



9TH ECUMENICAL PHARMACEUTICAL NETWORK (EPN) BIENNIAL FORUM 2024

(Brief Report)



28-31 NOVEMBER 2024

© Ecumenical Pharmaceutical Network (EPN)

Maisonette 1, Kirichwa Flats, LR No. 2/68,

Kirichwa Road, Kilimani, Nairobi, Kenya

Tell: +254 724 301755

Email: info@epnetwork.org

Website: www.epnetwork.org



INTRODUCTION

Access to quality healthcare is a fundamental human right for all, regardless of geographical location or demographic factors. This should include access to healthcare providers, essential medicines, and preventative interventions and treatment services. Yet, in many African communities, accessibility to primary healthcare has been one of the most significant challenges perpetuating health inequalities and hindering sustainable development!

On 28th October 2024, 201 participants drawn from Christian Health Associations (CHAs), Drug Supply Organizations (DSOs), Religious Leaders, Faith Based Organizations(FBO), Church Health Institutions(CHI) and Other Partners from 25 countries in Africa and beyond, gathered in Dar Es Salaam for the 9th Ecumenical Pharmaceutical Network (EPN) Biennial forum. Themed Accelerating Access to Quality Healthcare Services for ALL: Bridging the Last Mile, the forum provided a platform for key stakeholders and members to address the health system challenges that hinder access to healthcare.

To this end, the forum utilized diverse and interactive methodologies to foster engagement, knowledge sharing, networking and collaboration among participants. The event featured a pre-conference with two break-out sessions to set the stage. A World Café format, along with group work and open dialogue, encouraged collaborative problem-solving and the exchange of innovative ideas, enhancing the forum's impact. The main conference featured plenary discussions, bringing attendees together to explore key themes. Breakout discussions allowed for more focused dialogue in smaller groups, while poster presentations provided visual insights into various research findings and innovative projects. Side events offered further exploration of specialized topics and initiatives, while site visits offered participants practical experiences and networking opportunities outside the main conference sessions.

Through this multi-faceted approach, the 9th EPN Forum facilitated knowledge exchange, shared best practices, and laid the foundation for collaborative action to bridge the “last mile” in healthcare delivery.

FORUM OBJECTIVES

1. Identify barriers hindering access and foster intersectoral collaboration in bridging the gap in access to quality healthcare, pharmaceutical services and health products/commodities.
2. To explore innovative technologies and approaches that can bridge the gap in healthcare access and delivery.
3. Share strategies and experiences among EPN members and key stakeholders on Quality Assurance as well as tackling the Antimicrobial Resistance crisis in LMICs.
4. To highlight the need for advocacy strategies for policy reforms that can enhance access to healthcare services in remote communities in Africa.



PRE-CONFERENCE:

Brief introduction

The Ecumenical Pharmaceutical Network (EPN) Pre-Conference sessions held on October 29, 2024, in Dar es Salaam, focused in combating antimicrobial resistance (AMR) and addressing substandard and falsified medicines across Africa. The pre conference was structured into two breakout sessions: Antimicrobial resistance (AMR) and Mini-Lab breakout sessions. Dr. Judy Asin opened the AMR Pre-Conference, highlighting the need for integrated approaches to tackle AMR, emphasizing regional vulnerabilities, and promoting the One Health approach to link human, animal, and environmental health. Interactive sessions encouraged networking and collaborative solutions. Meanwhile, Christine Difam, EPN's board chair, introduced the Mini-Lab Pre-Conference, spotlighting efforts to combat substandard and falsified medicines in low- and middle-income countries. This session included success stories, public-private collaborations, and a practical site visit to Action Media's diagnostic production plant. Both pre-conferences underscored EPN's commitment to fostering partnerships, sharing best practices, and developing actionable strategies to improve pharmaceutical services across the continent.

TOPIC I:

ADDRESSING ANTIMICROBIAL RESISTANCE IN AFRICA THROUGH INTEGRATED APPROACHES

INTRODUCTION

The AMR Pre-conference, held on October 29th, 2024, in Dar es Salaam, convened healthcare professionals, researchers, and policymakers to discuss the growing threat of antimicrobial resistance (AMR) in Africa. The pre-conference aimed to assess current challenges, identify regional vulnerabilities, and promote integrated approaches to combating AMR.

1. Identified Gaps in addressing AMR

Funding and Resource Constraints: African countries face significant financial challenges in implementing National Action Plans (NAPs) for AMR, with limited allocation for AMR-specific programs and reliance on external funding sources. Sustained financial support is critical for long-term success.

Data Collection and Sharing Limitations: Inconsistent data systems across sectors hinder effective monitoring and decision-making. Inadequate data-sharing mechanisms create silos, which complicates understanding of AMR trends and intervention efficacy.

Limited public awareness: Public awareness of AMR and responsible antibiotic use remains low, reducing the effectiveness of stewardship programs. The forum noted insufficient community engagement and education efforts, particularly among youth and underserved populations.

Infrastructural and Diagnostic Gaps: Many healthcare facilities lack essential infrastructure for AMR monitoring, including microbiology labs for culture and sensitivity testing. The high cost of diagnostics limits patient access to necessary testing, leading to more empirical antibiotic treatments and increased resistance.

Regulatory and Stewardship Challenges: Weak governance in antimicrobial stewardship (AMS) programs, particularly within rural health facilities, undermines consistent implementation. High staff turnover, lack of AMS-specific training, and inadequate adherence to protocols are ongoing issues.

Addressing environmental factors: Mitigating the impact of environmental pollution and waste management practices on AMR requires concerted efforts.

Engaging political leaders: Securing high-level political commitment and support is essential for prioritizing AMR and driving policy change.

2. Key Discussions and Findings

Global Commitments and African Progress: Dr. Tracie Muraya discussed outcomes from the UN's recent high-level meeting on AMR, where the commitment to a 10% reduction in AMR-related deaths by 2030 was announced. However, achieving this goal in Africa remains challenging due to structural and financial constraints.

Cross-Sector Collaboration through One Health: Hamisi Msagama emphasized the One Health approach, integrating human, animal, and environmental health to tackle AMR holistically. The “ABCDE” framework (Awareness, Budget, Cost-effectiveness, Data, Elections) was highlighted as a model to foster collaboration and sustainable AMR initiatives.

National Action Plans and Regional Variations: Yidnekachiew Defau of WHO Afro provided insights into the uneven implementation of AMR strategies across African nations. Although all 47 member states have developed NAPs, a lack of political will and consistent governance limits the realization of these plans.

Antimicrobial Stewardship as a Pillar of Healthcare: Dr. Joseph Mukoko detailed the importance of AMS programs in ensuring quality and affordability of antimicrobials. Key issues discussed included the overpricing of new antibiotics, inadequate supply chains, and the need for regulatory frameworks to promote responsible use of antibiotics in healthcare facilities.

Youth and Community Engagement Strategies: The World cafe highlighted the importance of involving youth in AMR advocacy. He discussed challenges such as poor messaging and lack of mentorship, proposing targeted youth engagement through social media and community groups.

Traditional medicine can play a role: Exploring the potential of traditional medicine in AMR management can contribute to holistic healthcare approaches.

3. Strategic Recommendations

Strengthen Multi-Sectoral Collaboration and Data Systems

Enhance Cross-Sector Platforms: Establish multi-sectoral platforms that involve stakeholders from human health, animal health, and environmental sectors, fostering regular dialogue and knowledge exchange. The One Health approach should guide these collaborations, ensuring interconnected health issues are tackled comprehensively.

Centralize Data Systems and Promote Data Sharing: Develop centralized databases to capture data from all health sectors, enabling coordinated analysis and actionable insights. Data-sharing agreements across governmental and non-governmental organizations can support evidence-based decision-making.

Capacity Building and Public Awareness Initiatives

AMS Training and Professional Development: Provide continuous AMS and IPC training for healthcare workers, particularly in rural and underserved areas, to strengthen compliance and stewardship practices. Embedding AMS principles in onboarding and development programs can help mitigate the impact of high staff turnover.

Expand Public Awareness Programs: Implement public education campaigns that communicate the impact of AMR in accessible language and through locally relevant channels. Youth-focused programs and school curricula can play a role in fostering a culture of responsible antimicrobial use.

Financial and Policy Support for Sustainable AMR Programs

Increase Funding for AMR Initiatives: Advocate for dedicated AMR funding within national budgets, focusing on diagnostics, stewardship, and community engagement. Policymakers should prioritize AMR as a public health issue, ensuring that AMS programs receive sustained financial backing.

Establish and Enforce Regulatory Frameworks: Develop guidelines and protocols to promote responsible antibiotic use, with specific focus on prescribing practices in community pharmacies. AMS programs should also monitor compliance and implement measures to regulate antibiotic sales and distribution.

Enhance Diagnostic Infrastructure and Access

Expand Access to Diagnostic Testing: Partner with local labs or create mobile diagnostic units to improve access to culture and sensitivity tests in rural and remote areas. Cost-sharing models, where feasible, can help make diagnostics more affordable for patients.

Promote Cost-Effective Diagnostic Innovations: Investment in rapid diagnostic tools and alternative testing methods can reduce reliance on empirical treatments, ensuring antibiotics are prescribed based on specific pathogen data.

Promote Youth and Community Involvement in AMR Efforts

Leverage Social Media and Community Structures: Engage youth and community groups through social media campaigns and local outreach events. Highlight AMR issues through relatable messaging, such as storytelling and testimonials from AMR-affected patients.

Encourage Localized AMR Advocacy: Empower youth groups to lead AMR awareness initiatives within their communities, providing mentorship, resources, and platforms to amplify their voices in policy and research discussions.

Conclusion

The AMR Pre-conference highlighted the urgent need for comprehensive and collaborative action to address the growing threat of AMR in Africa. By acknowledging the gaps, learning from best practices, and addressing the key challenges, stakeholders can work together to develop and implement effective strategies to combat AMR and protect public health.

TOPIC 2:

MINILAB PRECONFERENCE: FIGHTING SUBSTANDARD AND FALSIFIED MEDICINES

The Minilab Pre-conference, held on October 29th, 2024, in Dar es Salaam, brought together 201 participants from 25 countries to address the critical issue of substandard and falsified (SF) medicines. The pre-conference aimed to provide an overview of the Minilab Network's activities, share best practices, and foster collaboration among stakeholders.

Gaps Identified

Funding and Resources: Limited funding and logistical challenges hinder the expansion and sustainability of Minilab programs, particularly in remote areas.

Training and Capacity Building: Continuous training programs for lab technicians are needed to ensure consistent quality testing and data interpretation.

Awareness and Advocacy: Greater public awareness about SF medicines is needed to empower consumers and encourage reporting of suspicious products.

Data Management and Sharing: Improved systems for data management and sharing are needed to track the prevalence of SF medicines and inform policy decisions.

Collaboration and Coordination: Stronger collaboration between Minilab Networks, NRAs, governments, and other stakeholders is crucial for effective regulation and enforcement.

Lessons Learned

Minilabs 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.

Community engagement is key: Partnerships with community health centers and public awareness campaigns can significantly enhance the impact of Minilab programs.

Success stories inspire action: Sharing successful experiences from different countries can motivate and guide other stakeholders in implementing effective strategies.

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 Minilab initiatives.

Collaboration is essential: Working closely with public authorities and other partners is crucial for strengthening regulatory frameworks and addressing the challenges of SF medicines.

Recommendations

Increase investment in Minilab programs: Secure additional funding and resources to support the expansion, sustainability, and technological advancement of Minilab Networks.

Strengthen training and capacity building: Develop and implement comprehensive training programs for lab technicians, regulatory staff, and healthcare providers.

Enhance public awareness and advocacy: Launch public education campaigns to raise awareness about SF medicines and encourage community participation in reporting suspicious products.

Improve data management and sharing: Develop standardized protocols for data collection, analysis, and sharing to inform policy and decision-making.

Foster collaboration and coordination: Strengthen partnerships between Minilab Networks, NRAs, governments, and other stakeholders to ensure effective regulation and enforcement.

Conclusion

The Minilab Pre-conference provided a valuable platform for identifying gaps, sharing lessons learned, and formulating recommendations to strengthen the fight against SF 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.



MAIN CONFERENCE

The Main Conference, held from Tuesday, October 30th, to Wednesday, October 31st, explored critical drivers of healthcare access by examining several health system building blocks. These included human resources, health products and technologies (including diagnostics), and health financing. The conference also emphasized the importance of regulations, policies, and guidelines at the drug supply chain and health facility levels to ensure access to quality care. Finally, it highlighted the importance of community engagement in overcoming the “last mile” challenges and reaching underserved populations.

The opening remarks of the Main Conference emphasized collaboration and innovation in addressing healthcare access challenges. Peter Manduki (CSSC Tanzania) highlighted the role of faith-based organizations like CSSC in supporting healthcare delivery and the potential of Tanzania’s “Tourist Health Services” initiative. Gerald Masuki (Action Medeor TZ) stressed the importance of reaching underserved communities (“the last mile”) and called for dedication, innovation, and collaboration. Richard Neci Cizungu (ED EPN) outlined critical challenges, including access to medicines, workforce shortages, and pharmaceutical system gaps, and urged participants to focus on sustainable, community-centered approaches and innovative technologies. Christine Difam (EPN Board Chair) highlighted EPN’s achievements in capacity building and local pharmaceutical production while acknowledging the ongoing challenges of medicine access and global health threats. Dr. Daudi Msasi (Chief Pharmacist, Ministry of Health, Tanzania) emphasized the importance of partnerships between the government and FBOs, showcased successes in local production of reagents and PPE, and called for innovative solutions to address health financing gaps. (Pictures)

TOPIC I:

THE IMPERATIVE OF ACCELERATING ACCESS FOR ALL

Topic I of the EPN Biennial Forum focused on the critical imperative of accelerating access to healthcare for all, particularly in underserved communities. The sessions explored the role of Christian health services, community health workers, local pharmaceutical manufacturing, and innovative financing models in achieving this goal.

Gaps Identified

Service Coverage and Access: Significant gaps in healthcare service coverage and access, particularly in rural and marginalized communities. Key health challenges include maternal mortality, malnutrition, infectious diseases, and now the rising burden of non-communicable diseases (NCDs).

Health Workforce: Shortages of healthcare workers, exacerbated by brain drain to higher-income countries.

Medicine Affordability: High cost of essential medicines, limiting access for many patients.

Local Pharmaceutical Production: Limited capacity for local pharmaceutical manufacturing, leading to dependence on imports.

Community Health Financing: Lack of sustainable financing mechanisms for community-based healthcare initiatives.

Data and Research: Insufficient data collection and research on the effectiveness of healthcare interventions.

Climate Resilience: Lack of preparedness for climate-related health crises and their impact on vulnerable communities.

Key Discussions/Findings/Lessons Learned

Christian Health Services: Christian health services play a vital role in providing healthcare in underserved areas, often filling gaps left by government services.

Community Health Workers: Community health workers (CHWs) are essential in extending healthcare access to remote communities and addressing workforce shortages.

Local Pharmaceutical Manufacturing: Strengthening local pharmaceutical manufacturing can improve access to affordable medicines and contribute to economic development.

Community Health Financing: Innovative community-based financing models, including digital health wallets and mutual care financing, can contribute to sustainable healthcare funding.

Digital Health: Digital tools can enhance healthcare access, particularly in rural areas, by facilitating communication, data collection, and health financing.

Brain Drain: Addressing brain drain requires creative solutions, such as engaging diaspora healthcare professionals and improving working conditions for local staff.

Climate Change: Climate change poses a growing threat to health, requiring community-led resilience strategies and preparedness for climate-related health crises.

Traditional Medicine: Integrating traditional medicine with evidence-based research can contribute to holistic healthcare approaches.

Recommendations

Strengthen Community Health Financing: Develop and implement community-based health financing models, leveraging digital tools and church networks to mobilize resources.

Expand Local Pharmaceutical Manufacturing: Invest in policies and infrastructure to support local pharmaceutical production, ensuring access to affordable medicines.

Empower Community Health Workers: Expand CHW programs, providing training, resources, and support to enhance their role in healthcare delivery.

Promote Data Collection and Research: Encourage Christian health organizations to collect data, conduct research, and publish findings to inform policy and practice.

Address Brain Drain: Implement strategies to retain healthcare workers, including improving working conditions and engaging diaspora professionals.

Build Climate Resilience: Develop community-led climate resilience strategies to protect vulnerable populations from climate-related health risks.

Integrate Traditional Medicine: Promote research and education on traditional medicine to ensure safe and effective integration into healthcare systems.

Conclusion

Topic 1 of the EPN Biennial Forum powerfully conveyed the urgent need to accelerate healthcare access for all. Discussions revealed persistent gaps in service coverage, workforce, medicine affordability, and climate resilience while highlighting the vital role of Christian health services and community health workers in reaching marginalized populations. The forum championed innovative solutions like community-based financing, digital health, and local pharmaceutical production while emphasizing the necessity of collaboration, research, and policy advocacy to achieve equitable and sustainable healthcare systems.

TOPIC 2:

BREAKING DOWN BARRIERS: STRATEGIC APPROACHES AND INNOVATIONS IN ADDRESSING HEALTHCARE INEQUALITIES

Topic 2 of the EPN Biennial Forum delved into the strategic approaches and innovations needed to break down barriers and address healthcare inequalities. The sessions explored capacity building for healthcare workers, leveraging technology, engaging community leaders, and fostering multi-sectoral partnerships to improve access to quality healthcare.

Gaps Identified

Healthcare Workforce: Significant shortage of skilled healthcare workers, particularly in specialized areas like pharmaceutical services and AMR management.

Training and Capacity Building: Limited access to quality training and professional development opportunities for healthcare workers in resource-constrained settings.

Technology Access: Uneven access to technology and digital tools for healthcare delivery and training, particularly in remote areas.

Community Engagement: Insufficient engagement of community leaders and influencers in promoting health and healthcare utilization.

Health Financing: Limited and unsustainable financing for healthcare initiatives, particularly in the private sector.

Data and Information: Lack of accessible and reliable data for informed decision-making in healthcare.

Key Discussions/Findings/Lessons Learned

Capacity Building: Innovative approaches to capacity building, such as scholarships, online learning platforms, and short-term training programs, can effectively address workforce gaps.

Technology and Digital Health: Leveraging technology and digital tools can enhance healthcare access, training, and data management, particularly in remote and underserved areas.

Community Engagement: Engaging church leaders and community influencers can significantly improve health promotion and healthcare utilization.

Multi-sectoral Partnerships: Collaborative partnerships between public, private, and faith-based organizations can strengthen healthcare systems and improve access to quality care.

Conflict-Affected Settings: Adaptable and responsive training programs are crucial for building healthcare resilience in conflict-affected regions.

Pharmaceutical Services: Improving the quality and integration of pharmaceutical services requires addressing training gaps, regulatory challenges, and workforce deployment.

Recommendations

Expand Capacity Building Initiatives: Increase investment in scholarships, online learning platforms, and targeted training programs for healthcare workers.

Leverage Technology and Digital Health: Promote the use of digital tools and technologies to enhance healthcare access, training, and data management.

Engage Community Leaders: Empower church leaders and community influencers to promote health and advocate for improved healthcare services.

Foster Multi-sectoral Partnerships: Strengthen collaboration between public, private, and faith-based organizations to address healthcare inequalities.

Adapt Training for Conflict Settings: Develop and implement flexible training programs that equip healthcare workers to respond to the unique challenges of conflict-affected areas.

Strengthen Pharmaceutical Services: Address workforce gaps, regulatory barriers, and training inconsistencies to improve the quality and integration of pharmaceutical services.

Conclusion

Topic 2 underscored the importance of breaking down barriers to healthcare access through strategic approaches and innovations. By investing in capacity building, leveraging technology, engaging communities, and fostering multi-sectoral partnerships, stakeholders can work together to address healthcare inequalities and ensure that quality care reaches all, especially the most vulnerable and marginalized populations. The diverse experiences and best practices shared during the sessions provided valuable insights and a roadmap for action to create more equitable and accessible healthcare systems.

TOPIC 3:

STRENGTHENING HEALTH FINANCING FOR RESILIENT DRUG PROCUREMENT AND SUPPLY CHAIN

Identified Gaps in Health Financing and Drug Procurement

Dependence on External Funding: Many health facilities, especially within faith-based organizations (FBOs), rely on external donor funding for procurement, which limits financial independence and resilience. Dependency on donor support risks the sustainability of essential drug supplies.

Challenges in Pooled Procurement Implementation: The Ecumenical Pharmaceutical Network (EPN) pooled procurement initiative faces hurdles in regulatory alignment and inconsistent participation from Drug Supply Organizations (DSOs), which weakens purchasing power and impacts price negotiations.

Barriers to Drug Revolving Fund (DRF) Sustainability: DRFs struggle with balancing affordability and revenue generation. Dependence solely on drug sales for revenue without diversified funding sources places the long-term viability of DRFs at risk.

Supply Chain Vulnerabilities: Supply chain disruptions, high operational costs, and limited local manufacturing options affect the availability and affordability of essential medicines in low- and middle-income countries (LMICs), leading to drug shortages and higher healthcare costs.

Key Discussions and Findings

Pooled Procurement for Enhanced Access: Christoph Jacques Rerat from WHO Geneva emphasized pooled procurement as a means to leverage buying power, reduce costs, and standardize quality across LMICs. Benefits include improved supply chain efficiency and quality assurance. However, success requires harmonized regulatory standards and sustained political support from participating countries.

Drug Revolving Funds (DRF) for Financial Resilience: Dr. Joseph Mukoko highlighted DRFs as a model for sustainable drug procurement within FBOs, where revenue from medication sales is reinvested into stock replenishment. This model reduces reliance on external funding while maintaining affordable prices, though it requires robust governance and transparency mechanisms.

Local Manufacturing for Self-Reliance: Dr. Bildard Baguma from Joint Medical Stores (JMS) discussed local manufacturing as a strategy to reduce dependency on international suppliers, especially critical during supply chain crises like COVID-19. Local production also supports economic development and job creation, though high capital costs and investment climate challenges remain significant barriers.

Health Financing and Insurance in FBO Facilities: Dr. Josephine Balati of CSSC Tanzania discussed the role of health insurance in financing FBO healthcare services, highlighting the need for risk pooling, financial transparency, and strategic partnerships with government and private entities. These strategies increase access to affordable healthcare, especially in underserved areas.

Strategic Recommendations

Strengthen and Diversify Funding Sources

Develop Sustainable Financing Models: Establish revolving funds and explore innovative revenue models, such as tiered services, to cross-subsidize costs and reduce reliance on donor funding.

Engage Strategic Partnerships: Form partnerships with private, governmental, and international organizations to support financing, particularly for large-scale investments in infrastructure and local manufacturing.

Enhance Pooled Procurement Mechanisms

Establish Regulatory Alignment: Harmonize procurement policies across participating countries to streamline processes and foster transparency. Implement centralized payment and contracting to reduce delays and maintain consistent supplier relationships.

Promote Long-term Supplier Contracts: Shift to long-term supplier agreements to build trust, ensure stable pricing, and improve reliability within the supply chain.

Strengthen Drug Revolving Funds (DRFs) and Community Involvement

Implement Transparent Financial Management: Separate DRF accounts from main facility funds to ensure accountability, preventing fund diversion and promoting resource reinvestment.

Encourage Community Engagement: Actively involve local communities in DRF operations through education and transparent communication to enhance trust and increase DRF usage.

Invest in Local Manufacturing and Supply Chain Stability

Support Local Production Initiatives: Governments and FBOs should invest in local production facilities and advocate for government-backed agreements to ensure steady demand for locally produced medicines.

Build Capacity for Supply Chain Management: Provide training in supply chain management for local healthcare staff to strengthen DRF and procurement operations and prevent stockouts.

Expand Insurance Coverage for Financial Protection

Develop Community-Based Insurance Programs: Introduce affordable insurance options tailored to the needs of FBO facilities' demographics, focusing on risk pooling and reducing out-of-pocket healthcare costs.

Conclusion

The forum emphasized the need for resilient, locally supported financing models for drug procurement and healthcare services. Strengthening pooled procurement, supporting DRFs, investing in local manufacturing, and expanding insurance access are crucial steps toward sustainable healthcare financing. These strategies aim to increase affordability and accessibility while reducing reliance on external funding, ultimately contributing to universal health coverage and economic resilience in LMICs.

TOPIC 4:

NAVIGATING POLICIES, GUIDELINES AND REGULATIONS IN ADDRESSING HEALTH DISPARITIES

Overview and Context

The panel, featuring regulatory experts from Tanzania, Kenya, and Cameroon, examined how national policies and frameworks can address health disparities by improving access to quality-assured medicines and healthcare products. Discussions highlighted regulatory adaptations, quality control, local manufacturing support, and cross-border collaboration as essential strategies in reducing access barriers across these nations.

Key Discussion Points and Panelist Contributions

Regulatory Policies for Health Product Accessibility

Tanzania: Dr. Adela Ndenga outlined Tanzania's supportive policies for local manufacturers, such as tax exemptions on raw materials, which encourage domestic production. However, over-stringent regulations may hinder small manufacturers. Tanzania's attainment of WHO's Maturity Level 3 exemplifies its commitment to regulatory quality.

Cameroon: Dr. Laida Sandrine Prudence emphasized Cameroon's multifaceted approach to improve accessibility, including price caps and flexible regulatory support for local importers. The National Commission on Medication plays a crucial role in price standardization and quality oversight, reducing the prevalence of counterfeit drugs.

Kenya: Dr. Onesmus Saidimu highlighted Kenya's flexible registration pathways, including reliance on WHO-prequalified products and international agreements, enabling quicker access to essential drugs. Fee reductions for local manufacturers further support Kenya's commitment to self-reliance.

Quality Control and Surveillance to Address Health Disparities

Tanzania's decentralized quality control includes mini-labs that screen products for quality, particularly in remote areas, effectively reducing counterfeit drugs and maintaining regional quality standards.

Kenya's post-market surveillance, including collaborative adverse-effect reporting, ensures that approved drugs meet safety standards. Kenya's compassionate use policies also allow for access to treatments for rare conditions.

Emergency Fast-Tracking for Public Health Crises

Cameroon: The National Commission on Medication introduced a "fast-track" system to expedite critical medication approvals, vital during COVID-19 for rapid vaccine distribution.

Kenya: Multiple registration pathways and emergency use authorizations ensure rapid access to essential drugs during crises, demonstrating Kenya's adaptability in responding to public health needs.

Promotion of Local Manufacturing

Tanzania and Kenya both prioritize local production to reduce import dependency. Incentives like tax exemptions and fee reductions encourage domestic production, providing a stable medicine supply and enhancing self-sufficiency, especially during global crises.

Challenges in Policy Implementation

Cameroon faces budget constraints, coordination gaps, and monitoring challenges that contribute to uneven drug access across regions. Enhanced support for regional importers and coordinated market surveillance aim to address these issues.

Concluding Insights and Takeaways

The session underscored the importance of adaptable policies, local manufacturing support, and international collaboration to reduce health disparities. Key takeaways include:

Adaptability in Regulatory Processes: The ability to fast-track drug registration and implement parallel importation pathways ensures that essential medicines reach those in need swiftly, especially during crises.

Investment in Local Manufacturing: Supporting domestic production through tax incentives and reduced fees strengthens supply chain resilience and reduces import reliance, providing a steady supply of affordable medicines.

Enhanced Quality Control: Establishing regional quality assurance labs and mini-labs can address disparities by ensuring consistent drug quality across regions.

International Partnerships: Collaboration with organizations like the WHO and EPN facilitates alignment with global standards and supports resource-sharing, aiding regulatory bodies in maintaining quality assurance.

Conclusion

This panel illustrated that cohesive policy frameworks, strategic regulatory adaptations, and regional partnerships are pivotal in reducing health disparities within African healthcare systems. These strategies support equitable access to high-quality health products, emphasizing the need for continuous investment in regulatory capacity and political commitment to health equity.

TOPIC 5:

HARNESSING THE POWER OF ADVOCACY TO ENSURE EQUITABLE ACCESS TO HEALTHCARE SERVICES

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.

Key Discussion Points and Panelist Contributions

1. Problems that could be tackled through advocacy
2. Minimal integration of church health systems with national health systems
3. Increase of substandard and falsified medical products
4. Availability and affordability of quality pharmaceutical services and medicines
5. A growing concern on antimicrobial resistance
6. Lack of equity in access to quality medical products and services (Leaving no one behind including gender, rights, community)
7. Health systems shocks such as pandemics and climate crisis

Global Health Trends that we need to watch

1. Rethinking of the manufacturing agenda, there is need for owned up definition of technology transfer
2. The global budget cuts towards development work and its impact on the health agenda especially in the global south
3. 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.
4. The unification of the church health system around the key and critical policy advocacy issues

EPN Advocacy Strategy Key Focus Areas

1. Stronger faith-based voice and influence in national and sub-national decision-making processes through improved collaboration between church health institutions and public health systems
2. Improved regulatory frameworks to combat substandard and falsified medical products
3. Reducing health disparities and ensuring equitable access to quality and affordable medical products and services.

Concluding Insights and Takeaways

4. The need to engage faith leaders in policy advocacy as “Church Health System Prophetic Voice”
5. Engagement of young people in enhancing visibility of identified advocacy issues at local, national, regional and international levels especially using technology
6. Need to build capacity of non-health champions (faith leaders, young people, affected populations by disease) to understand issues and advocate for the same.
7. The need to have clarity of issues and having a communication plan for the same
8. Utilization of the networks reach to enhance visibility of critical issues affecting the church health system
9. The value that exists in collaborations with like minded organizations in enhancing the advocacy voice
10. The need of linking local issues with policy change at the sub-region, national and international level
11. Linking the global health landscape changes to shape local policy advocacy terrain

OUTCOMES

Call to action Link:

<https://drive.google.com/file/d/1ro7xxH0TVPSEHdA4IDGnOS6N6xPoMrI5/view?usp=sharing>

Press briefing Links

<https://drive.google.com/file/d/1L2-8I53-3FIL-OPDJXwM6mH-yBkidNis/view?usp=sharing>

TAARIFA YA HABARI YA SAA MBILI USIKU, 30 OKTOBA, 2024

<https://drive.google.com/file/d/1c3uxyrrjhXiHzAe41xZTZTIKvzR2Po2I/view?usp=sharing>

Pictorials

https://drive.google.com/drive/folders/133YjBiqLDKhki-tF6DPoxIL9EuCHUUBe?usp=drive_link

CONCLUSION

In addressing last mile access to quality healthcare challenges, it is critical to advocate for stronger collaborations on innovative strategies, integration and engagements among all stakeholders, including policymakers and experts, to accelerate access to healthcare for all. This can be further achieved through providing scalable or sustainable solutions, tackling health emergencies, focus on community healthcare as well as patient-centered approaches, promoting public-private partnerships, embracing emerging technologies and innovations, as well as engaging champions to act as advocates, among them youth and religious leaders.



For Inquiries/Feedback:
**Ecumenical Pharmaceutical
Network (EPN)**

+254 724 301755



info@epnetwork.org



**Maisonette 1, Kirichwa Flats,
LR No. 2/68, Kirichwa Road,
Kilimani, Nairobi, Kenya**