini-lab programs.
iii) Success stories inspire action: Sharing successful experiences from different countries can motivate and guide other stakeholders in implementing effective strategies.
iv) Training and capacity building are crucial: Investing in training programs for lab technicians and regulatory staff is essential for ensuring the long-term success of Mini-lab initiatives.
v) Collaboration is essential: Working closely with public authorities and other partners is crucial for strengthening regulatory frameworks and addressing the challenges of S/F medicines.

2.3.5.2 Recommendations

a) Increase investment in Mini-lab programs: Secure additional funding and resources to support the expansion, sustainability, and technological advancement of Mini-lab Networks.
b) Strengthen training and capacity building: Develop and implement comprehensive training programs for lab technicians, regulatory staff, and healthcare providers.
c) Enhance public awareness and advocacy: Launch public education campaigns to raise awareness about S/F medicines and encourage community participation in reporting suspicious products.
d) Improve data management and sharing: Develop standardized protocols for data collection, analysis, and sharing to inform policy and decision-making.
e) Foster collaboration and coordination: Strengthen partnerships between Mini-lab Networks, NRAs, governments, and other stakeholders to ensure effective regulation and enforcement.

The Mini-lab Pre-conference provided a valuable platform for identifying gaps, sharing lessons learned, and formulating recommendations to strengthen the fight against S/F medicines. By addressing these challenges and implementing the recommendations, stakeholders can work together to improve medicine quality and protect public health in Africa and beyond.

2.4 Antimicrobial Resistance (AMR) Pre-Conference

2.4.1 Opening Remarks - Dr. Judy Asin, Program Officer, Ecumenical Pharmaceutical Network

Dr. Judith Asin set the stage for a pivotal discussion on antimicrobial resistance (AMR) at the 9th Ecumenical Pharmaceutical Network Forum in Dar es Salaam, Tanzania. Opening her remarks with gratitude for her colleagues and the network's contributors, she highlighted the collaborative efforts in addressing critical pharmaceutical challenges across Africa. Dr Asin acknowledged the resilience and ingenuity of those working tirelessly to combat health crises, emphasizing the need for continued partnership and innovation. Reflecting on the region's unique vulnerabilities, she noted the impact of COVID-19 as a backdrop for the forum's discussions and called for a collective examination of lessons learned and paths forward.

Dr. Asin outlined the pre-conference agenda, which centred on one health - human, animal, and environmental health—an integrated approach necessary for addressing AMR comprehensively. She described the sessions as dynamic and engaging, designed to foster robust dialogue and practical solutions. With presentations from diverse nations and societies, participants would explore regional vulnerabilities, the interplay between health and climate, and actionable strategies to combat AMR. Key issues included the role of stakeholders, sustainable resource sharing, and the implementation of impactful interventions to address health system issues. She emphasized the importance of unpacking challenges and seizing opportunities for collaborative action within the environmental and pharmaceutical spheres.

Networking and collaboration emerged as central themes in Dr. Asin's remarks. She highlighted the forum as an essential platform for connecting stakeholders, exchanging resources, and fostering a culture of shared learning and innovation. By sharing success stories from international climate and health projects, participants could gain insights into best practices and scalable solutions. Dr. Asin concluded her remarks by encouraging attendees to actively participate, contribute

> ***The current display, as guided by one of the ground studies or published in the Lancet publication, shows that we have almost 5 million, which is 4.95 million deaths associated with antimicrobial resistance and directly 1.27 million. Now, that's a global picture. When we come to sub-Sahara Africa, which is part of LMICS we find that we actually account for 255,000 deaths.***

their expertise, and embrace the spirit of collective problem-solving. Her optimism and call to action set an inspiring tone for the forum, underscoring the critical role of partnerships in addressing AMR and broader global health challenges.

2.4.2 Plenary Session 1: Understanding Antimicrobial Resistance (AMR) as a Barrier to Access in the African Context

Moderator: Dr. Tracie Muraya, ReACT Africa

2.4.2.1 Dr. Tracie Muraya's Opening Remarks

Addressing AMR as a Barrier in Africa

Dr Tracie Muraya from ReACT Africa commenced the AMR Pre-Conference Plenary Session 1 by underscoring the importance of collective action against antimicrobial resistance (AMR) in the African context. As a representative of ReACT Africa, she provided a contextual foundation, reflecting on the outcomes of the recent high-level meeting on AMR at the sidelines of the UN General Assembly in New York, in September 2024. She described the significance of the second global political declaration on AMR, emphasizing its role in advancing commitments to mitigate the public health and socio-economic challenges posed by AMR globally. Despite initial aspirations for ambitious targets, the declaration settled on pragmatic goals, including a 10% reduction in AMR-related deaths by 2030 and improved access to essential antibiotics within WHO's Access, Watch, and Reserve (AWaRe) framework.

Dr Muraya highlighted the dire AMR statistics in Africa, with sub-Saharan Africa alone accounting for approximately 255,000 deaths annually. She stressed the lack of comprehensive regional data as a critical barrier to formulating effective policies. Dr Muraya called for a stronger emphasis on generating evidence from African healthcare facilities and systems to inform global and regional AMR strategies. Linking AMR to broader sustainable development goals, she reinforced the importance of addressing interrelated issues such as workforce health, economic development, and environmental sustainability. Dr. Muraya acknowledged the interplay between human, animal, and environmental health, calling for a coordinated, multi-sectoral approach to combat AMR.

> ***"This is an opportunity to be able to work as key stakeholders, share resources, recommendations, what is not working, and what can we do about that. "***

In her closing, Dr. Muraya pointed to the need for further regional advocacy, data-sharing, and evidence-based policy-making, while expressing optimism about upcoming high-level engagements, such as the November 2024 meeting in Saudi Arabia. She invited the first speaker, Dr. Yidnekachew Mazengiya from WHO's Regional Office for Africa, to delve into the current status of AMR and its impact on vulnerable populations. Her remarks set a constructive tone for the session, emphasizing the critical role of forums like the AMR Pre-Conference in shaping actionable, region-specific strategies to address one of the world's most pressing health challenges.

2.4.2.2 Presenter 1: Dr. Yidnekachew Mazengiya, WHO Afro

Overview of the current status of AMR in Africa and its impact on vulnerable populations and under-served communities.

The ongoing challenge of antimicrobial resistance (AMR) poses a significant threat to public health, particularly

in the African context where vulnerable populations and under-served communities are disproportionately affected. In his presentation, Yidnekachiew Mazengiya highlighted that AMR is a major barrier to access to effective healthcare, impacting all age groups, with younger children being especially vulnerable. Studies, including systematic analyses from 2019, reveal that AMR contributes to higher rates of bloodstream infections and neonatal mortality in sub-Saharan Africa. Additionally, low- and middle-income countries bear a substantial socio-economic burden due to inadequate sanitation, limited healthcare infrastructure, and restricted access to essential medicines.

Dr. Mazengiya emphasized the role of the Global Antimicrobial Resistance and Use Surveillance System (GLASS), launched in 2015, which has facilitated standardized data collection and monitoring across 44 countries in the WHO African region. Despite these advancements, the region continues to face critical gaps in the implementation of AMR National Action Plans (NAPs). While all 47 member states have developed NAPs, challenges persist in ensuring functionality, multisectoral coordination, and adequate funding. To date, only a subset of countries have costed and operationalized their plans, a step crucial for resource mobilization and effective intervention strategies.

The WHO's regional strategy for AMR focuses on fostering collaboration through a quadripartite initiative involving WHO, FAO, OIE, and UNEP. This approach integrates a people-centred framework targeting vulnerable groups, such as those in under-served areas, to enhance interventions addressing AMR. Dr. Mazengiya highlighted key objectives, including increasing awareness, strengthening surveillance systems, and reducing infections through improved hygiene and vaccination coverage. Furthermore, the strategy promotes optimal antimicrobial use, with 67

countries having enacted prescription regulations and 26 adopting WHO's Access, Watch, and Reserve (AWaRe) classification for antibiotics.

Looking ahead, Dr. Mazengiya underscored the need for targeted interventions to mitigate the impact of AMR on vulnerable populations. These include enhancing multisectoral governance, improving technical and financial capacity, and fostering collaboration across national borders. Awareness campaigns and behavioural change initiatives were also highlighted as critical to addressing the drivers of AMR. By integrating these strategies into NAPs and leveraging international partnerships, the African region can make significant strides in combating AMR and safeguarding the health of its most at-risk communities.

2.4.2.3 Presenter 2: Dr. Joseph Mukoko, MSH

Examining disparities in access to antimicrobial treatment and healthcare services in Africa.

In his presentation during Plenary Session 1 of the 9th EPN Forum AMR Pre-conference, Dr. Joseph Mukoko explored the critical issue of disparities in access to antimicrobial treatments and healthcare services in Africa. He underscored the increasing threat posed by antimicrobial resistance (AMR) as a barrier to equitable healthcare access. Dr. Mukoko emphasized the dual challenge of ensuring access to high-quality antimicrobials while simultaneously safeguarding their efficacy. He highlighted how the misuse, overuse, and unauthorized access to antimicrobials exacerbate resistance, a growing issue that surpasses mortality rates of many well-funded conditions, such as HIV, diabetes, and tuberculosis. The presentation provided a sobering reminder that addressing AMR is not a distant future problem but an urgent priority requiring immediate intervention.

Dr. Mukoko detailed the economic and logistical challenges of introducing new antibiotics, emphasizing that resistance often emerges almost immediately after the release of new molecules. This rapid resistance undermines incentives for manufacturers to invest in antibiotic development, leaving resource-constrained health systems struggling with costly treatments and limited availability of effective options. He noted that the pipeline for antibiotic innovation remains inadequate, with many new antibiotics not registered in African countries or priced out of reach for most patients. The lack of affordable and accessible antimicrobials further amplifies disparities, particularly in rural and under-served communities, where regulatory oversight and supply chain management are weak.

The presentation also explored the critical role of antimicrobial stewardship (AMS) in addressing these challenges. Dr. Mukoko described stewardship as a set of coordinated interventions aimed at promoting the responsible use of antimicrobials to optimize patient outcomes, reduce resistance, and minimize costs. He shared insights from Kenya, where community pharmacy practices revealed significant gaps in documentation,

storage conditions, and prescribing practices. These gaps often lead to irrational dispensing and resistance, underscoring the need for robust monitoring systems and capacity-building initiatives for healthcare professionals. Stewardship programs, such as those targeting antimicrobial categorization, prescribing audits, and training, were cited as key strategies to optimize use and preserve existing antibiotics.

In conclusion, Dr. Mukoko called for a unified, multisectoral approach to AMR containment, stressing that the fight against resistance is a collective responsibility. He emphasized the importance of data-driven decision-making, effective policy implementation, and investment in healthcare infrastructure to ensure sustainable access to antimicrobials. The Kenyan experience, with its emphasis on regulatory collaboration, surveillance, and tailored interventions for healthcare facilities, serves as a blueprint for other African nations. Dr Mukoko's insights reinforced the urgency of addressing AMR as both a healthcare and socio-economic challenge, urging stakeholders to prioritize action for a healthier and more equitable future.

2.4.2.4 Presenter 3: Hamisi Msagama, One Health Society

Importance of a One Health approach in combating AMR and promoting health equity.

Hamisi Msagama's presentation at the EPN AMR Pre-conference shed light on the transformative potential of the One Health approach in addressing antimicrobial resistance (AMR) while promoting health equity. Representing the One Health Society in Tanzania, Msagama emphasized the importance of integrating human, animal, and environmental health perspectives to combat AMR effectively. He highlighted that although the One Health framework is conceptually robust, its practical implementation often faces challenges due to sectoral silos and limited cross-sectoral collaboration. Msagama called for a systemic overhaul, advocating for trans-disciplinary engagement that includes policymakers, social scientists, traditional healers, and other stakeholders to ensure holistic and equitable health solutions.

One Health Society in Tanzania employs a refined One Health approach, guided by principles encapsulated in the acronym ABCDE: Awareness, Budgeting, Cost-effectiveness, Data, and Elections. These principles emphasize raising awareness, ensuring sustainable financing, proposing cost-effective interventions, leveraging integrated data systems, and engaging political actors to secure their commitment. Msagama underscored the importance of system-level thinking, noting that AMR interventions should prioritize prevention by addressing root causes rather than reacting to outbreaks. He highlighted the necessity of fostering effective communication across sectors to bridge gaps in understanding and enable cohesive action.

Msagama also discussed the economic rationale for adopting a One Health approach. The World Bank estimates that establishing a functional One Health system in low- and middle-income countries would cost approximately $3 billion but could yield savings of $37 billion by mitigating pandemic risks. Despite these benefits, Msagama acknowledged the difficulty of operationalizing this approach due to entrenched 'silo-ed' systems and a lack of shared data platforms. He stressed the need for community engagement, traditional leader involvement, and awareness campaigns to foster a deeper understanding of AMR and its interconnected impacts across ecosystems.

In closing, Msagama reflected on the intricate balance required to address AMR: conserving existing antimicrobial resources, improving access to life-saving drugs, and fostering innovation. He likened the complexity of AMR to the parable of the blind men and the elephant, illustrating that AMR's challenges cannot be addressed in isolation or through a singular perspective. The One Health approach, he argued, must transcend mere collaboration to embody a lifestyle that integrates diverse sectors, ensuring equity and sustainability in tackling AMR while advancing global health outcomes.

2.4.2.5 Key Lessons and Takeaways from the EPN AMR Pre-Conference Plenary Session 1

"Understanding AMR as a Barrier to Access in the

African Context"

The session, featuring insights from Dr Tracie Muraya, Yidnekachiew Mazengiya, Dr Mukoko, and Hamisi Msagama, provided a comprehensive exploration of the multifaceted challenges posed by antimicrobial resistance (AMR) in Africa. Below are the key lessons and takeaways:

i) AMR as a Barrier to Health Equity

AMR exacerbates existing health inequities in Africa by disproportionately affecting vulnerable populations with limited access to healthcare. Many individuals in remote or under-served areas struggle to access even basic antibiotics, let alone advanced antimicrobial treatments. This highlights the need for systemic improvements in healthcare delivery and the prioritization of equitable access to essential medicines.

ii) Importance of Integrated Data Systems

The speakers emphasized that a significant barrier to addressing AMR is the fragmented nature of data collection and sharing across sectors. In the One Health context, comprehensive data encompassing human, animal, and environmental health is crucial. Effective AMR strategies require robust systems for data integration and interpretation, enabling informed policy-making and cross-sectoral coordination.

iii) Need for Preventive and Systems-Based Approaches

Dr Muraya and Msagama highlighted that focusing solely on treating infections after they occur overlooks the systemic changes needed to prevent them. Strengthening healthcare infrastructure, improving Water , Sanitation & Hygiene (WASH) and addressing environmental pollution are critical measures to reduce the emergence and spread of resistant pathogens. A shift towards prevention can significantly reduce the burden of AMR.

iv) Socioeconomic and Political Dimensions of AMR

Dr. Yidnekachiew Mazengiya discussed how AMR is not merely a scientific challenge but also a socioeconomic and political issue. Addressing AMR requires engaging policymakers to allocate sustainable budgets for national action plans and regulatory enforcement. Public awareness campaigns, community engagement, and political advocacy are pivotal for driving systemic change and ensuring that AMR policies are implemented effectively.

v) Balancing Conservation, Access, and Innovation

The session underscored the delicate balance required between conserving existing antimicrobials, ensuring their accessibility, and fostering innovation for new treatments. Overuse and misuse of antimicrobials in both humans and animals must be curbed without creating barriers to access. Simultaneously, there is an urgent need to invest in research and development for novel antimicrobials and alternative therapies.

vi) Multi-Sectoral Collaboration and Competencies

Dr. Mukoko and Msagama emphasized the importance of building trans-disciplinary competencies and fostering collaboration across sectors, including human and animal health, environmental science, social sciences, and traditional medicine. One Health approach must go beyond token representation of sectors and focus on genuine, coordinated action to address the interconnected drivers of AMR.

vii) AMR as a Development and Economic Challenge

Speakers highlighted the economic impact of AMR, noting that it imposes a significant financial burden on healthcare systems and households. The World Bank's projections, cited by Msagama, show that investing in One Health systems is cost-effective in preventing pandemics and mitigating AMR-related risks. This economic rationale is a strong argument for securing investments in AMR initiatives.

viii) Community Engagement as a Pillar of AMR Strategies

Finally, engaging communities was identified as a cornerstone of effective AMR strategies. Empowering individuals with knowledge about antimicrobial use and resistance, fostering trust in healthcare systems, and involving local leaders and traditional healers are essential to driving behaviour change and ensuring the sustainability of interventions.

This session underscored that AMR is a complex, multi-dimensional challenge requiring urgent, coordinated action across health systems, governments, and communities. By addressing AMR holistically, the African context can move toward equitable, sustainable health solutions.

2.4.3 Plenary Session 2;

The Role of Cross-Sector Collaboration in Addressing Antimicrobial Resistance: Perspectives from Human Health, Animal Health, and Environmental Representatives

Moderator: Alphonse Ndi Abanda - Cameroon Baptist Convention Health Services (CBCHS), Cameroon

2.4.3.1 Opening Presentation: Mrs. Emiliana Francis, National AMR Focal Person, Tanzania

Mrs Emiliana Francis, the National AMR Focal Person in Tanzania, delivered an insightful presentation on the importance of cross-sector collaboration in tackling antimicrobial resistance (AMR). She emphasized that AMR is not just a health crisis but a multisectoral challenge requiring coordinated efforts across human, animal, and environmental health sectors. Tanzania, like many countries, is grappling with the burden of AMR, with over 12,500 deaths directly attributable to AMR and 54,000 associated deaths reported in 2019. Recognizing this threat, Tanzania adopted the global agenda to combat AMR, developing its first National Action Plan (NAP) in 2017, which laid the groundwork for the country's systemic response.

Mrs Francis outlined Tanzania's journey in addressing AMR through structured coordination mechanisms. The establishment of a centralized governance structure and four technical working groups underpinned the

implementation of the first NAP. These groups focused on awareness and education, surveillance and research, infection prevention and control (IPC), and antimicrobial stewardship. This collaborative framework helped identify critical gaps, such as inadequate surveillance systems and limited laboratory capacities, leading to targeted interventions like the development of national treatment guidelines and expanding sentinel surveillance sites for both human and animal health.

One key highlight was Tanzania's ability to leverage global partnerships, such as its engagement with the Global Antimicrobial Resistance Surveillance System (GLASS), to monitor resistance patterns and generate actionable data. However, Mrs. Francis noted that significant challenges remain, including data sharing across sectors, weak integration of AMR into broader national development agendas, and limited research on the economic impacts of AMR interventions. These gaps underscore the need for innovative solutions, sustained funding, and enhanced collaboration among stakeholders.

Mrs. Francis concluded by presenting the second NAP (2023-2028), which builds on lessons learned and introduces six strategic objectives, including a new emphasis on monitoring and evaluation. This plan encompasses 34 interventions and 85 activities, with an estimated budget of $26.3 billion. It reflects Tanzania's commitment to a One Health approach, ensuring the sustainability of AMR interventions and fostering a culture of accountability and continuous improvement. The presentation demonstrated how collaborative governance, evidence-based planning, and global partnerships can serve as a blueprint for tackling AMR in resource-limited settings.

2.4.3.2 Panel Discussion

Panellists: Mrs. Emiliana Francis & Dr Zuhura Kimera

Key Gaps Identified

i) Funding Challenges:

Many African countries struggle with insufficient funding for AMR initiatives. Research agendas are often misaligned with the pressing issues at hand, resulting in a lack of financial support for critical research related to AMR.

Existing funding requests are often based on predetermined themes set by donor institutions rather than on the prevailing national needs outlined in AMR action plans.

ii) Disconnection Between Sectors:

The one health approach has been well put in theory with few implementation actions. There is a lack of collaboration across sectors such as human health, animal health, and the environment, which hampers the understanding of AMR transmission dynamics and effective intervention points.

Various ministries (e.g., Agriculture, Environment) are often disengaged from AMR discussions, impacting multi-sectoral coordination efforts.

iii) Implementation of National Action Plans:

Despite the existence of national action plans for AMR, many countries struggle to implement them effectively due to funding constraints and insufficient political will.

The need for high-level engagement was underscored, particularly through conferences that include political leaders to advocate for AMR as a priority issue.

iv) Limited Public Awareness:

There is a lack of public awareness about AMR compared to diseases like COVID-19, making it difficult to generate the same level of urgency and understanding among the general population.

Effective communication strategies are lacking, particularly in translating scientific data into actionable insights that resonate with policymakers and the public.

v) Neglect of Traditional Medicine:

There appears to be a bias against traditional medicine practices, which may limit holistic approaches to healthcare and AMR management in countries like Tanzania.

A call for better integration of traditional medicine practices into AMR strategies was highlighted.

vi) Environmental Impact of AMR:

The discussion noted the complex interaction between environmental factors and AMR, particularly through poor waste management and pollution from pharmaceutical industries.

Efforts to improve waste disposal and management at all levels are critical yet currently inadequate.

2.4.3.3 Lessons Learned and Takeaways:

a) High-Level Political Engagement:

The involvement of top political leaders (e.g., Prime Ministers) can catalyse sectoral collaboration and elevate AMR as a national priority.

b) Cross-sector collaboration is key:

Effective AMR response requires tripartite or quadripartite frameworks actively engaging human, animal, and environmental sectors.

Tailored strategies to engage non-participatory sectors (e.g., food security and environmental agencies) are critical.

c) Resource Allocation and Advocacy:

Demonstrating the economic and public health impacts of AMR in quantifiable terms can secure funding and policy support.

Lessons from COVID-19 communication can be applied to AMR to create urgency and drive public behaviour change.

d) Enhanced Waste Management Systems:

Effective segregation and treatment of pharmaceutical, agricultural, and industrial wastes are essential to reduce environmental AMR drivers.

Promoting bio-security and vaccination in animal farming to reduce antimicrobial reliance.

e) Localized Adaptation of Global Guidelines:

Regional guidelines should be customized to local contexts to ensure effective implementation.

f) Capacity Building and Tools:

Strengthening human resources, infrastructure, and technical capacities for AMR surveillance and research is critical.

g) Integration of Traditional Knowledge:

Exploration of traditional medicines alongside modern approaches can diversify the AMR response tool kit, especially in resource-limited settings.

h) Sustained Advocacy and Education:

Continuous sensitization of policymakers, stakeholders, and communities on AMR is needed to maintain momentum.

The plenary discussion highlighted significant challenges and potential strategies to combat AMR effectively. Multi-sectoral collaboration, enhanced funding mechanisms, high-level political engagement, and effective public communication are essential components in addressing

the AMR crisis. By focusing on these areas, stakeholders can develop a more cohesive and effective approach to managing antimicrobial resistance on a global scale, particularly in the African context. The plenary discussion highlighted significant challenges and potential strategies to combat AMR effectively. Multi-sectoral collaboration, enhanced funding mechanisms, high-level political engagement, and effective public communication are essential components in addressing the AMR crisis. By focusing on these areas, stakeholders can develop a more cohesive and effective approach to managing antimicrobial resistance on a global scale, particularly in the African context.

2.4.4 Session 3: World Café discussion Identifying Challenges and Opportunities for Action in Overcoming Resistance to Key Strategies in Addressing AMR

Moderator: Dr. Judith Asin EPN

The World Café session, held during the AMR pre-conference of the 9th EPN Forum, provided a dynamic platform for participants to engage in meaningful and interactive discussions on critical issues surrounding antimicrobial resistance (AMR) in sub-Saharan Africa. Designed to foster an open dialogue and collaborative problem-solving, the session featured small-group discussions centred on four key themes, each represented as a "continent." Participants rotated between the continents to contribute their insights, while continent leads remained stationed to facilitate ongoing dialogue.

The continents and their topics were: Zanzibar, focusing on "One Health"; Mwanza, addressing "Youth and Community Engagement on AMR"; Kilimanjaro, exploring "Ensuring Access and Safety of Antimicrobials in the Supply Chain"; and Arusha, emphasizing "Strengthening Antimicrobial Stewardship Programmes in Health Facilities." This innovative format encouraged

cross-sectoral learning, allowing participants to share perspectives, identify challenges, and propose actionable solutions to tackle AMR collectively.

2.4.4.1 Continent 1: Youth & Community Engagement

Lead: Dr. Prosper Ezechiel Noali- Actions des jeune contre la resistance aux Antimicrobiens (AJRAM),Burkina Faso

Rapporteur: Ndege Ngere- AMR Now, Kenya

Key Issues Discussed

A) Main Obstacles Hindering Youth and Community Engagement

The session highlighted several barriers impeding youth and community participation in addressing AMR, including:

i) Complexity of AMR: AMR is often perceived as a highly technical issue, making it challenging for youths and communities to understand its impact and engage effectively.

ii) Lack of Education and Awareness: Insufficient knowledge about AMR among young people and the community at large limits their capacity to act or advocate.

iii) Inadequate Support Structures: The absence of mentorship programs, financial resources, and institutional support hinders youth involvement.

iv) Perception of Irrelevance: Many view AMR as a distant or non-urgent issue ("not their problem"), leading to disengagement.

v) Competing Priorities: Social issues like poverty and other pressing needs divert attention from AMR.

vi) Poor Messaging Techniques: Existing communication strategies often fail to resonate with youth, making AMR seem abstract or irrelevant.

vii) Exclusion from Decision-Making: Youths are rarely involved in policy-making or program design, leaving them as passive recipients rather than active contributors.

viii) Cultural Trends: The "microwave generation" mindset, characterized by the desire for instant results, clashes with the long-term nature of AMR interventions.

ix) Healthcare Gaps: Limited patient education by healthcare providers contributes to a lack of understanding about appropriate antimicrobial use.

B) Innovative Strategies to Enhance Youth and Community Involvement

To overcome these barriers, participants proposed several innovative approaches:

i) Educational Integration: Incorporate AMR topics into school and university curricula to build

foundational knowledge.

ii) Leveraging Existing Structures: Utilize institutional clubs, youth groups, and other existing networks to disseminate AMR information and foster engagement.

iii) Localized Messaging: Tailor AMR awareness campaigns to align with local languages, cultures, and youth interests for better resonance.

iv) Research and Innovation: Conduct baseline research to identify gaps and opportunities for youth-driven initiatives in addressing AMR.

v) Capacity Building: Establish mentorship programs and provide financial and technical support to empower youth leaders.

vi) Contextualization: Frame AMR as a healthcare system problem rather than an isolated issue, making it more relatable.

vii) Youth-Friendly Platforms: Engage youth in their comfort zones, such as through social media and popular youth forums.

viii) Leadership Opportunities: Involve youths in designing, innovating, and implementing AMR interventions to foster ownership and accountability.

C) Strengthening Advocacy Efforts to Integrate Youths and Community Voices

Key strategies to strengthen advocacy and ensure the meaningful inclusion of youth and community voices in AMR efforts include:

i) Youth Participation in Policy Processes: Integrate young people into all stages of AMR policy-making, from research and design to implementation and monitoring.

ii) Relevance through Contextualization: Develop AMR mechanisms that directly relate to youth interests, such as linking AMR to sexual and reproductive health.

iii) Addressing Language Barriers: Ensure AMR advocacy uses simple, locally understood language and relatable narratives.

iv) Leveraging Existing Health Systems: Utilize established health promotion infrastructures for sustainable advocacy efforts.

v) Humanizing AMR: Share compelling stories from AMR survivors and those directly affected to make the issue tangible and relatable.

vi) Anchoring AMR in Broader Agendas: Align AMR initiatives with global, regional, and local priorities, such as Universal Health Coverage (UHC), the African Union's Agenda 2063, and the UN Sustainable Development Goals (SDGs).

These discussions underscore the need for tailored, inclusive, and innovative approaches to effectively engage youths and communities in combating AMR.

2.4.4.2 Continent 2: Strengthening Antimicrobial Stewardship Programmes in Health Facilities

Lead: Mary Kisima-Pharmaceutical Society of Tanzania (PST), Tanzania

Rapporteur: Jennifer Azereh- Christian Health Association of Nigeria (CHAN), Nigeria

Key Issues Discussed

A) Challenges Health Facilities Face in Implementing Effective AMS Programs

The discussion identified critical barriers to effective AMS implementation, categorized and consolidated into the following key areas:

i) Lack of Infrastructure and Resources:

Absence of antibiograms and laboratory capacity to guide appropriate antimicrobial use.

Inadequate systems for infection prevention and control (IPC) and proper antimicrobial disposal.

Shortages of pharmaceutical personnel and insufficient funding to support AMS activities.

ii) Knowledge and Training Gaps:

Limited or no training in AMS and AMR for healthcare workers (HCWs), with such topics often missing from college curricula.

Lack of awareness among patients about appropriate antimicrobial use due to minimal patient education.

iii) Behavioural and Systemic Issues:

Resistance to change among HCWs, irrational prescribing habits, and reliance on patient background rather than evidence-based practices.

Pressure from pharmaceutical representatives to promote specific brands leads to inappropriate medication use.

iv) Leadership and Governance:

Poor leadership commitment to AMS initiatives and inactive or absent Drug and Therapeutic Committees (DTCs) or Medicines and Therapeutic Committees (MTCs).

B) Challenges in Community and Private Sector Engagement:

i) Non-professional staff dispensing antibiotics in community pharmacies.

ii) Private clinics and retailers prioritize customer satisfaction over rational antimicrobial use.

iii) Supply Chain and Procurement Issues:

iv) Poor supply chain systems result in substandard antimicrobial products.

C) Best Practices to Overcome Challenges and Implement Effective AMS Practices

Participants shared practical solutions to address the identified challenges and foster AMS implementation:

i) Developing and Adhering to Guidelines:

Create specific, universally applicable AMS guidelines, including aligning antimicrobial categorization with WHO's AWaRe classification.

Strengthen IPC, DTCs, and other critical systems to ensure proper monitoring and regulation.

ii) Capacity Building and Training:

Conduct regular AMS/AMR training and mentorship for HCWs, emphasizing rational antimicrobial use.

Establish laboratory capacity to enable proper testing and diagnosis.

iii) Leadership and Funding:

Secure leadership commitment at all levels and allocate dedicated funding for AMS activities.

Encourage collaboration among AMS, IPC, and DTC teams for cohesive program implementation.

iv) Patient and Community Engagement:

Involve patients in their treatment plans to foster shared decision-making.

Focus on post-pharmacy care by providing clear, standardized prescriptions and follow-up support.

v) Data-Driven Interventions:

Use data generation and analysis to inform decision-making and evaluate AMS program effectiveness.

vi) Behavioural and Systemic Changes:

Promote behavioural change among HCWs through supervision, peer feedback, and standardized audits.

vii) Monitoring and Evaluation (M&E):

Establish robust M&E frameworks to track AMS progress and refine approaches as needed.

D) Healthcare Workers (HCWs) and Staff Accountability for Sustained AMS Implementation

Ensuring accountability among HCWs and other staff was highlighted as a cornerstone for sustainable AMS programs:

i) Regulatory and Oversight Mechanisms:

Introduce stricter penalties for irrational practices in private clinics and retail pharmacies.

Conduct regular prescription reviews and audits to identify and address gaps.

ii) Incorporating AMS into Professional Practices:

Integrate AMS responsibilities into job descriptions and assess performance through key performance indicators (KPIs).

Develop facility-specific AMS action plans to align efforts with local needs and resources.

iii) Collaboration and Knowledge Sharing:

Encourage networking among facilities to share resources, expertise, and best practices.

Strengthen information management systems to streamline AMS-related communication and data tracking.

By addressing these challenges, adopting best practices,

and fostering accountability, healthcare facilities can significantly strengthen their AMS programs, ultimately reducing antimicrobial resistance and improving patient outcomes.

2.4.4.3 Continent 3: Ensuring Access and Safety of antimicrobials in the supply chain

Lead: Fidelis Manyaki- Christian Social Services Commission (CSSC), Tanzania

Rapporteur: Annagrace Malamsha -Pharmaceutical Society of Tanzania (PST), Tanzania

Key Issues Discussed

A) Primary Obstacles in the Supply Chain Affecting the Availability and Safety of Antimicrobials

The discussion identified several intertwined challenges impacting the supply chain:

i) Infrastructure and Storage Issues:

Poor storage conditions and inadequate transport facilities, especially for temperature-sensitive antimicrobials.

Weak logistics systems are exacerbated by poor road networks and insufficient resources.

ii) Quality Control and Product Safety:

Limited mechanisms for quality control, resulting in the proliferation of counterfeit and substandard antimicrobials.

Inadequate categorization of commodities, making monitoring and control difficult.

iii) Forecasting and Data Management:

Poor demand forecasting and insufficient data capture lead to inefficiencies in procurement and distribution.

iv) Regulatory and Governance Gaps:

Weak regulatory frameworks and enforcement, particularly in low- and middle-income countries (LMICs).

Corruption in the supply chain undermines the procurement and distribution process.

v) Funding and Human Resources Constraints:

Inadequate financial resources for procurement and supply chain management.

A shortage of qualified personnel to oversee and manage supply chain activities.

B) Regulatory and Logistical Challenges Impacting Antimicrobial Distribution

This section delved deeper into the challenges categorized into regulatory and logistical aspects:

a) Regulatory Challenges:

- Lengthy approval processes for registration and licensing of antimicrobial products.
- Weak enforcement of existing laws and regulations, allowing unsafe products into the supply chain.
- Inadequate harmonization of regulatory policies across regions, creating inconsistencies and inefficiencies.
- Insufficient funding and personnel for effective regulatory oversight.
- Limited capacity for post-market surveillance and quality control testing.

b) Logistical Challenges:

- Poor transport infrastructure and limited access to vehicles suitable for cold chain products.
- Inadequate storage facilities compromise the safety and quality of antimicrobials.
- Short product shelf lives result in wastage and reduced availability.
- Poor monitoring and evaluation frameworks to track the distribution and safety of antimicrobials.

C) Collaborative Solutions Among Stakeholders to Ensure Equitable Access to Safe Antimicrobials

To address these challenges, participants proposed a range of collaborative and strategic interventions:

i) Policy Harmonization and Strengthened Regulation:

- Harmonize regulatory policies and frameworks to ensure consistency across regions.
- Accelerate approval processes for antimicrobial registration and licensing while maintaining rigorous standards.
- Strengthen enforcement of regulatory laws and enhance quality control mechanisms.

ii) Capacity Building and Training:

- Conduct regular training for supply chain personnel and healthcare workers to improve knowledge and practices.
- Build capacity for post-market surveillance to ensure continued safety and efficacy of antimicrobials.

iii) Advocacy and Funding:

- Advocate for increased funding to support supply chain infrastructure, regulatory activities, and procurement.
- Raise awareness through antimicrobial accessibility campaigns to engage stakeholders and policymakers.

iv) Infrastructure and Logistics Improvement:

- Develop and maintain robust storage and transport systems, especially for cold chain products.
- Invest in road and transport infrastructure to improve supply chain efficiency in under-served areas.

v) Stakeholder Collaboration and Engagement:

- Foster partnerships among governments, private sector players, and non-governmental organizations (NGOs) to address supply chain bottlenecks.
- Conduct frequent stakeholder meetings to align goals, share progress, and identify areas for joint action.
- These collaborative solutions, coupled with robust policy and regulatory frameworks, aim to create a resilient and equitable supply chain ensuring safe and effective antimicrobials reach all communities.

2.4.4.4 Continent 4: One Health Approach

Lead: Dr. Mario Medegan-MUSUHUM, Niger

Rapporteur: Michael Mosha - The Roll Back Antimicrobial Resistance Initiative (RBA Initiative), Tanzania

Key Issues Discussed

A) Main Challenges in Coordinating Efforts Among Human, Animal, and Environmental Health Sectors

The session identified several significant barriers impeding collaboration across sectors in addressing AMR through a One Health approach:

i) Lack of Coordination Mechanisms: The absence of technical working groups (TWGs) and coordination committees leads to fragmented efforts.

ii) Funding Constraints: Insufficient financial resources hinder the development and implementation of integrated programs.

iii) Guideline Development and Dissemination: Guidelines for implementing the One Health approach are either underdeveloped or poorly distributed.

iv) Awareness Gaps: The One Health concept is not uniformly understood, with limited sensitization efforts and inconsistent messaging across sectors.

v) Conflicts of Interest: Competing priorities and misaligned goals among sectors create challenges in achieving synergy.

vi) 'Silo-ed' Efforts: Training and interventions are conducted independently within respective sectors, reducing cross-sectoral learning.

vii) Implementation Challenges: While the approach is well-documented in theory, its practical application is often ineffective due to complexity and resource limitations.

viii) Data Sharing and Integration Issues: Political interference, lack of integrated data systems, and poor communication restrict the accessibility and use of critical information.

ix) Inclusivity and Ownership: Low engagement from key stakeholders diminishes the sense of shared responsibility for addressing AMR.

B) Strategies to Improve Data Sharing and Communication

To enhance the effectiveness of a unified One Health response, participants proposed several actionable strategies:

i) Investment in Information Systems: Developing and funding robust data-sharing platforms tailored for cross-sector collaboration.

ii) One Health Data Repository: Establishing a centralized system to house and manage data for all stakeholders.

iii) Leveraging Digital Tools: Utilizing social media and other digital platforms to improve communication and engagement across sectors.

iv) Breaking Communication Barriers: Promoting transparency and fostering open channels of communication among stakeholders.

C) Addressing Cultural and Institutional Barriers to Collaboration

Participants emphasized the need for targeted strategies to overcome cultural and institutional challenges that hinder collaboration among human, animal, and environmental health sectors:

i) Strengthening Awareness and Sensitization: Promoting community-level education to improve understanding and support for the One Health approach.

ii) Simplifying Messaging: Adopting clear and accessible language to communicate the relevance and importance of One Health initiatives.

iii) Advocacy and Political Commitment: Developing advocacy strategies and securing political buy-in to drive multisectoral collaboration.

iv) Institutional Support and Resources: Allocating sufficient funds, conducting needs assessments, and fostering regulatory frameworks to facilitate collaboration.

v) Regular Stakeholder Engagement: Organizing quarterly meetings for stakeholders to report progress, share insights, and coordinate efforts.

vi) Rules and Regulations: Establishing policies that promote multisectoral coordination and ensure accountability.

These discussions highlight the need for stronger coordination, communication, and commitment to fully realize the potential of the One Health approach in combating AMR.

2.4.5 Plenary Session 4: Triumphs and Transformations: Inspiring Narratives of Achievements from EPN AMR Stewardship Implementing members

Panellists:

- Evans Chirambo Christian Health Association of Malawi (CHAM) Malawi
- Dr John Kaguthi, PCEA Tumutumu Hospital Kenya
- Ms Lineo Nyenye Maluti Adventist Hospital Lesotho

2.4.5.1 Key Achievements

i) *Multidisciplinary AMS Committee Establishment and Expansion:*

Lesotho & Malawi: The establishment of AMS committees across healthcare facilities began with a single facility, which through support and collaboration with the Christian Health Association of Lesotho (CHAL) and Ecumenical Pharmaceutical Network

(EPN), expanded to six out of eight CHAL hospitals. This achievement demonstrates the potential impact of AMS initiatives when driven by committed local and regional partnerships.

Kenya: At Tumutumu Hospital, AMS activities were formalized within the existing Medical Therapeutics Committee (MTC), evolving into a dedicated sub-committee. This facilitated a more targeted AMS agenda by integrating stewardship functions within a broader clinical governance structure.

ii) *Increased AMS Training and Capacity Building:*

Training of Trainers (TOT): Across various facilities, the TOT model empowered facility staff to become AMS champions, extending stewardship training and knowledge to broader teams. In Kenya, for instance, facility staff who completed AMS training through the EPN's Learning Management System (LMS) became instrumental in local AMS awareness and were empowered to lead further training efforts. This enabled

a continuous and expanding knowledge network on AMR.

Learning Management System (LMS) and Certification: Facilities benefited from online courses provided through EPN's LMS, which offered certification on AMR and AMS. This resource allowed participants to engage in self-paced learning, significantly enhancing AMS knowledge and capability.

iii) *Strengthened Laboratory Capacity and Diagnostic Stewardship:*

Lesotho and Malawi collaborated with national and private laboratories to ensure culture and sensitivity testing was accessible, albeit with challenges. Malawi's CHAM integrated AMS within health facilities using an outsourced diagnostic lab for reliable sensitivity testing. Partnerships with national labs enabled facilities to run accurate diagnostic tests, helping clinicians make informed decisions on antibiotic use. Although resource-dependent, this step demonstrated the critical role diagnostics play in reducing empirical antibiotic use, thus improving the stewardship of limited antimicrobial resources.

Kenya: Formulary Development Initiative equipped facilities with tailored diagnostic guidelines and algorithms to streamline treatment decisions and minimize inappropriate antibiotic use. Enhancement of diagnostic networking and collaboration across public and private facilities.

iv) *Community Engagement and Education:*

Integration of Community Platforms: Cameroon and Malawi have employed a multifaceted approach, leveraging church gatherings, outpatient education sessions, and traditional events for AMR and AMS education. This integration of AMS education into routine community outreach strengthened public awareness of the importance of rational antibiotic use.

Drug Return Programs: Some facilities implemented pharmaceutical waste return programs, encouraging patients to return unused medications, reducing environmental contamination, and ensuring better control over leftover antibiotics.

v) *Data Collection for Informed Decision-Making:*

Antibiogram and Prevalence Surveys: AMS teams conducted antibiogram analyses and point prevalence surveys to track antibiotic resistance trends and identify prescription patterns. Documentation Systems: facilities engaged in collecting data from electronic medical records (EMR) where available, or through manual tracking, to gather insights into antibiotic usage rates.

Some facilities adopted regular data collection practices, including antibiograms and point prevalence surveys. For instance, annual antibiotic usage analyses at select facilities helped monitor patterns in pathogen resistance, informing adjustments in treatment protocols and highlighting the severity of resistance in specific pathogens. In Lesotho, health facilities noted alarming trends, such as high resistance levels to critical antibiotics, which underscored the urgency of tailored AMS efforts.

2.4.5.2 Key Challenges and Gaps

a) *Resource and Funding Constraints:*

Sustainability of Funding: AMS programs were heavily dependent on external funding, which poses risks for long-term sustainability. For instance, while EPN provided initial support, ongoing resource allocation for AMS remains uncertain, especially in facilities with

limited internal funding sources. Facility-level budgets typically prioritize immediate clinical needs, which often limits funds available for AMS initiatives, particularly in rural areas where resources are already scarce.

b) *Under-resourced Labs:*

Many rural facilities lacked microbiology labs essential for culture and sensitivity tests, requiring reliance on costly external labs that delayed diagnostics and contributed to blind antibiotic prescribing.

c) *High Staff Turnover and Retention Issues:*

Loss of AMS-trained Staff: Facilities frequently lost trained AMS personnel to better opportunities, leading to constant retraining and continuity challenges. Staff turnover disrupted AMS efforts, particularly in Malawi, where trained AMS and Infection Prevention Control (IPC) champions often relocated.

Retention in Rural Facilities: Rural areas struggled to retain healthcare professionals due to limited incentives and resources, hampering AMS implementation

continuity.

d) *Community Compliance and Diagnostic Costs:*

High Cost of Diagnostics: Patients faced significant financial barriers to accessing culture and sensitivity tests, with costs often exceeding affordability. Across the facilities, culture and sensitivity tests cost around $38, leading many patients to forgo diagnostics. This placed diagnostic stewardship out of reach for many patients, leading to more empirical treatments and contributing to resistance due to less targeted antibiotic use.

Inadequate Community Understanding of AMS: Community awareness regarding the importance of completing antibiotic dosage and avoiding self-prescription was limited, complicating AMS efforts and often leading to misuse of antibiotics.

e) ***Data Collection and Monitoring Limitations:***

Data Management Barriers: Data collection in facilities without a centralized EMR was challenging, and reports often lacked integration between departments. Facilities without streamlined data access struggled to assess antibiotic use, which is critical for informed AMS planning and intervention.

2.4.5.3 Lessons Learnt

✓ ***Value of Cross-Functional Committees:***

Integration of AMS within Infection Prevention and Control (IPC) or other hospital committees (e.g., Therapeutics Committees) fostered a multidisciplinary approach, enhancing AMS oversight and making it easier to standardize protocols across departments.

✓ ***Community Awareness and Engagement Essential for AMS Success:***

Educating patients and the public on rational antibiotic use through community structures, such as church gatherings and health outreach events, was a highly effective method to address AMR from a grassroots level.

✓ ***Continuous, On-Site Training is Critical:***

Ongoing in-house training emerged as crucial for mitigating high staff turnover impacts. Facilities that embedded AMS training into regular staff on-boarding and professional development retained knowledge and skills more effectively.

✓ ***Data-driven Decision Making Proves Vital:***

Facilities that consistently monitored antibiotic usage, pathogen prevalence, and resistance data made more informed decisions about antibiotic prescribing practices. Facilities without such systems in place struggled to adapt AMS practices effectively to evolving AMR trends.

✓ ***Inclusive AMS Committees Foster Efficiency:***

Inclusive, focused AMS committees, composed of essential cross-departmental staff (e.g., IPC, pharmacy, and laboratory staff), proved more effective in maintaining quorum and achieving action-oriented outcomes. This led to faster decision-making, better communication, and more impactful AMS efforts.

✓ ***Customized Local Guidelines Improve Implementation:***

Developing facility-specific guidelines based on available resources enabled hospitals to tailor AMS practices to their unique contexts, minimizing dependency on external standards that may not align with local capabilities.

✓ ***Effective monitoring and evaluation***

Developing a monitoring and evaluation framework is essential in ensuring effective implementation and achievement of set goals.

2.4.5.4 Action Points for AMS Implementation at Facility Level

1) Integrate AMS into Core Facility Budgets and Governance:

Develop annual work plans for the AMS programs and advocate for AMS to be part of routine budgeting and oversight at the facility level. This includes aligning AMS with IPC committees and incorporating AMS objectives into the facility's broader strategic goals. Ensuring AMS is embedded within the budget and governance structure will reduce reliance on external funding and foster long-term sustainability.

2) Establish Sustainable Funding Mechanisms:

Collaborate with health ministries to ensure AMS budgets are part of facility funding plans, allowing for long-term AMS operations beyond project funding. Facilities should explore cost-sharing models, such as nominal fees for AMS-related diagnostics, to support basic AMS needs without prohibitive patient costs.

2) Standardize and Scale On-Site Training Programs:

Implement AMS training modules within regular on-boarding for new staff, ensuring that AMS principles are integral to staff competencies. Training hubs at facilities, offering self-paced AMS modules, can help ensure continuity in knowledge transfer. Develop a continuous in-house training framework that includes both digital learning modules and in-person workshops. Formalized training, especially with self-paced modules, will support knowledge retention and equip new staff with AMS competencies, minimizing the effects of turnover.

3) Strengthen Diagnostic Access and Infrastructure:

Facilities should seek partnerships with nearby labs or use mobile sample transport solutions to make diagnostics more accessible. Subsidized diagnostic testing could encourage usage among patients, improving AMS adherence. Developing affordable alternatives for bacterial diagnostics (e.g., rapid tests or selective sensitivity tests) can reduce unnecessary antibiotic

use and strengthen prescribing practices. Expand partnerships with local labs and subsidize key diagnostic services for low-income patients. For facilities with limited lab access, consider pooled resources or mobile diagnostic units to improve testing reach.

4) Leverage Community-Based AMS Awareness Programs:

Expand AMS education through community events, outpatient educational sessions, & religious gatherings to increase public awareness about AMR risks. Community involvement and social support are key to encouraging responsible antibiotic use among the public. Implement patient-oriented programs like take-back initiatives for unused antibiotics.

5) Prioritize Data Management and Inter-Facility Data Sharing:

Facilities should establish data-sharing networks to facilitate the exchange of antibiogram and prescription data. This will allow easier tracking of AMR trends and antibiotic use patterns across facilities, enabling a cohesive, data-informed AMS strategy.

6) Implement Compact, Cross-Functional AMS Committees:

Facilities should aim for inclusive, multi-skilled AMS committees, with members from pharmacy, IPC, and diagnostics, to ensure AMS efforts are collaborative yet streamlined. These compact teams can efficiently manage AMS activities, ensuring focused and coordinated efforts.

7) Document Processes for Knowledge Retention:

Facilities should maintain detailed records of AMS processes, including training outcomes, AMS meeting minutes, and protocols. This documentation will support continuity in AMS practices, regardless of personnel changes, preserving institutional knowledge and streamlining AMS efforts.

8). Leverage Multi-Partner and Sector Collaborations:

Cultivate partnerships with health ministries, labs, and international organizations to foster a shared responsibility for AMS initiatives. This includes establishing shared diagnostic and data-sharing networks. Multi-partner collaborations will strengthen AMS programs, ensuring wider coverage and shared resources to overcome facility limitations.

9) Effective monitoring and evaluation

A robust monitoring and evaluation framework should be in place to ensure the achievement of the annual AMS work plans and give feedback on developed guidelines and policies at the community level.

Implementing effective AMS programs at the facility level requires both strategic planning and grassroots support. By addressing the financial, infrastructural, and training challenges detailed here, facilities can cultivate sustainable AMS practices that will strengthen AMR defence measures and improve patient outcomes. Furthermore, these action points encourage AMS practices that are adaptable, informed, and capable of evolving to meet future AMR challenges.

October 30, 2024

CHAPTER III
Main Conference

3.1 Opening Ceremony

3.1.1 Opening Sermon - Rev. Jacob Kaimeli

Rev. Jacob Kaimeli opened the 9th Biennial EPN Forum with a profound reflection on the importance of faithfulness in service, particularly in the healthcare sector. Building on the biblical principle that good health enhances one's ability to serve others and glorifies God, he underscored the Christian duty to steward the body as a temple of the Holy Spirit. He called upon participants to view their work in health as not just professional service but as a divine calling, urging them to embrace their roles with humility, integrity, and unwavering commitment.

Drawing from Paul's farewell to the Ephesian elders in Acts 20:17–25, Rev. Kaimeli emphasized that faithfulness is the cornerstone of serving God. He highlighted Paul's example of selflessness and humility, reminding participants of the need to resist worldly temptations, such as the pursuit of personal gain or recognition, which could compromise their service. Quoting Revelation 2:10, he stressed the call to be "faithful unto death" and to remain steadfast despite challenges. He also urged attendees to reflect on their motives and ensure their commitment is to the Lord rather than personal advancement, echoing Paul's words in Phil 3:8: "I count all things but loss for the excellency of the knowledge of Christ Jesus my Lord."

In closing, Rev. Kaimeli emphasized the collective responsibility of the community to fulfil their God-given roles faithfully, likening the church to a human body in which every part must function effectively for the whole to thrive. He reminded participants that their work in improving access to quality healthcare is an essential part of God's kingdom, and their faithfulness in this mission not only advances the church's work but also fulfils their calling to serve others. With a final call for reflection and dedication, he prayed for the forum's success and God's guidance in their collective endeavours.

3.1.2 Welcoming Remarks

3.1.2.1 Richard Neci Cizungu Executive Director, Ecumenical Pharmaceutical Network

The Executive Director warmly welcomed attendees to the 9th Biennial Forum, expressing heartfelt gratitude for the unwavering commitment demonstrated by EPN members, partners, and stakeholders through their presence. He highlighted the unique value of this biennial gathering—a space for fellowship, learning, and the exchange of experiences and best practices that strengthen the collective mission of improving pharmaceutical services in Africa.

He emphasized the forum's theme, "Accelerating Access to Quality Healthcare Services for All: Bridging the Last Mile," noting its critical relevance in addressing the persistent health inequalities across African communities. He acknowledged the essential presence of government representatives, underscoring the significance of multisectoral collaboration and the diverse perspectives needed to tackle these challenges.

Special recognition was given to the forum's co-hosts, including action medeor Tanzania and the Christian Social Services Commission (CSSC), as well as the many partners and sponsors whose contributions made the forum possible. He encouraged attendees to visit exhibition booths showcasing solutions aimed at advancing access to healthcare across the continent.

The Executive Director then outlined the key challenges in achieving equitable access to quality healthcare, which include supply chain disruptions, substandard and falsified medicines, unaffordable treatments, gaps in dispensing and rational use, and a critical shortage of trained healthcare workers. He also highlighted systemic issues such as limited pharmaceutical information systems and non-functional health committees in under-served areas.

To address these challenges, he called for innovative, collaborative solutions, emphasizing the importance of leveraging emerging technologies, engaging youth and religious leaders as advocates, and investing in community health systems. He stressed the need for partnerships that prioritize scalable, sustainable strategies and patient-centred approaches while advocating for stronger policy reforms and public-private collaboration.

Looking ahead to the forum's sessions, he encouraged participants to actively engage, share insights, and collaboratively identify strategies to bridge the gaps in healthcare access and delivery. He concluded with a call to action, urging attendees to join in drafting a joint declaration that reflects their shared commitment to advancing healthcare equity in Africa over the next two years.

3.1.2.2 Peter Maduki, Executive Director, Christian Social Services Commission

The Executive Director of the Christian Social Services Commission (CSSC) warmly welcomed all attendees to Tanzania for the 9th Biennial Ecumenical Pharmaceutical Network (EPN) Forum, expressing gratitude to God for safe travels and the opportunity to gather in Dar es Salaam, the country's vibrant commercial hub. While highlighting the beauty and richness of Tanzania, including its cultural diversity, unique tanzanite gemstones, and renowned tourist destinations, the Executive Director also noted the country's burgeoning health tourism services, emphasizing the quality of care provided even in remote settings.

The address provided an overview of CSSC's origins and impact since its establishment in 1992 by the Catholic and Protestant churches in Tanzania. The organization oversees a network of 965 health facilities, including 109 hospitals, working alongside the government to provide healthcare to Tanzania's population of approximately 60 million people. Acknowledging the vital role of the EPN, the Executive Director recognized its support in strengthening healthcare accessibility and thanked the EPN Board, its members, and the Tanzanian government for their unwavering partnership and support in advancing health service delivery across the country.

The Executive Director concluded with heartfelt gratitude to all participants for their commitment to the forum's objectives and extended a warm welcome to enjoy Tanzania's hospitality, urging attendees to make the most of their time both professionally and personally during their stay.

3.1.2.3 Gerald Masuki, Country Director, action medeor Tanzania

The Country Director of action medeor Tanzania delivered an engaging and inspiring opening address, setting the tone for the 9th Biennial Ecumenical Pharmaceutical Network (EPN) Forum. While acknowledging the dynamic and ever-changing cityscape of Dar es Salaam, the Director encouraged participants to imagine the transformative potential of progress—both in infrastructure and healthcare.

Under this year's theme, "Accelerating Access to Quality Health Services for All: Bridging the Last Mile," the Executive Director emphasized the critical importance of addressing persistent healthcare disparities, particularly for vulnerable populations. The remarks underscored the need for actionable solutions that extend quality health services to the last mile, ensuring no one is left behind.

The foreword highlighted a significant milestone for action medeor: celebrating 60 years of its establishment in Germany and 20 years of its international healthcare efforts. With two branches in Tanzania—one in the southern region and one in the highlands—Action Medeor continues to make strides in medicine distribution, medical equipment supply, and health innovation, including the production of reagents and programs aimed at improving health outcomes.

The Director also reflected on recent pre-conference discussions addressing topics such as antimicrobial resistance (AMR) and the use of mini-labs, acknowledging the vital role of government partnerships in tackling these pressing challenges. The remarks served as a call to action for attendees to collaborate, innovate, and focus on tangible solutions that will have a lasting impact.

As the forum progressed, the Director encouraged all participants to maintain a relentless commitment to equity in healthcare, fostering innovation and actionable strategies that bridge the gap and accelerate access to quality services. The address concluded with a rallying cry for attendees to make the conference a transformative experience and to leave with actionable insights to enhance healthcare delivery for all.

3.1.2.4 Christine Haefele-Abah, Board Chair, Ecumenical Pharmaceutical Network

The Board Chair opened the 9th Biennial EPN Forum by warmly welcoming all attendees to Dar es Salaam, Tanzania, marking it as the largest forum in EPN's history, with 177 participants from over 25 countries. Reflecting on EPN's journey since the first forum in Tübingen, Germany, in 2006, the Chair emphasized the importance of these gatherings for experience sharing and collaboration. Gratitude was extended to the Tanzanian co-hosts, action medeor Tanzania and CSSC, the EPN Secretariat, and all partners for their dedication to making this event a success.

The Chair highlighted EPN's achievements, including strengthening faith-based drug supply organizations, implementing pharmaceutical projects, and fostering local production of medicines and vaccines. Tanzania's leadership in regulatory standards, evidenced by achieving WHO Maturity Level 3, and advancements such as the first Oncology Pharmacy certificate course at the Kilimanjaro Christian Medical Centre (KCMC) were celebrated. However, challenges like access to quality medicines, health financing, and tackling antimicrobial resistance were acknowledged as ongoing priorities.

The Chair noted that the forum would also serve as a platform to launch EPN's new advocacy strategy, designed to guide efforts over the next four years to enhance access to quality healthcare, promote local medicine production, and address pressing issues like substandard medicines. The Chair concluded by encouraging participants to strengthen partnerships and explore innovative solutions to bridge the last mile

in healthcare delivery.

3.1.3 Keynote Speaker and Forum Official Opening Dr. Daudi Msasi, Chief Pharmacist, Ministry of Health Tanzania, (Representative to Minister for Health)

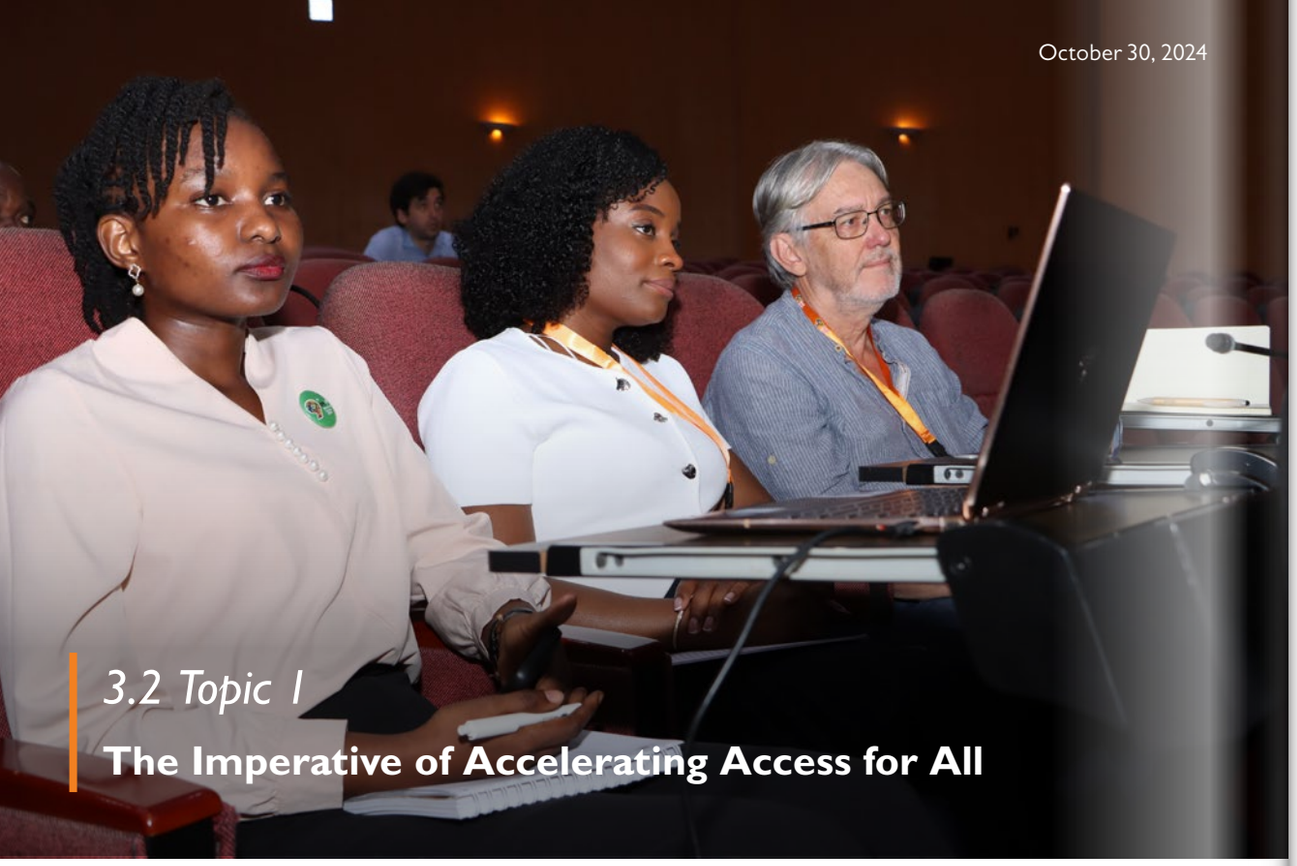
The representative from the Tanzania Ministry of Health welcomed all attendees to the 9th Biennial Ecumenical Pharmaceutical Network (EPN) Forum in Dar es Salaam, emphasizing the importance of the theme, "Accelerating Access to Quality Healthcare Services for All: Bridging the Last Mile." Special recognition was given to the organizers, including EPN, CSSC, action medeor, and other stakeholders, for their contributions to making this event a reality.

The address highlighted the critical role of faith-based health systems in Tanzania and across Africa, noting their significant contributions to healthcare delivery in under-served and remote areas. Faith-based organizations (FBOs) were commended for their unique strengths, including deep community trust, extensive networks, and a holistic approach to healthcare that incorporates physical, spiritual, and emotional well-being. The collaborative efforts between the Tanzanian government and FBOs, particularly through organizations like CSSC and action medeor, were applauded for driving progress in areas such as policy development, resource sharing, capacity building, and health campaigns.

Key objectives of the forum were outlined, including identifying barriers to healthcare access, showcasing innovations, sharing strategies among stakeholders, and advocating for policy reforms to create a more equitable healthcare system. The Ministry acknowledged the relevance of the topics being addressed, such as breaking down access barriers, strengthening health financing and supply chains, and enhancing advocacy efforts.

The Ministry representative called on participants to engage actively, share knowledge, and collaborate to develop actionable strategies that would advance access to quality healthcare. Reaffirming the Tanzanian government's commitment to healthcare improvement, the representative officially declared the forum open and invited attendees to explore the country's vibrant

coastline and historical sites. The address concluded with a warm expression of gratitude and optimism for the outcomes of the forum.



3.2 Topic 1

The Imperative of Accelerating Access for All

3.2.1 Plenary Discussion Opening Presentations:

a). Bridging the last mile to accelerate access for all – what role can Christian health services play, Dr. Gisela Schneiderc, DIFAEM

Dr. Gisela Schneider, Director of the German Institute for Medical Mission (DIFAEM), opened her presentation by highlighting the pivotal role of Christian health services and faith-based organizations in bridging the healthcare access gap. She traced the roots of Christian healthcare to its biblical origins, emphasizing values such as compassion, dignity, and community-centred care. Dr. Schneider noted the historical significance of churches in providing healthcare, particularly in Africa post-independence, when they became the backbone of health service delivery in under-served areas. She urged stakeholders to revisit foundational declarations like the Alma-Ata Declaration, which championed primary healthcare and health equity, as these principles remain vital in addressing today's global health disparities.

Dr. Schneider outlined the persistent challenges to healthcare access, including high out-of-pocket payments, healthcare worker shortages, and systemic gaps exacerbated by pandemics, climate change, and economic instability. She identified the growing burden of non-communicable diseases (NCDs) and gender-based violence as urgent issues requiring targeted intervention.

Dr. Schneider stressed that while significant progress has been made, such as advancements in infectious disease management and diagnostic tools, vast service coverage gaps persist, particularly in maternal health, malnutrition, and access to essential medicines. These challenges underscore the necessity of integrating Christian health services into national health systems to ensure no one is left behind.

Emphasizing the power of community involvement, Dr. Schneider shared success stories where local engagement led to transformative health outcomes, particularly during crises like the Ebola epidemic. She advocated for empowering communities through capacity-building and innovative financing models. By leveraging digital platforms, such as mobile money, communities could contribute to sustainable health financing while fostering ownership of health initiatives. Dr. Schneider also called for the development of a theology of risk-sharing, encouraging churches to teach congregation the importance of collective action in financing healthcare services.

In conclusion, Dr. Schneider highlighted the unique position of Christian health associations in addressing the healthcare needs of marginalized populations. She urged these organizations to amplify their impact by raising their voices, documenting successes, and sharing best practices through publications and advocacy. Acknowledging the looming challenges of climate change and future crises, she called for unity, collaboration, and a renewed commitment to the shared goal of achieving health for all. Her presentation underscored the urgent need for faith-based health services to serve as catalysts for sustainable and equitable healthcare access.

b). Re-imagining Communities and Community Health Promoters' Role in Accelerating Access to Healthcare for ALL, Getrude Guvheya, ZACH- Zimbabwe

Gertrude Guvheya, representing the Zimbabwe Association of Church-Related Hospitals (ZACH), provided an insightful overview of ZACH's efforts to address healthcare challenges in under-served rural areas. ZACH, comprising 61 clinics and 73 mission hospitals, plays a critical role in ensuring healthcare access for marginalized populations in Zimbabwe. Guvheya highlighted the importance of community health promoters in overcoming resource constraints and systemic barriers, emphasizing ZACH's commitment to innovative and inclusive approaches to healthcare delivery.

One of ZACH's notable initiatives involved tackling COVID-19 vaccine hesitancy in rural communities. Guvheya recounted challenges such as misinformation, distrust due to the vaccine's origin, and misconceptions about malicious intent. To address these barriers, ZACH engaged church leaders and initiated community dialogues, using trusted local figures to promote vaccine acceptance. Creative strategies, such as private vaccine delivery by Community Health Workers (CHWs) to hesitant individuals, further ensured broader vaccine uptake, especially among women in remote areas.

To counteract Zimbabwe's healthcare workforce

shortages, ZACH empowered community health workers (CHWs) through training and task-shifting. CHWs now manage tasks like malaria testing and treatment, family planning, and nutritional supplementation within a 10-kilometre radius of their communities. Equipped with bicycles for better mobility, CHWs have successfully reduced healthcare delays, increased service uptake, and alleviated the workload of overburdened rural nurses. Additionally, ZACH integrated e-health tools, such as using mobile devices for reporting and patient tracking, to streamline communication between CHWs and clinics. This system has improved responsiveness and optimized resource allocation, particularly for emergencies requiring ambulance services.

Guvheya emphasized the transformative impact of ZACH's initiatives, including reduced morbidity and mortality in resource-limited settings. Collaborative efforts with sectors such as education and WASH (water, sanitation, and hygiene) further amplified outcomes, ensuring health determinants were addressed comprehensively. The lessons learned from ZACH's work—such as the importance of community engagement, the adaptability of service delivery models, and the strategic use of CHWs—provide a replicable framework for improving healthcare access in other low-resource contexts. Guvheya concluded by advocating for increased investment in CHW programs, expansion of digital health tools, and enhanced community partnerships to further accelerate access to equitable healthcare services.

c). Towards Sustainable Medicines Access: Reviewing EAC Policies and Laws on Local Pharmaceutical Manufacturing and Procurement, Daniel Karimi, U.S. Pharmacopoeia Convention (USP)- Kenya

Daniel Karimi, Senior Technical Advisor at USP Kenya, presented on the vital role of local pharmaceutical manufacturing and procurement in advancing sustainable medicines access within the East African Community (EAC). He emphasized that local manufacturing not only addresses public health risks but also fosters economic development by reducing reliance on imports and enhancing healthcare security. Post-COVID-19 realities, which exposed vulnerabilities in global supply chains, have further underscored the urgency of strengthening local production capacities. Karimi highlighted that local manufacturing, when supported by appropriate policies, can alleviate health and economic disparities, thereby aligning with the human rights principle of equitable healthcare access.

Karimi reviewed the EAC's regional pharmaceutical manufacturing plan, which aims to reduce the region's dependency on medicine imports from 70% to 50% and increase purchases from local manufacturers to 20% by the end of the 10-year strategy. Despite some progress, he noted gaps in implementation, including varying levels of policy enforcement and underdeveloped manufacturing capacities across member states.

Challenges such as inconsistent definitions of "local manufacturing," limited incentives for manufacturers, and fragmented governance structures—centralized in some countries and decentralized in others—impede the realization of the strategy's goals. Furthermore, limited health budgets make procurement overly price-sensitive, creating barriers for local manufacturers to compete effectively.

To address these challenges, Karimi advocated for harmonized regulatory frameworks across the EAC to facilitate access to regional markets. He emphasized the importance of creating supportive environments for local manufacturers, including tax incentives, economic zones, and preferential procurement policies. Data visibility also emerged as a critical factor; manufacturers require robust market data on demand, consumption, and future projections to align production with healthcare needs. By enhancing data transparency and streamlining procurement systems, the EAC can support both public health objectives and the sustainability of local manufacturers.

Dr. Karimi concluded by urging organizations like EPN to leverage existing regional initiatives and advocate for preferential procurement of locally manufactured products. He encouraged the development of internal guidelines within EPN to support this objective and called for deeper collaboration between public and private sectors to overcome barriers and ensure the long-term success of local pharmaceutical manufacturing in the region. By strengthening local production and aligning procurement policies, the EAC can make significant strides toward achieving sustainable access to quality medicines for all.

3.2.2 The Imperative of Accelerating Access for All Panel Discussion:

Panellists:

- Dr. Gisela Schneider, DIFAEM, Germany
- Gertrude Guvheya, ZACH- Zimbabwe
- Daniel Karimi, USP, Kenya

Key Themes and Insights

i) The Role of Digital Health Financing:

Dr. Schneider highlighted the role of digital financial tools, such as mobile health wallets, which enable rural communities to save small amounts of money specifically for healthcare expenses. By utilizing digital technology, administrative costs are minimized, and the funds saved are reserved exclusively for healthcare, preventing misuse and ensuring accessibility.

ii) Community-Driven Health Savings Models:

An example from the Democratic Republic of Congo (DRC) demonstrated the impact of mobile-based savings solutions. Here, families save small amounts on their mobile phones earmarked for health, which can only be used for healthcare expenditures. Dr. Schneider emphasized the importance of combining digital saving tools with the mobilization power of churches to foster preventive savings habits within communities.

iii) Addressing Brain Drain and Building Resilient Health Workforce Systems

Dr. Schneider discussed the challenge of brain drain, as healthcare professionals migrate to the global north, leaving health systems in low-income countries severely understaffed. She proposed a creative approach of re-engaging healthcare professionals from the diaspora, encouraging them to bring their expertise back home through temporary service or tele-medicine partnerships.

iv) Sustainable Salaries for Retention:

She suggested that church health facilities consider improving pay structures to sustain a skilled workforce. By offering salaries that provide a stable livelihood, facilities can retain healthcare professionals, reducing the quality gap that occurs when experienced staff leave for better opportunities.

v) Climate Change as an Emerging Health Crisis:

The panel discussed the significant impact of climate change on health, with local communities increasingly facing climate-related crises such as flooding, droughts, and new disease outbreaks. Churches and community organizations were identified as key players in mobilizing and supporting communities to address these challenges locally.

vi) Local-Led Resilience Strategies

Dr. Schneider emphasized that climate responses should be locally driven, with community input guiding the identification of climate effects and the development of mitigation strategies. Churches can empower communities to report changes, mobilize resources, and implement appropriate local actions.

vii) Building Trust as a Cornerstone of Community Health Financing

Drawing on the example of Uganda's Streamline model, which originated in a small Ugandan hospital and expanded to a national initiative, the panel emphasized trust as essential to any successful community financing system. Dr. Schneider explained that community-based health financing requires a high level of local trust to ensure participation and reliability.

viii) Transparency in Fund Management

For community financing to succeed, the funds must be transparent and strictly used for healthcare, fostering trust and preventing misuse. Systems that guarantee these protections can build confidence in the community, encouraging participation and sustainability.

ix) Implementation Research and Adaptable Health Financing Models

Dr. Schneider advocated for implementation research to study the acceptability and outcomes of digital and community health financing solutions. Recognizing that health financing needs and responses vary by country, she emphasized the importance of sharing experiences across different contexts.

x) Customizable Financing Solutions:

Gertrude Guvheya added that the design of health financing models should align with local community contexts, as one-size-fits-all approaches are often ineffective. She noted that community involvement and local adaptation are crucial for successful implementation.

xi) Building Resilient Health Systems with Community and Faith-Based Support

The panellists discussed the potential for faith-based organizations to contribute to health system resilience, including involvement in health campaigns, climate adaptation, and local resource mobilization. Faith communities, they noted, are uniquely positioned to support healthcare delivery in remote areas where traditional government services may be limited.

Key Recommendations and Action Points

a) Expand Mobile Health Savings Programs:

Develop and scale mobile health savings accounts, enabling families to save specifically for healthcare. These savings can act as preventive health financing, ensuring that funds are readily available for medical expenses. Partnering with churches can increase adoption and reinforce the importance of health-specific savings.

b) Engage Diaspora Health Professionals to Address Brain Drain:

Establish programs to temporarily engage diaspora healthcare professionals in local health services, either physically or through remote services, to alleviate the burden of workforce shortages. Collaborative initiatives between church health networks and the diaspora community can offer mentorship and support to local healthcare teams.

c) Promote Climate Resilience through Community-Led Solutions:

Equip local communities to identify and address climate-related health issues, leveraging churches to educate and mobilize resources. Churches and community organizations can serve as hubs for climate education and response, particularly in high-risk areas.

d) Build Trust-Centred Community Health Financing Models:

Implement health financing systems that emphasize transparency and accountability. Drawing from models like Uganda's Streamline, community financing should prioritize local trust, clear fund management, and community engagement to ensure sustainability.

e) Conduct Implementation Research to Refine Health Financing Models:

Support studies on the outcomes and community acceptability of various health financing initiatives, sharing findings across contexts to identify adaptable practices. Implementation research will guide the customization of financing models suited to specific regions.

f) Strengthen Faith-Based Health Infrastructure for System Resilience:

Integrate faith-based organizations into national health strategies, particularly in resource-limited areas. By reinforcing the role of church networks in healthcare delivery, countries can better serve remote populations and build health system resilience through local partnerships.

3.2.3 Q&A Session from Panel Discussion on "The Imperative of Accelerating Access for All"

Key Issues Raised

i) Sustaining Motivation for Community Health Workers (CHWs)

Challenge of Sustained Engagement Post-Funding: A participant from Zimbabwe raised concerns about maintaining motivation for CHWs after project-specific funding ends. In a leprosy outbreak, CHWs were crucial in identifying and supporting affected patients, but the end of funding halted financial incentives, impacting their continued engagement.

Response from Zimbabwe: Gertrude Guvheya shared Zimbabwe's approach, emphasizing collaboration with the Ministry of Health to provide small allowances, bicycles, and training as motivators. Additionally, training CHWs and issuing certificates were highlighted as non-monetary incentives. Guvheya recommended strategic resource pooling with project partners to sustain CHW support, suggesting a flexible, situational analysis to maintain CHW motivation.

ii) Local Manufacturing and Intellectual Property Challenges

Encouraging Local Production and Foreign Investment: A question arose about policies that would encourage foreign pharmaceutical companies to establish local manufacturing within a specific time frame, rather than solely importing medicines. The speaker suggested that such policies could mandate foreign companies to establish manufacturing facilities after an initial market entry period.

Response: Panellists agreed on the importance of policy reforms to encourage local manufacturing but noted challenges in the existing global drug system, including intellectual property (IP) rights and patents. They emphasized the need for African governments to advocate for fairer IP laws at an international level to balance local production capabilities and global market access.

iii) Community Health Financing and the Role of Digital Solutions

Digital Health Wallets and Saving Systems: Dr. Schneider emphasized digital savings mechanisms that allow families to save small amounts exclusively for healthcare, preventing the diversion of funds. This system, already in use in countries like the DRC, leverages mobile technology and church support to promote preventive health financing.

Implementation Research on Digital Financing Acceptance: Dr. Schneider highlighted the importance of studying digital financing models through implementation research. She suggested that by understanding local acceptance and effectiveness, communities could adopt tailored financing solutions. These studies, she noted, would be essential to developing sustainable, context-appropriate health financing models.

iv) Integrating Traditional Medicine into Healthcare

Interest in Reviving Traditional Medicine: Participants discussed the potential of traditional medicines in local healthcare systems. While some traditional remedies have documented value, concerns were raised about misinformation and the need for rigorous research to verify efficacy.

Panellist Responses: Panellists recommended balancing the revival of traditional medicine with evidence-based research. They acknowledged the potential value but emphasized that quality assurance and community health education are essential to prevent misuse. There was consensus on the need for additional studies to formally integrate beneficial traditional practices into mainstream healthcare, with trained CHWs acting as reliable sources of information.

v) Addressing Global Health Workforce Shortages and Brain Drain

Transforming Brain Drain into Brain Gain: Dr. Schneider proposed viewing brain drain as an opportunity for eventual "brain gain." She suggested exploring programs to engage diaspora professionals and encourage their return, even on a temporary basis, to contribute to local health services.

Church Involvement in Retention: To retain health workers locally, churches and faith-based organizations were encouraged to enhance salary structures, thereby providing a stable livelihood that reduces turnover.

Global Market Dynamics and Intellectual property (IP) Barriers in Local Pharmaceutical Manufacturing

Intellectual Property and Patents: A participant noted that global drug manufacturing presents challenges, including IP protections that hinder local production in Africa. They proposed integrating international perspectives into policy discussions to advocate for IP reforms.

Response from Panellists: Panellists acknowledged the importance of addressing IP barriers within the global market and emphasized that advocacy at international levels is crucial. They suggested conveying these points to policymakers to support reforms that would enable equitable access and local production capabilities.

Key Takeaways and Recommendations

a) Sustaining CHW Engagement Beyond Project Funding

Establish partnerships to secure ongoing support for CHWs through pooled resources and government allowances. Providing non-monetary incentives like training and certifications can help sustain engagement even after project funding ends.

b) Developing Incentives for Local Pharmaceutical Manufacturing

Advocate for policies that encourage foreign companies to establish local manufacturing plants within a set time frame after market entry. Strengthening African governments' stance on IP rights at the international level can further support these efforts.

c) Expanding Digital Health Financing Solutions

Implement digital health savings systems that reserve funds for medical expenses, promoting preventive health financing. Conduct implementation research to assess local acceptance and effectiveness, refining models to ensure sustainability and scalability.

d) Incorporating Traditional Medicine with Rigorous Research and Education

Promote rigorous research on traditional medicine to validate effective remedies, and integrate these practices with caution. Train CHWs to provide accurate health information, balancing traditional and modern healthcare approaches to avoid misinformation.

e) Leveraging Diaspora Engagement for Local Health Workforce Support

Establish engagement programs for diaspora health professionals to contribute their skills locally, even temporarily. Strengthen church health facilities' salary structures to improve health worker retention, building local capacity and reducing dependency on transient staff.

f) Advocating for Global Policy Reform on Intellectual Property Rights

Pursue international advocacy for IP reforms to allow local pharmaceutical production. Policymakers should work toward fair IP laws that support both access and local manufacturing, addressing inequities in global drug supply chains.

The panel discussion underscored the urgency of improving healthcare access through innovative financing solutions, workforce retention strategies, and climate resilience. Leveraging digital tools, trust-based financing, and diaspora engagement emerged as vital components of a sustainable healthcare system. The role of faith-based organizations was highlighted as indispensable, particularly in mobilizing communities and fostering trust for impactful health financing initiatives. Together, these strategies aim to build a more inclusive and resilient healthcare system that aligns with local needs and capacities. The panel's discussion highlighted the necessity of collaboration among local, regional, and global stakeholders to build resilient, inclusive healthcare systems that address the specific needs of African communities.

3.3 Topic 2

Breaking Down Barriers: Strategic Approaches & Innovations in Addressing Healthcare Inequalities - Best Practices & Experience Sharing

3.3.1 Breakout session 1

Empowering Healthcare Professionals within the Church Health System through Innovative Capacity Building Approaches

3.3.1.1 Opening Presentation

Moderator: Dr. Lilian Ngaruiya, Ecumenical Pharmaceutical Network (EPN)

Dr. Lillian Ngaruiya opened her presentation by highlighting a critical gap in the healthcare workforce within church health systems. Dr. Ngaruiya described various interventions, including scholarships for untrained healthcare workers who are already serving in pharmacy roles, such as volunteers and non-medical staff. Currently, over 100 scholarships have been awarded, with 40 students—35 pursuing diplomas and five pursuing master's degrees—actively enrolled in training programs.

> ***Less than 25% of members' healthcare workers are adequately trained in pharmaceutical services. This shortage was even more pronounced in specialized areas like antimicrobial resistance (AMR). Recognizing the urgent need to address this gap, capacity building was established as a core pillar within the network.***

The network has also embraced online learning as a scalable solution, offering 37 courses in public health, health management, and pharmaceutical practices. For members unable to participate in long-term training programs, short-term workshops are provided to address immediate needs. These capacity-building initiatives ensure equitable access to training and support across the network's diverse membership. Ngaruiya emphasized the importance of cross-cutting capacity-building efforts, which serve all members, regardless of their current workforce composition.

The presentation also introduced examples of innovative interventions being implemented across the network. Members in Congo are building capacity of the religious leaders to act as key informants and knowledge disseminators for public health initiatives, including pandemic responses. In Tanzania, pharmacists are expanding their roles beyond dispensing medications, collaborating across sectors to advance pharmaceutical practices and improve healthcare outcomes. Additionally, partners working in conflict-affected areas are developing adaptive training models to ensure the continuity of care amid crises. These models address the unique challenges posed by unstable environments while fostering resilience and preparedness among healthcare workers.

3.3.1.2 Presenter 1 Mecklina Hornung, Business for Health Solutions (BHS) Africa

Developing Technical Capacity of Private Healthcare Sector Across the Healthcare Value Chain to Improve Access to Healthcare Products and Services.

Mecklina Hornung, Client Engagement Manager at Business for Health Solutions (BHS), presented on the innovative strategies employed by BHS to strengthen technical capacity across the private healthcare sector. Highlighting the interconnected nature of the healthcare value chain, Hornung explained how BHS collaborates with for-profit, non-profit, faith-based organizations (FBOs), and NGOs to improve healthcare accessibility. BHS began as a pilot project in Tanzania in 2018, customizing a business model originally developed for the food industry to address the unique challenges of the healthcare sector. By identifying skill gaps, engaging corporate partners, and employing demand-driven solutions, BHS ensures that its interventions are tailored to the specific needs of healthcare organizations.

BHS adopts a participatory approach, facilitating projects where clients actively address their challenges with expert guidance. This hands-on model emphasizes capacity-building across the healthcare value chain, from pharmaceutical manufacturers and distributors to

healthcare facilities and insurance companies. Hornung emphasized the importance of matching clients with experts whose skills align with the identified challenges, a process she described as "matching apple with apple." Projects typically run for six to nine months, focusing on building sustainable strategies and addressing technical skills gaps that cannot be acquired through traditional education alone.

Hornung shared impactful examples of BHS projects across Africa. In Tanzania, BHS collaborated with a pharmaceutical manufacturer to implement international quality risk management standards, improving access to high-quality medicines for over 1.1 million people. Similarly, in Ghana, BHS worked with a pharmaceutical distributor to enhance demand planning and forecasting, reducing stock-outs and increasing access to essential medicines for more than 100 million people. In Sierra Leone, BHS partnered with a midwife school to improve training curricula, resulting in better maternal and newborn care for 8,000 people in 150 communities. These initiatives exemplify how targeted capacity-building efforts can directly enhance healthcare delivery and access.

Since its inception, BHS has implemented 52 technical assistance projects across nine African countries, reaching approximately 4 million people. Hornung emphasized the virtual nature of BHS's operations, which allows for broad engagement while minimizing costs. Clients are expected to demonstrate commitment to change, ensure internet connectivity for virtual sessions, and share relevant data to measure project outcomes. By fostering collaborative relationships, providing tailored technical expertise, and leveraging digital tools, BHS is playing a critical role in addressing systemic challenges and improving healthcare access across Africa.

3.3.1.3 Presenter 2, Joseph Baraka, Département des Oeuvres Médicales de l'Eglise du Christ au Congo (DOM ECC Sud-Kivu) DRC

Exploring the Influence of Various Opinion Leaders in Church Leadership: Toward a Multidimensional Approach for Capacity Building within Christian Community.

Joseph Baraka from DOM ECC Sud Kivu presented on the pivotal role of opinion leaders within church communities in improving healthcare access and outcomes. DOM ECC Sud Kivu, a technical arm of the Church of Christ in Congo, serves as a liaison between the church and government healthcare initiatives, particularly in South Kivu. Baraka highlighted the challenges faced in the region, including rapid population growth, poverty, early maternity, and limited access to contraception. To address these issues, the organization has partnered with opinion leaders such as women's groups, youth groups, and other church-based organizations to disseminate critical health information and promote practices like family planning and prenatal consultations.

Through these collaborative efforts, DOM ECC Sud Kivu has achieved significant improvements in maternal and reproductive health indicators. For instance, the number of women attending at least four prenatal consultations increased from 11,000 in 2021 to 21,000 in 2023, reflecting the trust and influence of church-based opinion leaders. Similarly, the use of modern

contraceptive methods rose dramatically from 16,537 users in 2021 to 39,000 users in 2023. These efforts have had a measurable impact on maternal mortality, with reported deaths declining from 26 in 2020 to just 8 in 2023 within targeted health districts.

Baraka emphasized the critical role of opinion leaders in bridging healthcare gaps, particularly in under-served areas. By leveraging their influence and trusted positions within communities, these leaders have become effective educators and advocates for health-seeking behaviours.

Notably, their work is voluntary, driven by a sense of vocation and commitment to community well-being. Their efforts complement government healthcare initiatives, underscoring the importance of partnerships between faith-based organizations and public health systems.

In conclusion, Baraka stressed the need to continuously innovate capacity-building strategies by engaging community-level leaders who interact directly with those most affected by healthcare challenges. He advocated for a shift from targeting only institutional or church heads to empowering grassroots opinion leaders who can effectively address gaps in healthcare access and delivery. This multidimensional approach not only fosters sustainable improvements in health outcomes but also strengthens the church's role as a critical partner in achieving universal healthcare coverage.

3.3.1.4 Presenter 3, Dr. William C Clemmer IMA World Health/ Corus International , USA

Hybrid Learning for Health Care Workers in Low Resource and Conflict Setting

Dr. William Clemmer of IMA/Corus International highlighted the critical need for innovative approaches to training healthcare workers in low-resource and conflict-affected areas. He began by describing the dual challenges faced in Sub-Saharan Africa: a severe shortage of healthcare workers and limited opportunities for skills development. These constraints are compounded by the migration of trained personnel to urban areas or high-income countries, leaving rural communities with an even higher disease burden and fewer qualified professionals. Dr. Clemmer emphasized that the lack of continuous training and supervision perpetuates poor healthcare outcomes, even when essential medicines are available.

To address these issues, Dr. Clemmer championed the use of hybrid learning models that combine hands-on training, digital tools, and virtual mentorship. He shared examples of practical, low-cost solutions implemented across Africa, such as mobile applications for healthcare providers. In the Democratic Republic of Congo (DRC), an app was introduced to assist midwives and nurses in managing maternal health emergencies like sepsis and post-partum haemorrhage. This app, paired with six hours of training and an $85 mobile phone, reduced maternal mortality by 30-40% in targeted facilities. Dr. Clemmer highlighted similar initiatives in South Sudan and Tanzania, where digital tools have been used to train providers in diagnostic and life-saving skills, enabling them to deliver higher-quality care in challenging environments.

Dr. Clemmer stressed the importance of rethinking traditional supervision models, which often focus on reviewing paperwork rather than evaluating provider performance and patient outcomes. He advocated for supportive, on-site mentoring and the integration of digital technologies to enhance real-time supervision and feedback. This approach not only improves the quality of care but also fosters professional growth among healthcare workers. Moreover, he highlighted innovative programs like South Africa's digital boot camps for medical students, which equip young professionals with the skills to leverage technology effectively in their practice.

In conclusion, Dr. Clemmer underscored the transformative potential of hybrid learning and digital technology in revolutionizing healthcare worker training. By combining practical, hands-on education with accessible digital tools, these models can address the significant gaps in healthcare provision across low-resource settings. He called on stakeholders to invest in scalable, cost-effective training programs and to rethink traditional methods to ensure healthcare workers are equipped to meet the needs of their communities. Through these efforts, the healthcare workforce can be strengthened, ultimately improving access to quality care for millions in under-served areas.

3.3.1.5 Presenter 4 John Massey, Christian Social Services Commission (CSSC), Tanzania

Multi-Actor Partnership for Improving Quality Pharmaceutical Services (MAP/QPS)

Dr. John Massey from CSSC Tanzania highlighted the critical role of multi-actor partnerships in addressing quality and systemic challenges within pharmaceutical services. Despite a growing number of pharmacy graduates from Tanzania's universities, issues of quality in education and employment persist. Dr. Massey emphasized that while production of pharmaceutical

personnel has increased significantly—with five universities producing over 500 pharmacists annually—the lack of employment opportunities and substandard training quality undermines the system's capacity to deliver effective pharmaceutical services.

To address these challenges, CSSC has implemented a multi-stakeholder approach involving public, private, academic, and regulatory sectors. One core initiative has been improving the quality of pharmacy education. CSSC collaborates with regulatory authorities to ensure training institutions adhere to established standards. This includes providing teaching aids, creating e-learning platforms, and advocating for consistent curricula across universities. The goal is to equip graduates with the practical skills required to perform effectively in clinical and administrative roles, ensuring high standards of care.

Dr. Massey also introduced innovative strategies like task-shifting, where non-pharmaceutical personnel in rural and under-served areas are trained to handle basic pharmaceutical tasks. Additionally, pharmacists are being encouraged to expand their roles beyond dispensing medication to actively participate in patient care through clinical pharmacy services. Short-course programs and supervisory support are enabling pharmacists to engage in multidisciplinary teams, access patient files, and provide informed recommendations during ward rounds. These changes aim to enhance patient outcomes and foster a more integrated healthcare system.

The presentation concluded with an advocacy agenda addressing systemic barriers. CSSC is pushing for the establishment of pharmacy directorates within hospital management structures to enable pharmacists to contribute to decision-making, especially as pharmaceutical expenditures comprise a significant portion of healthcare budgets. Furthermore, the organization is advocating for recognition and remuneration for pharmacists who pursue advanced degrees, addressing issues of motivation and retention. By fostering collaboration, improving training quality, and advocating for systemic changes, CSSC's multi-actor partnership model is driving meaningful improvements in pharmaceutical services across Tanzania.

3.3.1.6 Q&A Session

Key Gaps Identified:

i) Workforce Deployment and Burnout:

Despite substantial investments in training healthcare workers, the distribution remains uneven, particularly affecting rural and under-served areas. This shortage leads to significant burnout among those in active service.

Action Point: Implement targeted workforce distribution strategies to ensure equitable staffing across urban and rural facilities.

ii) Underemployment of Qualified Pharmacists:

There is a recurring issue where trained pharmacists face limited job opportunities due to inadequate policy support and cultural undervaluation of their expertise. In some cases, non-professional staff are assigned to tasks that should be handled by pharmacists.

Action Point: Advocate for policy changes that promote the employment of qualified pharmacists and recognize their role within the healthcare system.

iii) Regulatory and Accreditation Barriers:

Dual regulation by different ministries (e.g., education and health) creates confusion, delays, and inefficiencies in the accreditation and registration of healthcare training institutions and their graduates. This often results in qualified personnel being unable to practice.

Action Point: Harmonize the regulatory frameworks between accreditation and professional bodies to streamline registration processes for healthcare graduates.

iv) Insufficient Health Financing:

Inadequate and unsustainable health financing leads to delays in employing graduates and hampers the ability to retain experienced healthcare workers. This financial strain discourages investment in continuous professional development.

Action Point: Advocate for robust health financing

mechanisms to ensure timely employment and training opportunities for healthcare workers.

v) Curriculum Gaps in AMR/AMS Training:

Current pharmacy curricula in countries like Tanzania and Uganda lack direct integration of antimicrobial resistance (AMR) and antimicrobial stewardship (AMS) training, leaving graduates under-prepared for emerging challenges in managing AMR.

Action Point: Revise pharmacy and medical training curricula to incorporate AMR and AMS education to prepare healthcare workers for real-world health challenges.

Good Practices Highlighted:

a) Customized Training Approaches:

The use of tailored training programs in Sierra Leone, where curriculum reviews are conducted with expert collaboration and aligned with local standards, showcases an effective way to ensure context-specific training that meets both national and international standards.

b) Integration of Traditional Medicine:

Tanzania's integration of traditional medicine into both training curricula and national healthcare services is an example of incorporating culturally relevant practices into the health system. This approach bridges modern

and traditional medicine, fostering community trust and engagement.

c) Empowering Non-Physician Health Workers:

South Sudan's initiative of training non-physician healthcare workers to perform essential medical procedures, such as C-sections, illustrates an innovative solution to physician shortages. The trained personnel not only returned to serve but contributed to reducing

maternal and infant mortality.

d) Curriculum Revision for Broader Skills:

The proactive approach in Tanzania to revise its curriculum every five years and include topics like entrepreneurship provides graduates with the ability to pursue self-employment and innovative practices outside government employment.

Strategic Action Points:

✓ Bridge the Employment Gap:

Advocate for policies that prioritize the deployment of qualified healthcare personnel, particularly in rural areas, and support mechanisms that create job opportunities for pharmacists and other trained professionals.

✓ Regulatory Harmonization:

Collaborate with government bodies to unify the standards for the accreditation and registration of healthcare training institutions, minimizing conflicts between educational and professional sectors.

✓ Enhanced Health Financing:

Engage stakeholders in health policy to secure sustainable financing solutions that support not only training but also the certification and continued professional development of healthcare workers.

✓ AMR and AMS Curriculum Integration:

Push for the inclusion of AMR and AMS education in undergraduate curricula to prepare graduates for current global health threats and improve stewardship practices across healthcare facilities.

✓ Scaling Successful Non-Physician Training Models:

Promote models similar to South Sudan's training program for non-physician health workers to expand their skill sets, ensuring that care continues effectively in regions with limited access to doctors.

The session revealed critical gaps, notably in workforce distribution, regulatory alignment, and curriculum relevance. However, it also highlighted innovative practices that can be adapted and scaled to enhance healthcare delivery in church-based and national health systems. Addressing these gaps with concrete action points and adopting proven good practices can significantly strengthen healthcare outcomes across the region.

3.3.2 Breakout session 2

Strengthening Supply Chain in accelerating access to healthcare and health products for all: Cost-effective solutions for the Church Health System

Moderator: Dr. Zana Kiragu, Boston University, USA

The session on strengthening the supply chain in faith-based healthcare systems explored key strategies to improve access to essential medicines, medical products, and diagnostic services. Presentations covered Sustainable Public-Private Partnerships (PPPs), Digital Health Technology Services for Faith-Based Healthcare Providers, and the Digitization of Church Drug Supply Organizations (DSOs) and Health Facilities. Additionally, the session highlighted the role of expanding diagnostic laboratory capacities in addressing healthcare gaps.

The discussions emphasized cost-effective and scalable solutions that can enhance supply chain efficiency, reduce medicine shortages, ensure product quality, and improve

healthcare service delivery. Speakers provided insights into leveraging digital health innovations, streamlining procurement processes, and fostering cross-sector collaborations to accelerate access to healthcare services and products within faith-based healthcare networks.

Additionally, the focus of the session was optimizing diagnostic accuracy and accessibility, recognizing that strengthening laboratory capacity is essential for timely and effective treatment. The session underscored the importance of integrating supply chain improvements with diagnostic expansion efforts, ensuring that faith-based health facilities are equipped to provide comprehensive and patient-centred care.

Through these discussions, the session provided practical recommendations for Church Health Systems, including investment in digital health platforms, sustainable financing models, and multi-stakeholder partnerships. The presentations reinforced that a resilient and well-structured supply chain is fundamental to achieving Universal Health Coverage (UHC) and improving health outcomes in low-resource and under-served communities.

3.3.2.1 Presenter 1, Dr. Stephen Kigera, Mission for Essential Drugs and Supplies (MEDS), Kenya

Sustainable Public-Private Partnerships in Access to Health Products and Technologies

Dr. Stephen Kigera's presentation at the 9th EPN Biennial Conference emphasized the critical role of Public-Private Partnerships (PPPs) in enhancing supply chain systems to ensure equitable access to essential medicines and health technologies. He highlighted that access to healthcare is a fundamental right, yet disparities persist due to factors such as weak regulatory frameworks, inefficient supply chains, and financial constraints. To achieve Universal Health Coverage (UHC), supply chain systems must be strengthened to ensure medicines are available, affordable, and of high quality. Kigera identified out-of-pocket (OOP) healthcare spending as a significant barrier to healthcare access, disproportionately affecting vulnerable populations in low- and middle-income countries (LMICs).

A major challenge in the healthcare supply chain is the twin burden of communicable and non-communicable diseases, which exerts enormous pressure on health infrastructure. Kigera pointed out that 50% of people facing the highest disease burden live in the least developed countries of Africa and Asia, necessitating sustainable interventions. He stressed that the inefficiency of supply chains leads to medicine stock-outs, substandard drugs, and limited access to life-saving treatments. The impact of global intellectual property regulations, such as TRIPS (Trade-Related Aspects of Intellectual Property Rights), was also discussed, highlighting how increased patent protection drives up drug prices and limits access to affordable generics in LMICs.

The presentation underscored the need for sustainable Public-Private Partnerships (PPPs) in strengthening healthcare supply chains. Successful models have demonstrated that collaborations between governments, donor organizations, and private healthcare providers can bridge financing gaps, improve distribution networks, and enhance procurement efficiency. Kigera cited the

USAID-Kenya PEPFAR project, a $600 million initiative that contracts Mission for Essential Drugs and Supplies (MEDS) to oversee procurement, warehousing, and distribution of healthcare commodities across 47 counties in Kenya. Such partnerships have led to an average order turnaround time of 8.4 days, ensuring timely delivery of essential medicines.

Faith-Based Organizations (FBOs) were identified as key players in healthcare supply chains, with 40-50%

of health services in Sub-Saharan Africa provided by FBOs. Kigera called for greater integration of FBOs into national healthcare strategies, emphasizing that their existing infrastructure, community trust, and ability to deliver healthcare in remote areas make them essential in achieving UHC. He concluded by advocating for increased investment in supply chain infrastructure, improved quality assurance mechanisms, and data-driven decision-making to optimize access to healthcare products and services. Strengthening supply chain resilience through PPPs is essential to ensuring equitable healthcare access and sustainable service delivery.

3.3.2.2 Presenter 2, Christoph Bonsmann, action medeor international, Tanzania

Digital Health Technology Services for Faith-Based Healthcare Providers

Dr. Christoph Bonsmann's presentation at the 9th EPN Biennial Conference focused on the importance of digital health technology in strengthening faith-based healthcare systems, particularly in Sub-Saharan Africa. He emphasized that faith-based organizations (FBOs) provide a significant portion of healthcare services in rural and under-served areas, making them essential players in achieving Universal Health Coverage (UHC). However, challenges such as poor data management, fragmented health records, lack of interoperability with national health systems, and inefficient laboratory processes hinder their ability to provide optimal care. Dr. Bonsmann underscored the critical demand for digital health solutions to improve healthcare access, efficiency, and sustainability.

One of the key areas of focus was the adoption of an Electronic Laboratory Information Management System (LIMS) to enhance diagnostic efficiency, data security, and patient management. He outlined the benefits of LIMS, including faster turnaround times, improved sample tracking, reagent and device management, and automated billing. With laboratory services playing a pivotal role in diagnosing and managing infectious and chronic diseases, implementing LIMS in faith-based hospitals and diagnostic centres can significantly improve clinical decision-making and patient satisfaction. Dr. Bonsmann emphasized that without digital tools, laboratory services remain inefficient, leading to misdiagnoses, treatment delays, and resource wastage.

The presentation also explored broader digital health solutions, such as electronic medical records (EMR), tele-medicine platforms, and mobile health (mHealth) tools, which are increasingly being adopted by faith-based healthcare providers. These technologies enable remote consultations, real-time patient data tracking, and integration with national health information systems, improving service delivery and enhancing coordination with government health agencies and donors. Dr. Bonsmann highlighted that donor-funded programs are increasingly requiring digital reporting systems, making it imperative for faith-based healthcare providers to adopt digital health technologies to secure funding and improve accountability.

In conclusion, Dr. Bonsmann emphasized that while developing comprehensive digital health solutions for faith-based hospitals is challenging, it is not a mission impossible. He advocated for a modular, iterative approach, allowing FBOs to gradually implement tailored software solutions that align with their immediate and long-term needs. He urged strategic collaborations between FBOs, governments, and health technology companies to create affordable and sustainable digital health solutions. Strengthening digital infrastructure in faith-based healthcare facilities will not only improve operational efficiency but also accelerate progress towards equitable healthcare access across Sub-Saharan Africa.

3.3.2.3 Presenter 3, Nico Christofi, SIGNALYTIC, USA

Digitizing the Church DSO and Health Facilities with Reliable, Cost-effective SC Solution

Affordable digital software for PFNP pharmacies and clinics, and the power of data insights and a connected network

Dr. Nico Christofi's presentation at the 9th EPN Biennial Conference explored how digital transformation can optimize supply chain operations in faith-based health facilities and Drug Supply Organizations (DSOs). He highlighted that despite millions of dollars being allocated to digital health projects in Africa, most rural health facilities still struggle with power inconsistencies, poor internet connectivity, and unreliable data systems. These challenges have created significant barriers to stock management, demand forecasting, and procurement efficiency, particularly in low-resource church health facilities.

A central theme of the presentation was the introduction of the Signalytic S+ Platform, a cost-effective digital solution designed to improve inventory management and supply chain visibility. By providing real-time stock tracking, automated order processing, and analytics-driven procurement decisions, the platform helps reduce stock-outs by up to 30% and decrease drug expiries by 1-2%. Christofi emphasized that leveraging digital technology enables DSOs and health facilities to streamline operations, reduce working capital needs, and improve drug accessibility for under-served communities.

The presentation showcased a case study from Uganda, where Signalytic partnered with Uganda Joint Medical Stores and Maisha MEDS to pilot the digital inventory tracking system. Over a two-year period, health facilities using the S+ Platform experienced a 10% increase in sales due to improved stock availability and optimized procurement processes. The data-driven approach enhanced visibility across the supply chain, enabling better forecasting, supplier negotiations, and cost reductions for faith-based medical distributors. These results underscore the potential for digital platforms to transform last-mile healthcare delivery.

To ensure widespread adoption, Christofi proposed a

three-pronged approach for EPN's role in supporting digital transformation: (1) Stewarding funds to subsidize access to technology, (2) Advocacy and outreach to promote digital adoption among DSOs and health facilities, and (3) Capacity building through training programs and knowledge-sharing networks. He concluded by emphasizing that scaling digital health solutions is critical to strengthening faith-based supply chains, reducing medicine shortages, and achieving equitable healthcare access in Africa.

3.3.2.4 Shane McLean, Maisha MEDS, Kenya

Role of digital solutions in improving supply chain efficiency, affordability, and accessibility in private-not-for-profit (PNFP) pharmacies and clinics

Shane McLean's presentation at the 9th EPN Biennial Conference focused on the role of digital solutions in improving supply chain efficiency, affordability, and accessibility in private-not-for-profit (PNFP) pharmacies and clinics. McLean, representing Maisha MEDS, highlighted that private pharmacies and clinics serve as the first and often only point of care for millions of people in Africa, yet these facilities face fragmented operations, poor record-keeping, and lack of access to financial support mechanisms. The absence of digital health solutions in many facilities hampers efficient inventory management, data-driven decision-making, and affordability of essential medicines, making it difficult to maintain an uninterrupted supply of high-quality medications.

To address these challenges, Maisha MEDS has developed affordable, mobile-based business software tailored to the needs of pharmacies, drug shops, and clinics operating in low-connectivity environments. The software provides real-time sales and inventory tracking, digital reimbursement systems for essential medications like malaria and HIV prevention drugs, and analytics for stock management and patient care tracking. By digitizing these processes, facilities can reduce stock-outs, minimize wastage due to expired products, and ensure consistent availability of life-saving medicines. The platform is designed to work both online and offline, making it adaptable to various settings, including rural and peri-urban health facilities.

A key success factor has been leveraging data insights

to optimize supply chains and enhance healthcare accessibility. McLean presented data from a network of over 4,200 healthcare facilities across Kenya, Tanzania, Uganda, Zambia, and Nigeria, showing significant improvements in stock management, treatment adherence, and pricing transparency. The platform has logged over 30 million patient visits and tracked the sale of 70 million medical products since 2017. Additionally, real-time data is being used to address critical health challenges such as antimalarial drug resistance and market trends in family planning commodities. Through predictive analytics and automated inventory forecasting, providers can anticipate stock needs, optimize procurement, and reduce medicine shortages in last-mile health facilities.

McLean concluded by emphasizing the transformative power of digital networks in strengthening healthcare supply chains. By digitizing primary care providers, optimizing supply chain management tools, and leveraging data-driven insights, PNFP health facilities can enhance service delivery, improve patient outcomes, and build more resilient healthcare systems. He urged church health systems, donors, and policymakers to collaborate in scaling up digital health solutions to bridge the accessibility gap and achieve sustainable healthcare for all.

3.3.2.5 Key Gaps Identified

i) Weak Digital Infrastructure and Connectivity Challenges

- Many faith-based healthcare facilities, particularly in rural and under-served areas, lack access to reliable electricity, internet connectivity, and digital tools, making it difficult to implement modern supply chain and health management systems.
- Limited interoperability between digital solutions used in faith-based hospitals and government health information systems creates inefficiencies in data sharing and reporting.

ii) Fragmented and Inefficient Supply Chain Systems

- Poor inventory tracking, stock management, and demand forecasting contribute to frequent medicine shortages, stock-outs, and wastage due to expiries.
- Lack of supply chain visibility and real-time data access limits healthcare facilities' ability to anticipate and respond to supply demands efficiently.

iii) Limited Adoption of Digital Health Solutions in Faith-Based Organizations (FBOs)

- Many FBOs still rely on manual record-keeping and paper-based systems, leading to data inconsistencies, inefficiencies, and slow decision-making.
- High costs of digital solutions and limited funding for health technology adoption hinder widespread implementation of electronic medical records (EMR), tele-medicine, and digital supply chain platforms.
  - Regulatory and Financial Constraints
- Complex and slow regulatory approval processes delay the procurement of essential medicines and digital health tools.
- Inadequate funding for faith-based healthcare supply chains and limited financial sustainability models restrict the scaling up of cost-effective health technology solutions.

iv) Lack of Skilled Workforce and Capacity for Digital Health Transformation

- Many healthcare providers and administrators lack adequate training in digital health tools and supply chain management software.
- Limited technical support and resistance to change further slow the adoption of digital transformation initiatives.

3.3.2.3 Key Takeaways

a) Public-Private Partnerships (PPPs) are Key to Strengthening Supply Chains

- Successful PPPs, such as the USAID-Kenya PEPFAR model, have demonstrated how collaboration between faith-based organizations, governments, and donors can enhance procurement efficiency, improve distribution networks, and reduce supply chain costs.
- Strengthening partnerships with donors and private-sector logistics providers can help church health systems bridge supply chain gaps.

b) Digital Solutions Can Significantly Improve Supply Chain Efficiency

- Platforms like Maisha MEDS and Signalytic S+ have demonstrated the ability to enhance real-time inventory management, track stock levels, and reduce medicine shortages in faith-based healthcare facilities.
- Investing in scalable, mobile-based software ensures that facilities in low-connectivity environments can still leverage digital tools for supply chain optimization.

c) The Role of Electronic Medical Records (EMR) and Laboratory Information Systems (LIMS) in Improving Patient Care

- Implementing EMR and LIMS in faith-based hospitals can enhance diagnostic accuracy, improve clinical decision-making, and reduce inefficiencies in patient record management.
- Interoperability with national health information systems must be prioritized to ensure seamless data exchange and regulatory compliance.

d) Sustainable Financing Mechanisms are Needed for Digital Health Adoption

- Faith-based healthcare providers should explore innovative financing models such as Drug Revolving Funds (DRF), donor grants, and investment partnerships to support digital transformation and supply chain strengthening.
- Performance-based financing can incentivize better resource management and accountability in supply chain operations.

e) Capacity Building and Training are Critical for Digital Health Success

- Strengthening technical training programs for healthcare providers, pharmacists, and supply chain managers is essential to drive successful adoption of digital solutions.
- Continuous coaching and mentorship in digital supply chain management, data analytics, and health informatics can help build a sustainable digital health workforce in faith-based healthcare facilities.

f) Faith-Based Organizations Must Prioritize Digital Transformation to Achieve UHC

Given that 40-50% of healthcare services in Sub-Saharan Africa are provided by faith-based organizations, digital health and supply chain innovations must be integrated into long-term healthcare strategies.

Leveraging faith-based community networks for health information dissemination and patient engagement can enhance healthcare delivery efficiency and policy compliance.

The session highlighted that strengthening supply chains

and accelerating access to healthcare products require a combination of digital innovation, strategic partnerships, and sustainable financing models. While many challenges persist, faith-based healthcare providers have a unique opportunity to leverage technology-driven solutions to improve efficiency, reduce costs, and enhance patient outcomes. Collaborative efforts among governments, donors, tech innovators, and FBOs will be crucial in ensuring equitable access to essential medicines and achieving Universal Health Coverage (UHC) across Africa.

SIDE **EVENT**

October 30, 2024

Maternal, Newborn, and Child Health (MNCH)

Product Introduction Project Side event

The session commenced with an introduction led by the MNCH Technical Advisor/Lead who welcomed representatives from the EPN BMGF project, including implementing partners from CHAN, CHAN Medi-Pharm, CHAK, MEDS, and other key partners such as AxMED. Convened at the APC Hotel and Conference Center, the side event aimed to engage stakeholders on the ongoing MNCH (Maternal, Neonatal, and Child Health) project, focusing on critical strategies and innovative approaches to scale up life-saving interventions.

The meeting presented a crucial platform for the Ecumenical Pharmaceutical Network (EPN) and its partners to engage stakeholders in meaningful discussions about the ongoing Maternal, Newborn, and Child Health (MNCH) project and share insights into project strategies, foster collaboration and advocate for broader participation in the pooled procurement mechanism

The occasion presented a crucial platform for the Ecumenical Pharmaceutical Network (EPN) and its partners to engage stakeholders in meaningful discussions about the ongoing Maternal, Newborn, and Child Health (MNCH) project.

Opening Remarks

Opening remarks, delivered by the leadership, highlighted the collective efforts in improving MNCH outcomes:

Dr. Richard Neci (EPN Executive Director): Stressed on the the importance of innovative partnerships in scaling up access to MNCH life-saving products.

Dr. Peter Rumunyu (CHAK Director of Programs): Shared a brief overview of the MNCH Product Introduction, highlighting why Nigeria and Kenya as a scale up and emphasizing the new products that will be introduced and strengthened in the project

Mr. Mike Idah (CHAN Secretary-General): Highlighted the role of pooled procurement and community-level engagement in addressing supply chain gaps.

Key Discussions and Highlights

1. Addressing Postpartum Hemorrhage (PPH)

The project showcased its approach to addressing PPH through improved access to essential medicines and tailored interventions.

Emphasis was placed on leveraging evidence-based practices and training healthcare workers to ensure timely management of PPH.

2. Quality Improvement Initiatives

The importance of strengthening healthcare systems was underscored through quality improvement programs.

EPN shared plans in fostering a culture of continuous quality enhancement within healthcare facilities ensuring better patient outcomes.

3. Drug Revolving Fund (DRF)

Participants examined the role of DRFs in sustaining access to MNCH commodities.

Insights were shared on how revolving funds can reduce dependency on external funding and support long-term health system resilience.

4. Product Introduction Approach

EPN elaborated on its methodology for introducing and scaling up new health products in MNCH services.

The approach prioritizes stakeholder engagement, capacity building and monitoring to ensure successful adoption.

5. Advocacy for Pooled Procurement Mechanism

The need for more EPN member countries and Drug Supply Organizations (DSOs) to join the pooled procurement mechanism was emphasized.

This mechanism was presented as a strategy to increase the supply of quality-assured and affordable MNCH products, leveraging economies of scale and enhancing bargaining power.

Call to Action

EPN urged stakeholders to collaborate more extensively in addressing challenges within the MNCH landscape. Expanding the pooled procurement mechanism was positioned as a transformative step towards achieving universal access to essential MNCH products.

Conclusion

The side event successfully fostered an environment of shared learning and collaboration. It highlighted EPN's commitment to strengthening healthcare systems and provided actionable insights for stakeholders to adopt and adapt in their respective contexts. The discussions underscored the need for collective action to achieve sustainable improvements in maternal, newborn, and child health outcomes.

3.4 Topic 3

Strengthening Health Financing for Resilient Drug Procurement and Sustainable Healthcare Costs recovery

3.4.1 Sustainable Pooled Procurement for Access to Healthcare and Quality and Affordable Medicines

Christoph Jacques Rerat , WHO, Geneva

Christoph Jacques Rerat highlighted the critical role of pooled procurement in ensuring access to quality healthcare and medicines. Achieving universal health coverage (UHC) requires addressing three key dimensions: covering all populations, particularly the most vulnerable; ensuring the availability of essential medicines and technologies; and reducing out-of-pocket (OOP) expenses to minimize financial hardship. On the demand side, rising treatment costs and reliance on lifelong care increasingly expose patients to financial risks, while on the supply side, manufacturers benefit from predictable demand to optimize production. Pooled procurement addresses these challenges by leveraging economies of scale, enhancing transparency through standardized pricing, improving supply chain efficiency, and prioritizing quality assurance. It also facilitates stable, long-term procurement cycles, promotes equitable access, and encourages innovation by providing a stable market for manufacturers. Importantly, pooled procurement complements national procurement systems, fostering trust among stakeholders and enabling informed decision-making through price-sharing. By aligning with WHO-endorsed good procurement practices, pooled procurement offers a sustainable path to affordable, equitable healthcare access.

3.4.2 Strategies for Sustainable Drug Revolving Fund (DRF) to Achieve Supply Chain Efficiency

Dr. Joseph Mukoko, Management Sciences for Health, Kenya

Dr. Joseph Mukoko discussed the implementation and impact of Drug Revolving Funds (DRFs) as a sustainable approach to improving access to essential medicines and supply chain efficiency in resource-limited settings. DRFs involve using an initial seed stock of medicines and supplies, sold to patients at affordable prices, with the revenue reinvested to sustain the system. The primary goals of DRFs are to enhance access to medical commodities, reduce reliance on donor funding, minimize the budgetary burden on ministries of health, and foster community involvement by engaging local leaders. Key principles include focusing on access over profit, ensuring multi-stakeholder ownership, and maintaining strong accountability mechanisms. DRFs must complement rather than replace public health supply systems, with distinct operational processes and a focus on strengthening overall supply chain functions. Successful implementation involves thorough feasibility studies, robust organizational structures, appropriate pricing strategies, and effective community engagement. Dr. Mukoko shared experiences from Kenya's AMPATH program, which achieved a dramatic increase in drug availability (from 10% to 90%) through adaptable DRF models, as well as lessons from other settings like Khartoum and Nigeria. Despite their potential, DRFs face challenges such as insufficient funds, weak financial planning, and limited political and community support, underscoring the importance of strong governance, careful economic analysis, and sustainable management practices.

3.4.3 Strategies for Ensuring Health Financing and Access to Insurance Coverage within the FBO Facilities

Dr. Josephine Balati, CSSC, Tanzania

Dr. Josephine Balati of CSSC shared strategies for improving health financing and insurance coverage within faith-based (FB) health facilities in Tanzania, which serve approximately 40% of the population through a vast network of 965 health facilities. Health financing mechanisms such as risk pooling, revenue collection (including out-of-pocket payments, taxation, and grants), and service purchasing were highlighted as foundational to sustaining healthcare delivery. Key strategies include leveraging community networks to establish endowment and community health funds, implementing cost control measures like reducing resource waste and ensuring transparency through regular audits, and enhancing financial management by building capacity in financial and insurance processes. Dr. Balati emphasized the importance of government advocacy to increase domestic health financing in line with the Abuja Declaration and to secure subsidies for FB facilities. Diversifying funding sources through donor mobilization and partnerships with government, private sector, and local businesses was also recommended.

To ensure sustainability, FB facilities are encouraged to adopt innovative revenue models such as market segmentation to cater to patients with varying financial capacities. Lessons from Tanzania include the successful establishment of a Health Investment Fund to facilitate access to soft loans and grants and fostering collaboration with local banks to improve financing terms for FB facilities. Additionally, investing in digital health solutions, such as integrated health management systems and telemedicine, has been instrumental in enhancing data-driven decision-making and improving healthcare access in rural areas. Quality improvement initiatives, such as implementing SafeCare standards and building management team capacities, alongside effective healthcare costing practices like forming claims teams to reduce errors, were underscored as critical to ensuring equitable access and financial sustainability within FB facilities.

3.4.4 Financing Local Manufacturing for Increased Self-reliance Case study; JMS Uganda

Dr Bildard Baguma, Joint Medical Stores (JMS), Uganda

Dr. Bildad Baguma of JMS discussed strategies for financing local manufacturing to promote self-reliance in health commodity production. JMS operates through five warehousing facilities and focuses on procurement, warehousing and distribution, medical equipment provision, quality assurance, capacity building, and health commodity production. The need for local manufacturing stems from Sub-Saharan Africa's growing population, shifting disease burdens, lessons on commodity security from the COVID-19 pandemic, the high reliance on imports, and the need for revenue growth. Dr. Baguma also highlighted the challenge of competition, particularly for church institutions navigating markets with high barriers to entry while maintaining ethical standards.

The JMS Journey included the establishment of Joint Health Care Investment (JHC) to enable ventures into local production. Notable initiatives include Doctor's Choice, a joint venture producing nutraceuticals, and Oxylife, a partnership with Hewatele in Kenya to produce and distribute oxygen to faith-based, government, and private facilities. Despite these successes, JMS has faced setbacks, such as failed attempts to produce auto-disposable syringes and cotton.

Financing approaches for local manufacturing explored by JMS include self-financing through reserves, joint ventures and equity partnerships, debt financing with sufficient

collateral, and securing government support through off-take agreements. However, significant financing challenges persist, including high capital costs, limited collateral availability, instability in investment climates, and government-related obstacles. For example, JMS invested in a feasibility study for auto-disposable syringes, secured technology partners and financing, and engaged government stakeholders—only to have the government bypass JMS and sign an agreement directly with its private partner.

Dr. Baguma emphasized the importance of aligning

principles when working with private partners to ensure faith-based ethics are upheld. He recommended incorporating local manufacturing into the faith-based agenda, tailoring financing models to specific contexts, and fostering clarity and harmonization in partnerships to avoid conflicts and maintain sustainability.

3.4.5 Learning from the EPN Pooled Procurement and Existing DRF,

Richard Neci, Ecumenical Pharmaceutical Network (EPN)

Cizungu presented on the East African Pooled Procurement (EACPP) initiative, a collaborative effort under the Ecumenical Pharmaceutical Network's (EPN) Supply Chain & Quality Assurance program. EPN currently has 146 members across 38 countries, including 27 in Africa.

The EACPP Initiative

- Launched in 2012 by four Drug Supply Organizations (DSOs): MEDS (Kenya), JMS (Uganda), MEMS (Tanzania), and BUFMAR (Rwanda).
- Involves pooling resources and jointly purchasing essential medicines and medical supplies.
- Operates as a voluntary membership initiative primarily engaging faith-based organizations to improve supply chain efficiency and access.

Benefits of the Pooled Procurement Initiative (PPI)

✓ Competency transfer: Knowledge and skills are shared among members.

✓ Transparent processes: High governance standards ensure fair and effective operations.

✓ Strong commitment: Active participation from DSOs strengthens collaboration.

Challenges Faced

- MEMDs have been unable to participate since 2024, and BUFMAR missed the 2023 tender process.
- Delays in feedback: Periodic lags in receiving feedback from DSO members and in sharing item lists for pooled procurement.
- Limited product registration: A small number of pharmaceutical products are registered across all participating countries, restricting procurement options.

Future Goals and Vision for the Procurement Model

✓ By 2025, EPN envisions a centralized contracting model where EPN will handle demand aggregation, supplier contracting, and payment on behalf of DSOs, fostering a more efficient, streamlined process.

✓ A permanent supply chain officer role has been established to oversee and manage procurement activities, ensuring consistency and enhanced management.

✓ EPN plans to conduct further surveys to assess product needs for targeted health conditions, allowing better alignment with member requirements and optimizing pooled procurement outcomes.

✓ Key Issues Discussed and Action Points from the Panel Discussion on Procurement and DRF Sustainability

3.4.6 Panel Discussion

Strengthening Health Financing for Resilient Drug Procurement and Sustainable Healthcare Costs recovery

Panellists

- Christoph Jacques Rerat , WHO, Geneva
- Dr. Josephine Balati, CSSC, Tanzania
- Dr. Joseph Mukoko, Management Sciences for Health, Kenya
- Dr. Bildard Baguma, Joint Medical Stores (JMS), Uganda
- Richard Neci Cizungu, Ecumenical Pharmaceutical Network

Key Issues Discussed

- ***Capacity Building for EPN in Procurement***

Concerns were raised about EPN's ability to build its technical expertise to stay ahead of DSOs (Drug Supply Organizations) in procurement processes.

Panellists emphasized the need for EPN to enhance its procurement capabilities to maintain its value proposition.

- ***Challenges in Joint Procurement and Local Manufacturing Integration***

Challenges such as regulatory requirements, political goodwill, and language barriers were identified as major hurdles to procurement collaboration across different DSOs.

A suggestion was made to integrate local manufacturing into the procurement strategy, where products made by one faith-based organization (e.g., JMS Uganda) could be shared across DSOs.

- ***Sustainability of Drug Revolving Funds (DRFs)***

Many DRFs fail due to poor financial planning, reliance on drug funds for hospital expenses, and lack of community buy-in.

Pricing strategies must consider market competition to ensure sustainability.

Inflation and procurement source reliability should be factored in to maintain the purchasing power of DRFs over time.

- ***Governance and Trust in Pooled Procurement***

In Cameroon, a central payment agency model was implemented for pooled procurement, requiring significant lobbying to gain trust from participating churches.

The model resulted in substantial cost savings but highlighted governance challenges, including securing legal entities and ensuring financial transparency.

- ***Quality Assurance in Procurement***

Panellists noted instances where manufacturers provided high-quality drug samples but delivered substandard products after procurement.

There is a need for robust quality monitoring mechanisms to prevent such occurrences and ensure product reliability.

Key Action Points

✓ Enhance EPN's Technical Procurement Capacity

Invest in procurement expertise to offer more value to DSOs and improve coordination in pooled procurement initiatives.

Facilitate knowledge exchange and training for DSOs on regulatory navigation and strategic procurement planning.

✓ Develop Strong Governance Models for Procurement and DRFs

Establish legally recognized financial structures to enhance trust in joint procurement models.

Ensure financial transparency and accountability in centralized procurement accounts.

✓ Strengthen the Sustainability of Drug Revolving Funds

Conduct feasibility studies before establishing DRFs to assess financial viability, community engagement, and operational sustainability.

Encourage hospitals to diversify income sources to avoid over-reliance on drug funds for operational costs.

✓ Improve Quality Assurance in Pharmaceutical Procurement

Establish independent post-procurement quality testing to detect substandard products before distribution.

Develop strict procurement contracts that include accountability measures for suppliers failing to meet agreed quality standards.

✓ Facilitate Cross-Country Collaboration in Local Manufacturing

Explore mechanisms to integrate locally manufactured health products into joint procurement initiatives.

Strengthen partnerships between DSOs and local manufacturers to optimize economies of scale.

These discussions emphasized the need for strategic improvements in procurement governance, financial planning, and capacity-building to strengthen pharmaceutical supply chains across faith-based organizations.

3.5 Topic 4

Navigating Policies, Guidelines and Regulations in Addressing Health Disparities

3.5.1 Panel Discussion

Panellists

i) **Dr. Adelard Mtenga,** *Tanzania Medicines and Medical Devices Authority (TMDA), Tanzania* - ***NMRA Tanzania Perspective on Quality Control and Post marketing Surveillance***

ii) **Dr. Onesmus Saidiumu,** *Pharmacy and Poisons Board (PPB) , Kenya* - ***NMRA Kenya Perspective on Manufacturing and Product Registration***

iii) **Dr. Laida Sandrine Prudence,** *Direction de la Pharmacie, du Médicament et des laboratoires -DPML* - ***NMRA Cameroon Perspective on Importation and Distribution, Cameroon***

This panel examined the role of national regulatory bodies in Tanzania, Kenya, and Cameroon in addressing health disparities by ensuring the availability of quality-assured medicines and health products. Each panellist discussed the influence of local policies, regulatory frameworks, and the strategies employed to mitigate access barriers to essential health products.

3.5.1.1 Key Discussion Points and Panellist Contributions

1. Impact of Regulatory Policies on Health Product Accessibility

Dr. Adela Ndenga (TMDA, Tanzania) highlighted Tanzania's commitment to supporting local manufacturing through policies and tax exemptions on medical supplies and raw materials. Acknowledging the positive impact of stringent regulations on product quality and safety, she pointed out that over-stringency can hinder access by discouraging smaller manufacturers who struggle to meet compliance. Tanzania's attainment of WHO's Maturity Level 3 exemplifies its success in regulatory governance and quality assurance.

Dr. Laida Sandrine Prudence (DPML, Cameroon) discussed Cameroon's multifaceted approach to address the accessibility gap, including regular assessments of health product quality, price standardization efforts, and supporting local importers with regulatory flexibility. These policies are part of Cameroon's national strategy to improve healthcare quality and mitigate issues like counterfeit drugs and stock shortages. The establishment of mechanisms like the National Commission on Medication aids in quality oversight, and price caps improve affordability.

Dr. Onesmus Saidiumu (PPB, Kenya) presented Kenya's flexible regulatory pathways, including fast-track registration processes and alternative approval mechanisms like reliance on WHO-prequalified products and regulatory reliance agreements with international authorities. This flexibility enables quicker access to essential drugs, especially during crises. The PPB encourages local manufacturing by offering reduced registration fees for domestic products, furthering Kenya's focus on self-reliance.

2. Quality Control Measures and Surveillance to Prevent Health Disparities

Dr. Adela Ndenga detailed Tanzania's investment in quality control laboratories and the establishment of mini-labs across regions to screen for substandard and counterfeit products. This decentralized approach enhances monitoring and reduces regional health disparities by identifying and removing low-quality products. The mini-labs, which conduct essential screenings, have effectively decreased counterfeit drug rates, ensuring that only safe, high-quality medicines reach patients.

Dr. Onesmus Saidiumu emphasized Kenya's post-market surveillance efforts, including collaboration with healthcare providers to identify and report adverse effects of approved drugs. The PPB has also implemented compassionate use and donation acceptance policies to facilitate access to treatments for rare conditions, with thorough checks to prevent low-quality donations from entering the market.

3. Fast-Tracking Registration and Facilitating Access in Public Health Crises

Dr. Laida Sandrine Prudence highlighted that Cameroon's National Commission on Medication introduced a "fast-track" system, allowing the expedited registration of critical medications to address pressing public health needs. During the COVID-19 pandemic, this framework was essential in making vaccines and critical supplies available promptly.

Dr. Onesmus Saidiumu shared Kenya's multiple registration pathways tailored for rapid public health responses, including emergency use authorization and reliance on WHO recommendations. Kenya's ability to grant emergency access to COVID-19 vaccines and therapies demonstrates the value of such expedited pathways.

4. Promoting Local Manufacturing and Reducing Import Dependency

Dr. Adela Ndenga indicated that Tanzania is promoting local manufacturing through incentives and tax exemptions. By cultivating domestic production, Tanzania aims to mitigate supply chain disruptions and reduce reliance on international imports, particularly critical during global health crises like COVID-19.

Dr. Onesmus Saidiumu described Kenya's support for local manufacturers, including fee reductions and guidance on quality standards. Kenya's proactive stance on local manufacturing seeks to enhance self-sufficiency, ensuring a sustainable supply of essential medications that meet quality standards.

5. Overcoming Common Regulatory and Policy Challenges

Dr. Laida Sandrine Prudence addressed Cameroon's hurdles with budget constraints, coordination gaps, and market surveillance, emphasizing that these issues contribute to uneven access across regions. Cameroon's strategy involves supporting regional importers and developing a network to monitor and address counterfeit drugs, which remains a significant issue affecting public health.

Dr. Onesmus Saidiumu from Kenya pointed out that aligning national policies with international quality standards requires constant adaptation and resource investment. Kenya has mitigated these challenges by entering agreements with regulatory bodies, fostering faster regulatory decisions and greater resource efficiency.

3.5.1.2 Concluding Insights and Takeaways

The panel highlighted several strategies for improving access to quality medicines, especially in under-served areas:

a). Adaptability in Regulatory Processes: All three countries employ flexible regulatory pathways to fast-track essential drugs during health crises, ensuring swift access to critical health products without compromising safety and efficacy.

b). Investment in Local Manufacturing: Incentivizing domestic production reduces dependency on imports, a strategy that proved essential during the COVID-19 pandemic. Lowering registration fees for local manufacturers also helps boost local production capacity.

c). Strengthened Quality Control: Establishing

regional laboratories and mini-labs improves access to quality assurance, helping to curb health disparities by maintaining consistent drug quality across regions.

d). International Collaboration: By leveraging WHO frameworks and international regulatory agreements, countries can optimize approval times and maintain global standards, ensuring timely access to safe and effective medicines.

3.5.1.3 Q&A Session

This Q&A session explored recent regulatory frameworks and the collaborative pathways to improve access to quality health products, with panellists offering insights on promoting local manufacturing, capacity-building in surveillance, and establishing partnerships with global health bodies like EPN. Questions focused on how regulatory agencies can adapt policies to support both affordability and accessibility, especially in under-served regions.

Key Issues Raised

1. Recent Regulatory Adjustments to Improve Access to Essential Medicines

Dr. Onesmus Saidiumu (PPB, Kenya) outlined Kenya's recent policy changes aimed at strengthening local manufacturing and affordability. These include:

Emergency Use Authorization (EUA): Fast-tracking approval processes for essential medications during public health emergencies, with review timelines of 8–10 days.

Parallel Importation Mechanism: Implemented to promote affordability and allow for alternative sources of medication, thus supporting Universal Health Coverage (UHC) by reducing financial barriers.

Strengthened Compliance for Local Manufacturers: Each facility now has a dedicated compliance officer to oversee adherence to Good Manufacturing Practices (GMP), ensuring that only high-quality products enter the market. Kenya also prioritizes local manufacturers for essential drugs, offering fee reductions to incentivize domestic production, which is particularly beneficial during crises like the COVID-19 pandemic.

2. Strengthening Collaboration with EPN and Regional Partners

Dr. Laida Sandrine Prudence (DPML, Cameroon) highlighted Cameroon's current challenges in local drug production, which meets less than 5% of demand. She emphasized the need for EPN's assistance to:

Enhance Post-Marketing Surveillance: Due to limited infrastructure and trained personnel, Cameroon seeks EPN support to establish mini-laboratories across key areas and train staff to improve quality surveillance.

Strengthen Border Control: Inadequate monitoring of imported drugs at entry points poses risks of counterfeit and substandard products. Collaborative efforts with EPN could aid in training customs agents to detect counterfeit drugs.

Optimize Logistics and Distribution: With limited resources and facilities to safely store and distribute medicines, Cameroon is interested in partnering with EPN to improve logistics management and ensure consistent access to essential drugs.

3. Optimizing Resources through Collaborative Quality Control Measures

Dr. Adela Ndenga (TMDA, Tanzania) recommended using existing resources and facilities to avoid redundant spending and to maintain high standards without duplicating efforts. Suggestions included:

Joint Quality Surveillance and Mini-Laboratory Initiatives: Dr. Ndenga pointed out that Tanzania's mini-lab network could serve as a model for regional deployment, where EPN could support establishing similar facilities in other countries.

Resource Sharing for Cost-Effective Operations: Leveraging TMDA's established quality control infrastructure to support EPN partners in regions without similar capabilities.

Transparent Knowledge Sharing: Collaborative findings on quality testing and market surveillance should be shared widely to ensure informed decision-making, prevent resource wastage, and promote efficient public health planning.

4. Capacity-Building and Training for Regulatory Compliance

Dr. Onesmus Saidiumu (PPB, Kenya) emphasized Kenya's training programs for local manufacturers on GMP, risk management, and quality assurance documentation. These initiatives ensure continuous compliance and support Kenya's push for greater reliance on domestically produced medicines.

5. Encouraging Local Production Through Incentives and Quality Assurance

Kenya's Preferential Policies: Dr. Saidiumu detailed Kenya's policies of offering reduced registration fees for local manufacturers, which both incentivizes domestic production and aims to ensure a stable, affordable supply of medicines even during emergencies.

Regulation of Herbal Medicine: To expand access to traditional treatments, Kenya has also developed quality guidelines specifically for herbal products, recognizing their affordability and cultural relevance, while ensuring safety and efficacy.

Key Takeaways

This session emphasized the importance of adaptive regulatory frameworks and resource-sharing partnerships to improve access to quality medicines across Africa. Key takeaways include:

- ✓ ***Flexibility in Regulatory Processes:*** By implementing emergency use authorizations, parallel importation, and alternative review pathways, Kenya, Tanzania, and Cameroon can swiftly respond to health crises and reduce barriers to accessing essential medications.
- ✓ ***Capacity-Building Through EPN Collaboration:*** Partnerships with EPN can help address infrastructure gaps in surveillance and quality control, with collaborative training for customs officials and health professionals on detecting substandard and counterfeit drugs.
- ✓ ***Promotion of Local Manufacturing:*** All panellists stressed that local production is a sustainable solution to supply chain disruptions. Regulatory incentives, technical training, and reduced fees for local manufacturers were identified as critical strategies for supporting domestic production.

This session illustrated the importance of cohesive policy, adaptable regulatory frameworks, and strong inter-country collaboration in reducing health disparities across the pharmaceutical sector. The success of these strategies will depend on continuous investment in regulatory capacity and the political commitment to ensure equitable access to quality healthcare. The Q&A session highlighted how targeted policies, regional cooperation, and capacity-building efforts can collectively strengthen the pharmaceutical supply chain, thus enhancing equitable access to quality health products across Africa.

3.5.2 Breakout Sessions

3.5.2.1 Break out 1

Leveraging Pharmaceutical Industry Regulations to Strengthen Supply Chain Resilience and Accessibility

Focus: *Supply Chain Policies, Regulations and Guidelines Including Pharmaceutical Industry (DSO Level) - Experience Sharing from DSOs*

Moderator: George Adjei, CHST Ghana

Presenter 1: Joyce Mbithi, ROCHE-Kenya

Ms. Mbithi briefly described ROCHE's efforts with Diagnostics in Africa, given the massive young population, with an average age of 20 years. Furthermore, Africa carries 25% of the global health burden, yet it only has access to 1% o the global health budget and 3% of the global health workforce. Therefore, she asserted ROCHE's goal to increase access to high quality IVD testing tenfold in the next 10 years.

To this end, they have started 6 country networks in order to get closer to the customers and markets: the North West Africa Network (3 countries), the North Africa Network (8 countries), the Francophone West and Central Africa (14 countries), the Anglophone West Africa Network (5 countries), the East Africa Network (10 countries) and the Southern Africa Network (14 countries). She then described ROCHE's approach to work, which included an agile, collaborative, innovative, expert-led and data driven effort.

Despite their efforts, she transparently shared some of the barriers ROCHE had encountered as they strive to bridge the last mile. These challenges included: procurement and ordering barriers, limited cold chains and specialized storage, short shelf lives driven by complex shipping requirements, unpredictable

demand fluctuations and shorter planning cycles, and lack of technical expertise for the handling, storage and distribution of diagnostic equipment and reagents.

To navigate these barriers, she highlighted ROCHE's approach. First, policy advocacy through the formation of industry groups and consultations with regulatory authorities and professional authorities. Second, ensuring sustainability through collaboration and partnerships, particularly with government agencies, nonprofits and other stakeholders to advance shared goals. Third, data-driven decision making, through the use of data analytics and logistics teams. She closed with a powerful assertion on ROCHE's work: doing now what patients need next.

Presenter 2: Marlon Banda, CHAZ- Zambia

Mr. Marlon Banda started off with a brief history of CHAZ, which was formed in 1970 as an umbrella body for 161 church health institutions including 36 hospitals, 93 RCHs, 32 CBOs and 11 training schools. These numbers highlighted that CHAZ is the second largest health care provider after the Ministry of Health, with an expansive rural presence.

On the pharmaceutical front, he mentioned CHAZ's key roles as: sourcing of essential pharmaceutical and health products (PHPs_ for supply to CHIs, storage and management of inventory of PHPs and other health and non-health products, delivery of PHPs to CHIs and other focus service delivery points, support of the improvement of PHP management and use at service delivery points and representation of the interests of CHIs in the PHP area, to both government and other partners. He went ahead to briefly describe the supply chain of CHAz, which was a circular flow from the CHAZ warehouse to the district pharmacist and the health facilities. He then used some case examples to describe regulatory levers to strengthen supply chain resilience.

First, diversifying suppliers and manufacturing sites. Regulatory incentives could encourage pharmaceutical companies to diversify sourcing and manufacturing,reducing dependency on single-source suppliers. For example, CHAZ advocated for local production through policy adjustment proposals, efforts that resulted in a new national strategy for local pharmaceutical production.

Second, fast-track approvals and licensing of new manufacturing facilities and alternate suppliers during crises could enhance flexibility. This was exemplified by the emergency use authorizations during COVID-19. Third, encouraging digital transformation could strengthen the oversight and supply chain visibility and reduce disruptions. He listed some pharmaceutical standards and compliance requirements including: regulatory compliance, risk management, patient safety, product quality, adverse event reporting and clinical trials.

He also described the supply chain legislative landscape that should cover manufacturers, distributors, users in health facilities and communities, while also bridging the supply side to the users. While no public standards exist, he described the role of CHAZ in this landscape, through its relationship with the government and other engagements. The relationship between CHAZ and the government is guided by an MOU which included: complementary provision of healthcare services, procurement, storage and distribution of medicines and medical supplies, joint planning and budgeting, appointment of CHI administrators by the church for autonomy, equitable allocation of human, medical and financial resources, joint execution of projects, CHAZ board engagement with the Minister of Health, periodic meetings between the Executive Director of CHAZ and the PS of the Ministry of Health and participation of CHAZ in all health sector policy meetings. Furthermore, he highlighted that CHAZ engaged with partners at all levels of the health system.

As part of these engagements with partners, he mentioned some of CHAZ's key activities: capacity building, quality control testing of samples, use of

electronic information management systems, provision of appropriate storage capacities and maintenance of appropriate documentation and paper trails. He closed by listing CHAZ's efforts to influence regulations including: social behavior change communication activities, procurement advice, sampling and testing of products, pharmacovigilance, advocacy to government and donors and supplier performance monitoring and evaluation.

Presenter 3: Edward Ngah, CBC Central Pharmacy, Cameroon

The focus of Prof. Ngah's presentation was the description of CBC's efforts on the supply chain resilience and accessibility front. He started off by highlighting some strategies to leverage pharmaceutical industry regulations to strengthen supply chain resilience and accessibility: adherence to regulations, strategies to strengthen resilience and strategies to improve accessibility.

First, the key regulations in Cameroon were: current Good Manufacturing Practices, Good Distribution Practices, Good Storage Practices, Marketing Authorizations, Quality control testing and international drug safety regulations. Second, the strategies to strengthen resilience were: collaborative work with the state to obtain vital authorizations, collaboration with other partners to share risks and costs, supply chain planning and forecasting and supplier diversification.

Third, strategies for improving accessibility include: localization of production, simplification of processes, use of technology, strategic warehousing and training and development. He closed by describing the key benefits of CBC's adherence to these three key strategies: quality improvement, cost reduction, increased availability and increased trust with patients, healthcare professionals and regulators.

Presenter 4: Franklin Nyambi, action medeor, Tanzania

Mr. Nyambi presented an informative summary action medeor's Tanzania's efforts in strengthening supply chain resilience and accessibility through leveraging pharmaceutical industry regulations. He started off with highlighting the current guidelines for medicines in the East African Community (EAC).

Briefly, the EAC are primarily governed by the EAC Medicines Regulatory Harmonization framework which was established on 30th March 2021 by the EAC Council of Ministers. The goal of the framework is to facilitate access to safe, efficacious and quality essential medicines, vaccines and medical devices for treatment, management and diagnosis of conditions of public health importance. He also described the key objectives of the framework:

i) To implement an agreed Common Technical Document (CTD) for registration of medicines in EAC Partner States

ii) To implement a common information management system for medicines registration in each of the EAC Partner States' National Medicines Regulatory Authority (NMRA) which is linked in all Partner States and EAC Secretariat

iii) To implement a quality management system in each of the EAC Partner States' NMRA

iv) To build regional and national capacity to implement medicines regulatory harmonization in the EAC region

v) To create a platform for information sharing on the harmonized medicines registration system to key stakeholders at national and regional levels; and

vi) To implement a framework for mutual recognition of medicines registration based in accordance with Article 118 of the Treaty for the establishment of the East African Community.

He described the extent of harmonization of this framework, noting that seven member states were involved: Burundi, Kenya, Rwanda, Tanzania, South Sudan, Zanzibar and Uganda. He noted some of the key milestones of the framework including:

- ✓ The establishment of the Zanzibar Food and Drugs Agency (ZFDA) in 2017, the Rwanda Food and Drugs and Authority (FDA) in 2018 and the Burundi National Medicines Regulatory Authority in 2021.
- ✓ The development and domestication of the EAC Common Technical Document (CTD) for the registration of medical products
- ✓ The development of EAC GMP standards for pharmaceutical manufacturers
- ✓ The development of the EAC Harmonized Compendium on Safety and Vigilance of Medical Products and Health Technologies
- ✓ Development of the Regulatory Framework for Medical Devices including in-Vitro Diagnostic Medical Devices.
- ✓ The development of the EAC Post-Marketing Surveillance Strategy (2019-2023)

He closed by describing some of the challenges faced in their efforts including political instability, health disparities due to significant differences in health infrastructure and outcomes among member states, funding constraints, cultural differences and capacity limitations.

Key Takeaways

The session on Leveraging Pharmaceutical Industry Regulations to Strengthen Supply Chain Resilience and Accessibility underscored the critical role of regulatory frameworks, strategic partnerships, and innovative supply chain solutions in improving access to quality healthcare products. Across the diverse experiences shared, several key themes emerged.

i). Policy Advocacy and Regulatory Engagement: Strengthening collaboration between the private sector, regulatory authorities, and development partners is essential to streamlining procurement, licensing, and distribution processes. Examples from CHAZ in Zambia and CBC in Cameroon demonstrated how faith-based and non-profit health networks can influence policy

adjustments to support local pharmaceutical production and enhance supply chain resilience.

ii). Diversification and Supply Chain Innovation: Reducing dependency on single-source suppliers and mitigating risks associated with global supply chain disruptions are critical strategies. Fast-tracking approvals for new suppliers, strengthening digital tracking systems, and investing in local manufacturing were identified as key approaches. ROCHE-Kenya highlighted the role of digital tools and data analytics in improving logistics, demand forecasting, and decision-making.

iii). Capacity Building and Infrastructure Development: Ensuring a sustainable supply chain requires investment in training personnel, developing appropriate storage facilities, and fostering regional collaboration. action medeor's experience in Tanzania showcased the positive impact of regulatory harmonization within the East African Community in creating a more coordinated and efficient pharmaceutical sector.

iv). Technology and Data-Driven Decision-Making: The integration of digital solutions in supply chain management enhances visibility, forecasting, and efficiency. Presenters emphasized the need for real-time data collection, electronic information management systems, and regulatory oversight to improve pharmaceutical supply chains.

v). Strategic Partnerships for Sustainability: Collaboration between governments, non-profits, private sector stakeholders, and international donors is necessary to address funding gaps, strengthen local supply chains, and expand healthcare access. Speakers stressed that a shared vision and coordinated efforts are critical for long-term impact.

The session reinforced that regulatory frameworks, industry collaboration, and data-driven decision-making are foundational to building resilient pharmaceutical supply chains. While challenges such as political instability, funding constraints, and infrastructure disparities persist, the presentations demonstrated that strategic policy engagement, supplier diversification, and investment in digital tools can help bridge these gaps. Moving forward, stronger multi-sector partnerships, regulatory harmonization, and continued advocacy will be crucial in ensuring equitable access to medicines and medical products, particularly in last-mile communities.

3.5.2.1 Break out 2

Overcoming Challenges and Maximising Opportunities in Building a Culture of Policy/ Guidelines Adherence in Health Facilities

Focus: *Integration of Policies and Guidelines at the Health Facility Level - Experience Sharing from CHAs*

Moderator: Dr. Suleiman Mshelia – CHAN, Nigeria

Presenter 1: Dr. Tracie Muraya, ReACT Africa (Opening presentation)

Overcoming challenges & maximizing opportunities in building a culture of policy/guidelines adherence in health facilities Integration of policies and guidelines at the health facility level

Dr. Tracie Muraya from ReACT Africa presented an insightful session on fostering a culture of policy and guideline adherence within health facilities. She began by defining the differences between policies and guidelines, emphasizing that policies are mandatory, enforceable frameworks guiding decision-making, while guidelines are flexible recommendations to support achieving specific objectives. The significance of robust health policies, as illustrated through Tanzania's evolving healthcare policy,

was underscored. For instance, Tanzania's transition from one dispensary per village to primary health units highlights the importance of adapting policies to meet societal needs.

Dr. Muraya outlined several challenges hindering policy adherence at the facility level. Key barriers include regulatory inadequacies, resource shortages (financial and human), lack of awareness about existing policies, weak leadership commitment, and fragmented supply chain systems. Structural challenges, such as inadequate facilities for infection prevention and control (IPC), further complicate adherence. These issues, coupled with weak information systems, compromise effective policy implementation, particularly in resource-limited settings.

To address these challenges, Muraya proposed a multi-faceted approach to maximize opportunities for sustained policy adherence. Establishing multidisciplinary governance structures, such as Medicines and Therapeutics Committees (MTCs) and IPC committees, with clear accountability frameworks is critical. Continuous capacity building for staff, coupled with performance evaluations and effective communication, fosters behavioral change and aligns personnel with organizational goals. Advocacy for sustainable financing, such as investing in strategically located handwashing stations or diagnostic tools, was highlighted as a cost-effective way to promote policy adherence while reducing overall facility expenditure.

Finally, Dr. Muraya stressed the importance of efficient health management information systems and evidence-driven updates to policies through ongoing monitoring and evaluation. Continuous quality improvement mechanisms, such as the Plan-Do-Study-Act (PDSA) cycle, were recommended to ensure policies remain relevant and effective. Through these strategies, health facilities can overcome systemic challenges, enhance adherence to policies and guidelines, and ultimately improve health outcomes in their communities.

Presenter 2: Dr Djekadoum Ndilta - AEST, CHAD

Overcoming Challenges and Maximising Opportunities in Building a Culture of Policy/Guidelines Adherence in Health Facilities Focus: Integration of Policies and Guidelines at the Health Facility Level - Experience Sharing from CHAs

Dr. Ndilta Djekadoum emphasized the importance of integrating health policies and guidelines to ensure high-quality care and optimize health outcomes. Drawing from the experiences of 145 health facilities, including six hospitals and two nursing schools, Dr. Djekadoum highlighted how adherence to policies improves care efficiency, reduces risks, and strengthens healthcare workers' competencies. He stressed that a culture of policy adherence aligns with the mission to deliver compassionate, patient-centered care across diverse healthcare settings.

An evaluation of 35 health centers showcased the implementation of pharmaceutical guidelines as a case study. The process involved training pharmacy managers, developing standardized medication management tools, and conducting quarterly evaluations. These initiatives improved guideline adherence rates, as reflected in the steady rise in scores from 67% in the first quarter of 2023 to over 94% by the year's end. By ensuring regular monitoring and motivation, the health centers saw notable improvements in medication availability and compliance with pharmaceutical standards.

Despite progress, significant barriers persist, including limited financial and human resources, ineffective communication, and resistance to change among staff. Structural challenges, such as poor working conditions and inadequate leadership support, exacerbate these issues. Furthermore, insufficient evaluation mechanisms hinder the ability to identify and address gaps in policy implementation effectively. Dr. Djekadoum highlighted

that overcoming these challenges requires a proactive, collaborative approach involving all stakeholders.

To build a sustainable culture of adherence, Dr. Djekadoum proposed several strategies. These include continuous training and sensitization of healthcare workers, engaging communities and patients in policy integration efforts, and ensuring consistent performance evaluations. The presentation concluded by advocating for performance-based financing as a critical tool to support guideline implementation. By leveraging these strategies, health facilities can not only overcome existing challenges but also foster a culture of accountability and excellence in service delivery.

Presenter 3: Henry Suubi, Uganda Catholic Medical Bureau (UCMB), Uganda

Integration of Guidelines and Policies at Health Facility Level Experience from UCMB

Dr. Henry Suubi's presentation focused on strategies for integrating and enforcing health policies and guidelines at the facility level, drawing insights from the Uganda Catholic Medical Bureau (UCMB). UCMB, which oversees 308 health facilities and 18 training institutions, plays a crucial role in policy formulation, implementation, and monitoring within Uganda's private not-for-profit (PNFP) health sector. The organization collaborates with the Ministry of Health through various technical working groups and national health boards, ensuring that national policies cascade down to healthcare facilities effectively.

A key strategy for policy adherence highlighted in the presentation is UCMB's structured approach to cascading health policies.

Additionally, UCMB enforces adherence by linking accreditation and licensing renewals to compliance with essential healthcare standards, such as rational medicine use and patient satisfaction surveys.

The presentation also emphasized best practices in policy implementation and monitoring. UCMB leverages faith-based community initiatives, staff training programs, and partnerships with local government authorities to reinforce policy adherence. Notable quality assurance measures include regular medicines prescription audits, monitoring antimicrobial use, and tracking the impact of overprescription, particularly regarding injectables. These evaluations help health facilities identify gaps in policy adherence and make data-driven improvements.

> ***UCMB employs multiple communication channels, including digital platforms like WhatsApp groups and emails, as well as physical engagement through annual meetings and capacity-building workshops. These mechanisms facilitate information flow between policymakers and healthcare providers, ensuring that national policies are contextualized and applied at the facility level.***

Despite these successes, Dr. Suubi highlighted several persistent challenges. Limited financial and human resources, competing institutional priorities, and staff attrition due to government salary enhancements pose significant hurdles to sustaining policy adherence. Additionally, data collection, analysis, and sharing remain problematic, hindering real-time decision-making. To address these barriers, UCMB advocates for stronger collaboration between PNFP facilities, government bodies, and development partners to optimize resource allocation and strengthen policy compliance mechanisms. The presentation underscored the importance of continuous capacity-building, effective communication strategies, and robust monitoring frameworks in fostering a culture of guideline adherence in health facilities.

Presenter 4: Happy Makala, Christian Health Association Malawi (CHAM)

Overcoming Challenges & Maximizing Opportunities In Search Of Universal Health Coverage

Happy Makala's presentation highlighted the role of the Christian Health Association of Malawi (CHAM) in strengthening policy adherence and improving healthcare service delivery. CHAM, a network of 194 health facilities, plays a vital role in Malawi's healthcare system, covering one-third of the country's health services, with 75% of its facilities located in hard-to-reach areas. The organization is committed to ensuring sustainable, quality, and equitable healthcare through policy development, operationalization of national and regional guidelines, and strategic collaborations with regulatory bodies and the Ministry of Health.

One of the key challenges identified in policy and guideline adherence was the fragmented implementation of healthcare interventions, where efforts are often limited to specific health areas without continuity or long-term sustainability. Additionally, Malawi's healthcare sector faces low human resource capacity, unstable economic and environmental conditions, and limited funding for digital health solutions, which are crucial for modernizing health service delivery. Poor quality of care remains a significant issue, contributing to over 8.4 million deaths annually worldwide and an estimated economic loss of $1.6 trillion due to decreased productivity.

To address these challenges, CHAM has leveraged strategic partnerships to enhance policy implementation and healthcare service delivery. Collaborations with NGOs, regulators, and the government have resulted in substantial salary grants, biomedical engineering support, and improved digitalization of healthcare services. Academic partnerships, such as a memorandum of understanding with AMREF International University, aim to boost healthcare training and workforce capacity. CHAM has also leveraged faith-based structures, integrating HIV testing and other community health programs within churches and mosques, leading to improved healthcare access and policy adherence at the grassroots level.

The presentation further emphasized the importance of financial sustainability through mechanisms like a Drug Revolving Fund, which received an initial investment of $250,000 with a projected growth potential of $3.5 million. By pooling procurement for environmentally friendly medical equipment and strengthening facility-level financial autonomy, CHAM aims to ensure long-term adherence to health policies and guidelines. The presentation concluded with a call for continued investment in policy integration, human resource development, and financial sustainability, underscoring the critical role of faith-based health networks in achieving Universal Health Coverage (UHC).

Key Takeaways

1. Strengthening Governance and Accountability for Policy Adherence

A major challenge identified across presentations was the lack of structured accountability frameworks in health facilities. Speakers emphasized the importance of establishing multi-disciplinary governance structures, such as MTCs and IPC committees, to oversee policy implementation. Linking policy adherence to accreditation, licensing renewals, and facility performance evaluations emerged as an effective approach to ensuring compliance.

2. Capacity Building and Continuous Training for Healthcare Workers

Speakers highlighted the critical role of training and mentorship in ensuring that healthcare workers understand and adhere to policies and guidelines. Performance-based training models, digital learning platforms, and on-the-job mentorship were proposed to foster behavioral change and sustain adherence. Continuous education, especially in pharmaceutical and antimicrobial stewardship, was cited as a best practice in Chad, Uganda, and Malawi.

3. Overcoming Financial and Human Resource Constraints

Resource shortages—both financial and human—remain a persistent barrier to effective policy implementation. The Drug Revolving Fund (DRF) model, as demonstrated by CHAM in Malawi, showcased how innovative financing mechanisms can sustain medicine availability and quality care. Speakers also advocated for performance-based financing to incentivize adherence and improve healthcare delivery outcomes.

4. Leveraging Data and Health Information Systems for Policy Monitoring

Weak health management information systems (HMIS) were noted as a critical barrier to tracking and evaluating policy effectiveness. Presenters recommended investing in real-time data collection and monitoring systems to facilitate evidence-based decision-making. The Plan-Do-Study-Act (PDSA) cycle was identified as a key tool for continuously assessing policy implementation effectiveness and making necessary adjustments.

5. Strengthening Multi-Sectoral Collaboration and Strategic Partnerships

Collaboration with government agencies, NGOs, academic institutions, and faith-based organizations was highlighted as an essential driver for policy adherence. CHAM and UCMB showcased successful partnerships that enhanced salary support for healthcare workers, improved procurement efficiency, and facilitated digital health advancements. Strengthening ties between private not-for-profit (PNFP) facilities and public healthcare systems was also emphasized.

6. Enhancing Community and Patient Engagement in Policy Implementation

A key insight from Chad and Malawi was the importance of involving communities and patients in policy adherence efforts. Engaging faith-based structures, leveraging community health volunteers, and integrating policies into local health literacy programs were identified as best practices. This approach ensures that policies are not only facility-driven but also community-owned, leading to greater compliance and impact.

The session underscored that achieving effective policy and guideline adherence requires a multi-faceted approach that includes strong leadership, regulatory enforcement, and continuous training for healthcare workers. The experiences shared by CHAs across different countries highlighted the importance of strategic partnerships, financial sustainability, and community engagement in overcoming policy implementation challenges. Despite resource constraints and institutional barriers, collaborative governance, evidence-based policy updates, and stakeholder engagement provide practical solutions for strengthening health systems. Moving forward, aligning policy implementation with global health goals including UHC and sustainable financing mechanisms will be key to ensuring long-term adherence to healthcare policies and improving health outcomes in sub-Saharan Africa.

3.6 Topic 5

Harnessing the power of Advocacy to ensure equitable Access to Healthcare Services: from Awareness to Action

Overview and Context

The advocacy session explored the vital topic of leveraging advocacy to ensure equitable access to healthcare services, moving from mere awareness to actionable change. The session began with opening remarks focused on the importance of engaging in and communicating policy advocacy within the Church Health System. Conversations featuring prominent advocates from religious leaders, Christian health associations, youth, and civil society organizations across Africa and globally followed, with advocates highlighting their essential roles in promoting equitable healthcare access, offering a comprehensive view of the advocacy landscape and the collaborative efforts required to drive meaningful improvements in healthcare accessibility worldwide.

3.6.1 Panel Discussion

***Role of key Advocates in Advocating for Equitable Access to Healthcare Services Gaining Insights from Key Advocates* Panellists**

i) **Rev. Charles Berahimo** - AACC, Role of Religious Leaders

ii) **Peter Maduki** - CSSC, Role of Christian Health Association (CHAs)

iii) **Dr. Alex Muhereza,** ACHAP, Role of Civil society Organisations – African Region

iv) **Julia Stoffner** - BftW, Role of Civil society Organisation Global perspective

v) **Michael Mosha** - RBA Initiative Tanzania, Role of Youth

Key Discussion Points and Panellist Contributions

a) Problems that could be tackled through advocacy

b) Minimal integration of church health systems with national health systems

c) Increase of substandard and falsified medical products

d) Availability and affordability of quality pharmaceutical services and medicines

e) A growing concern on antimicrobial resistance

f) Lack of equity in access to quality medical products and services (Leaving no one behind including gender, rights, community)

g) Health systems shocks such as pandemics and climate crisis

Global Health Trends that we need to watch

i) Rethinking of the manufacturing agenda, there is need for owned up definition of technology transfer

ii) The global budget cuts towards development work and its impact on the health agenda especially in the global south

iii) Inequalities and challenges emanating from transfer of experienced human resource for health and the impact this will have on the service delivery in the global south.

iv) The unification of the church health system around the key and critical policy advocacy issues

3.6.2 Concluding Insights & Takeaways

✓ The need to engage faith leaders in policy advocacy as “Church Health System Prophetic Voice”

✓ Engagement of young people in enhancing visibility of identified advocacy issues at local, national, regional and international levels especially using technology

✓ Need to build capacity of non-health champions (faith leaders, young people, affected populations by disease) to understand issues and advocate for the same.

✓ The need to have clarity of issues and having a communication plan for the same

✓ Utilization of the networks reach to enhance visibility of critical issues affecting the church health system

✓ The value that exists in collaborations with like minded organizations in enhancing the advocacy voice

✓ The need of linking linking local issues with policy change at the sub-region, national and international level

✓ Linking the global health landscape changes to shape local policy advocacy terrain

3.7 LAUNCH OF THE EPN ADVOCACY STRATEGY

EPN Advocacy Strategy Key Focus Areas

Objective 1: Stronger faith-based voice and influence in national and sub-national decision-making process through improved collaboration between church health institutions and public health systems.

Objective 2: Improved regulatory frameworks to combat substandard and falsified medical products.

Objective 3: Reducing health disparities and ensuring equitable access to quality and affordable medical products and services.

CHAPTER IV
Call to Action

The 9th Ecumenical Pharmaceutical Network (EPN) Biennial Forum 2024

CALL TO ACTION

WE, Christian Health Associations (CHAs), Drug Supply Organizations (DSOs), Religious Leaders, Faith Based Organizations(FBO), Church Health Institutions(CHI) and Partners from 25 countries in Africa and beyond, have gathered for the 9th Biennial Forum of the Ecumenical Pharmaceutical Network (EPN) in Dar es Salaam, Tanzania. This forum, themed "Accelerating Access to Quality Healthcare Services for All: Bridging the Last Mile," provides a unique opportunity to address the pressing healthcare challenges facing our communities and to forge a path towards a healthier future.

Being reminded of the critical mission that brings us together: ensuring equitable access to quality healthcare services for all and having discussed on the status and challenges of healthcare delivery, particularly in the Sub-Saharan Africa context, where health inequities persist, characterized by limited access to affordable, quality healthcare services, fuelled by limited infrastructure and geographical access, scarce financial resources and the lack of social insurance, shortage of healthcare professionals.

Mindful of our religious duty to love one another and care for the vulnerable and marginalized, we strive to foster welcoming communities that fully respect the God-given dignity of all people, regardless of age, gender, or health status with a goal of ensuring that everyone receives equal treatment and access to quality health services.

Cognizant of the fact that access to affordable and quality healthcare services for all is a fundamental human right, we come together as faith-based actors serving communities across the African continent to deliberate on key factors exacerbating persistent health inequities and explore viable innovative approaches and technologies, bridging the gap in healthcare access and delivery.

Committed to accelerating access for all using our professional know-how and networks at national, regional and international level while advocating for governments, church leadership and other stakeholders to make these efforts possible, we have identified the following key thematic areas for urgent action:

A. Community Engagement

We commit to:

i) Recognize communities as partners by actively involving them in identifying and addressing their healthcare needs.

ii) Engage the public through forums such as congregations, public gatherings, and the use of existing health promotion mechanisms such as community health workers to raise awareness and create demand for essential health services.

iii) Actively involve community health workers and local leaders in medicine quality monitoring efforts.

iv) We call religious leaders to be agents of health promotion and advocacy within their congregations and be part of the transformative processes in ensuring affordable and quality access to healthcare for all.

v) We call on the government to uphold access to quality healthcare as a fundamental human right by committing to the implementation of universal healthcare for all and ensuring last-mile access to quality healthcare services.

B. Capacity Building

We commit to:

i) Adopt/utilize available tools such as the digital courses offered by EPN and other healthcare providers to enhance capacity building of our healthcare workforce and improve service delivery within and outside our networks.

ii) Invest in comprehensive capacity building initiatives by developing standardized training curricula for Mini-lab technicians and providing ongoing professional development opportunities.

iii) Provide training and resources to member DSOs and facilities for optimized implementation of digital technologies and effective leveraging of the generated data for informed decision-making

iv) Enhance training and retention of healthcare workers using modern technologies and career development across borders, to ensure the shared learning for stronger health systems.

v) We call the government to integrate Mini-lab training into pharmacy curricula at all levels, from vocational training to university programs.

vi) We call development partners to provide training, scholarships, and capacity-building opportunities to enhance the healthcare workforce capacity in sub-Saharan Africa.

C. Quality Assurance, Research and Innovation

We commit to:

i) Meaningful information sharing, including research data, best practices, and information on quality essential medicines through working towards interoperable digital health systems.

ii) Utilize data-driven approaches to monitor the effectiveness of health system strengthening strategies and adapt them as necessary to ensure continuous improvement.

iii) Digital transformation of the church health system by promoting awareness among members on existing and tested digital technologies.

iv) Develop strategic partnerships that enhance access of FBOs to tailored health facility technologies and software that meets both immediate and future needs.

v) Prioritizing equitable access to Mini-labs by expanding the network strategic to under-served regions and developing innovative strategies

We call on the government to:

a) Collaborate and utilize data generated from our network to inform policies, regulations and guidelines at the regional, national and facility level.

b) Promote regional regulatory harmonization and knowledge sharing through formation of regulatory alliances.

We call on development partners to:

a) Collaborate with governments, faith-based organizations, and private sector actors to ensure digital health innovations integrate seamlessly with existing health information systems, enabling sustainable scale-up and maximizing impact.

D. Governance and Accountability

We commit to:

ii) Enhance and promote a One Health approach in addressing AMR through developing frameworks and tools, including annual action plans with M&E frameworks for good governance and to foster accountability.

iii) Developing strong accountability mechanisms and transparency to ensure appropriate financial management, including clear guidelines for fund utilization in Drug Revolving Funds and pooled procurement mechanisms.

iv) Enhance collaboration with the government and the regulatory authority in developing health policies at the regional, national, and local government levels.

v) We call on governments to operationalized their national action plans to prevent and contain antimicrobial resistance, demonstrating accountability.

E. Sustainable Financing

We commit to:

i) Strengthen faith-based facility financing by leveraging religious leaders and their established community trust to mobilize donations and establish community funds.

ii) Ensuring transparency and accountability, including regular audits.

iii) Explore innovative financing mechanisms, such as public-private partnerships and social impact bonds.

iv) We call on the government and development partners to commit to increasing targeted funding for financial resources and technical support in promoting health systems strengthening.

CHAPTER V
Appendices

Chapter 5: Appendices

Forum Pictorials CLICK HERE

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Scientific Poster Abstracts CLICK HERE

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