EPN BIENNIAL FORUM 2022 REPORT

11 - 14th October 2022

The future of health care in the global south
with a focus on sub-Saharan Africa

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ACRONYMS

AACC ..... All Africa Conference of Churches
AfCFT ..... The African Continental Free Trade Area
AFYA ACHAP ..... AFYA African Christian Health Associations Platform
AGM ..... Annual General Meeting
AMA ..... African Medicine Agency
AMR ..... Antimicrobial Resistance
AMRH ..... African Medicines Regulatory Harmonization
ANC ..... Anti Natal Care
AUDA-NEPAD ..... African Union Development Agency - New Partnership for Africa's Development (NEPAD) into African Union (AU)
BUFMAR ..... Le Bureau Des Formations Médicales Agréées du Rwanda
CHA ..... Christian Health Association
CHAL ..... Christian Health Association of Liberia
CHAM ..... Christian Health Association of Malawi
CHAN ..... Christian Health Association of Nigeria
CHAN MEDI-PHARM, Nigeria
CHASL ..... Christian Health Association of Sierra Leone
DIFAEM ..... German Institute for Medical Mission e. V. - Difäm
DNDi ..... Drugs for Neglected Diseases Initiative
DRC ..... Democratic Republic of the Congo
DRF ..... Drug Revolving Fund
DSO ..... Drug Supply Organisation
DSU ..... Drug Supply Unit
EAC ..... East African Commission
EACPP ..... East African Pooled Procurement Initiative
EPN ..... Ecumenical Pharmaceutical Network
FBO ..... Faith Based Organisation
FKPM ..... Federation of Kenya Pharmaceutical Manufacturers
FPP ..... Finished pharmaceutical products
GMP ..... Good manufacturing practice
HIV ..... Human Immunodeficiency Virus
INERELA ..... International Network of Religious Leaders Living With Or Personally Affected By HIV
IPC ..... Infection, Prevention and Control
JMS ..... Joint Medical Stores
KCMC ..... Kilimanjaro Christian Medical Centre
KEMSA ..... Kenya Medical Supplies Authority
LMICs ..... Low and Middle Income Countries
MCH ..... Maternal Child Health
MEDS ..... Mission for Essential Drugs and Supplies
MMH ..... Maternal Mental Health
MoH ..... Ministry of Health
NAPs ..... National Action Plans
NCD ..... Neglected Tropical Diseases
NCDs ..... Neglected Tropical Diseases
NCHS ..... National Catholic Health Services
NGO ..... Non Governmental Organisation
NHIF ..... National Health Insurance Fund
NHIS ..... National Health Insurance Systems
PHC ..... Primary health care
PMPA ..... The Pharmaceutical Manufacturing Plan for Africa
PNC ..... Post Natal Care
PPEs ..... Personal Protective Equipment
PPP ..... Public–private partnership
QA ..... Quality Assurance
QC ..... Quality Control
RSS PQM+ ..... Regulatory systems strengthening (RSS); Promoting the Quality of Medicines Plus (PQM+)
TB ..... Tuberculosis
TWG ..... Technical Working Groups
UHC ..... Universal Health Care
UN ..... United Nations
USAID ..... United States Agency for International Development
WCC ..... World Conference of Churches
WHO ..... World Health Organisation

ABOUT THE FORUM

Introduction

The EPN Forum is a biennial event of the EPN's network. This event brings together EPN members, partners and donors to meet physically, learn, share and exchange experiences, gain knowledge and learn about best practices on health services across and beyond the network.

As a Christian based organization, it also serves as a platform to fellowship. They discuss, develop ideas and make critical decisions in relation to the activities of the network. The Forum is usually flanked by a pre-event and ends with the EPN Annual General Meeting.

The first edition of the EPN Forum was held in the year 2006 in Tuebingen, Germany with the 25th year anniversary celebrations. The 2022 Forum is the 8th edition. Joint Medical Store (JMS) Uganda, an EPN member, co-hosted the last Forum held in May 2018 in Kampala, Uganda. This edition was initially scheduled for 2020, however, owing to conditions occasioned by the Covid-19 pandemic, it was postponed to 2022.

The EPN Forum Theme this year was on "The Future of health care in the Global South" with a focus on Sub-Saharan Africa. This was held at the KCB Leadership Centre in Karen, Nairobi, Kenya from 11- 14 October, 2022. The Minilab preconference kick-started the forum on the 10th and 11th October, 2022 (see Minilab workshop report for reference) and ended with the Annual General Meeting on the 14th October, 2022 (see AGM report).

Objectives

1. Discuss how Covid-19 has affected the delivery of Primary health care with a focus on pharmaceutical services and which improvements are needed to prepare for future pandemics

2. Share strategies for future health care that improve maternal and child health (MCH)

3. Share strategies for future health care that improve the control of major communicable diseases (HIV, TB, Malaria, Covid-19)

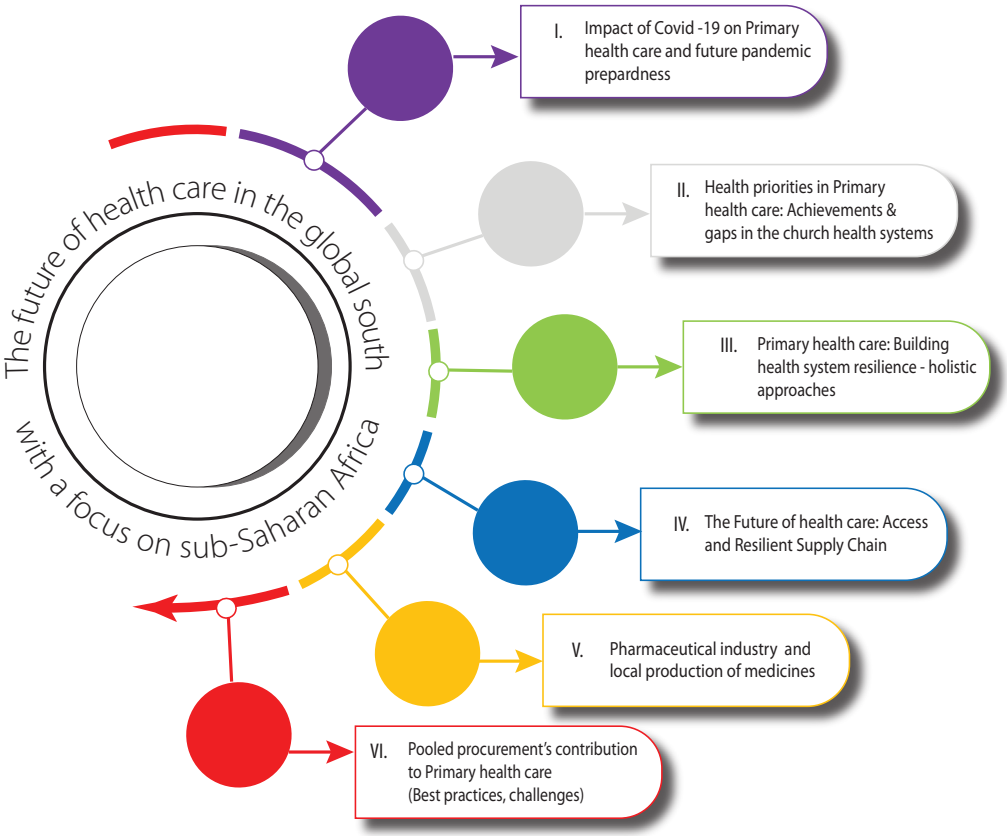
4. Share strategies for future health care that effectively fight the epidemic of Non-Communicable diseases (NCDs) such as cardiovascular diseases, diabetes, respiratory diseases and cancer

5. Present an overview of what EPN members and stakeholders are doing to deliver holistic pharmaceutical services that improve health care

6. Discuss strategies that boost pharmaceutical industry and local production of medicines in LMICs (progress/success, innovations, and challenges) and their impact on future health care

7. Share the impact networking brings to the Improvement of health care in the Church Health System

Main Topics


The future of health care in the global south
with a focus on sub-Saharan Africa
I. Impact of Covid -19 on Primary health care and future pandemic prepardness
II. Health priorities in Primary health care: Achievements & gaps in the church health systems
III. Primary health care: Building health system resilience - holistic approaches
IV. The Future of health care: Access and Resilient Supply Chain
V. Pharmaceutical industry and local production of medicines
VI. Pooled procurement's contribution to Primary health care (Best practices, challenges)

Key forum deliberations and recommendations

I. Impact of Covid-19 on Primary health care and future pandemic

- MoH Kenya Recommended that the support between the government and faith-based organizations to be strengthened further recognizing the role that faith-based organizations play.
- Health systems are not resilient enough to pandemics and high-risk shocks. Moving forward, it was recommended to continue 1. Strengthening the continental public health institution 2. Strengthening the public health workforce 3. Expanding local manufacturing 4. Increasing domestic resources for health and 5. Implementing respectful action-oriented partnerships.
- Churches to influence health, the following approaches are necessary: health education, practical actions, advocacy and empowerment for public witnesses.
- To build resilient PHC, the following strategies were recommended by the MoH Kenya: better governance in PHC, increased financing and accountable, quality in service delivery, implementing PHC using policy documents and a comprehensive, integrated, coordinated and people-centered health services.
- During the pandemic, there has been marked reduction of some communicable diseases such as diarrhea due to some practices that were enforced over that period such as handwashing techniques. It was recommended that governments continue to engage the citizens in the same way and adapt guidelines that enforced the support to the community to be able to cope with the pandemic.

II. Health priorities in Primary health care: Achievements & gaps in the church health systems including

Antimicrobial Resistance (AMR)

- AMR is still a global threat to health. The government in various countries have developed National Antimicrobial action plans (NAPs), however there is still a gap in the implementation of the plan at the facility level. It is important to conceptualize the AMS guidelines into the various local settings that we have Infection Prevention and Control (IPC) in different countries and be champions in its implementation.

Infection Prevention and Control (IPC) and Communicable Diseases

- There is a need for church organizations to actively participate in HIV / TB advocacy, prevention, treatment and care comprehensively, through a non-biased approach.
- A major concern was raised on the quality of PPEs used in IPC activities during Covid-19 as programs were more focused on increasing availability with less attention to the quality. It was agreed that IPC programs should capture guidelines on the quality standards and sourcing criteria for PPEs.

Non-Communicable Diseases (NCD)

- From the experience on access to cancer treatment in Tanzania, one main challenge remains to be the supply chain of anticancer medicines: delayed delivery, unaffordability of the medicines and presence of unregistered medicine, etc. An analysis of the church supply chain of anticancer medicines and provision of guidelines is necessary. Pooled procurement, advocacy are other important interventions.
- Access to NCD medicines challenges: over reliance on importation, poor segregated and expensive transport infrastructure coupled with complex and expensive supply chain. To improve access in sub-Saharan Africa, partnership is key to take advantage of economic scales, simplifying the supply chain network, use of technology and innovating ways of doing business differently.

Maternal, Newborn and Child Health (MNCH)

Key strategies for MNCH improvement:

- Respectful maternity that advocates for the compassionate treatment of patients,
- Maternal Mental Health. Work towards implementation of the Global MMH Strategy to guide interventions in MNCH in church health system integrating and expanding MMH services at the community level, using children and family approaches, facility level PNC and ANC, provider pre-service education as well as leveraging traditional healers and faith-based organizations.
- Community-based approach to MNCH is important to reduce mortality rates and teenage pregnancies.

III. Primary health care: Building health system resilience - holistic approaches

- It was recommended that church leaders keep constant engagement with the community health workers serving as a bridge between communities and health systems.
- It was encouraged to FBOs (CHAs and DSOs) to have a memorandum of understanding with the government and fostering collaboration by participating in technical working groups to share experiences, challenges and how these challenges can be addressed altogether. The government be also introduced to meetings organized by the FBOs.
- It was recommended that the church and church health organizations forge conducive environment for working together with the government.
- In the next Forum, representatives from the public sector should also be invited alongside the CHAs and DSOs.

IV. The future of health care: Access and Resilient Supply Chain

- Access to essential medicines: it was recommended to leverage innovations on technology to match the standards but also strengthen our local manufacturers, rather than relying on imports. For this to be achieved, we should mobilize and invest resources in the manufacturing sector; both human and financial.
- There is a need to build synergies by sharing information on prices, comparative advantages, availability of medicine in our Network.
- In the setting up of DRF in Liberia, a number of challenges were identified including sourcing of affordable products, regulatory environment, high operational costs, unsystematic procurements, financial management and data management. It was recommended to strengthen financial management capacity when setting up DRFs and create a platform of exchange of best practices among Network members.
- To increase the ownership of DSOs by member health facilities, it was recommended the following:
    - Establishment of formularies and medical therapeutic committees to enforce prescription as per the hospital.
    - Improve stocking policies through elaborate data sharing between DSOs and church facilities.
    - Enhance advocacy for timely payment from National Health Insurance Fund to improve liquidity in the health facilities where the insurance scheme is implemented.
    - DSOs to invest in relationships with clients and have them on long-term contracts. Get also best market price by sourcing directly from manufacturers.
- In pandemic context it was recommended, from the experience of MEDS, to increase the buffer stock from the normal X months to 3X months for example.

- When planning to invest in local production. It is crucial to make sure administrative bottlenecks (at country level) are addressed as they make importation more cost-effective as compared to local production.
- Countries need to address administrative bottle Improved local manufacturing goes along with country's achievement of effective Maturity Regulatory Level 3 for medicines and vaccines. In Africa, only 4 countries have reached the required level: TZ, Ghana, Nigeria & Egypt.

V. Pharmaceutical industry and local production of medicines

- It was recommended to support the current key continental initiatives for manufacturing of pharmaceutical products in Africa: AMRH & AMA, AfCFT-Local Pharmaceutical Production initiative, TWG on procurement and Supply Chain, Africa Medical Supply Forum, Africa Pharma Conference initiatives, Partnership for Africa Vaccine Manufacturing & Home-Grown Solutions Accelerator.
- For the church health systems (DSOs) to invest in local manufacturing, strategic partnerships, advocacy for harmonization, regional and continental integration are key.

VI. Pooled procurement's contribution to Primary health care (Best practices, challenges)

- After presentation of technical and financial benefits of the EACPP initiative, a call for commitment was made to join the initiative, meet the common objectives elated to equitable cost contributions, sustainability of DSOs and improvement of quality assurance.
- Key success factors should be in place for a successful Pooled Procurement Initiative (PPI) within the Christian Health Associations: highest governance and leadership buy-in; open, transparent and timely tender process, regular engagement with stakeholders/managers, realistic contractual terms among others.
- DSOs participation in a PPI increases technical capacity and business relationships with international suppliers and manufacturers resulting in the growing of reputation and opening DSOs to more established fruitful partnership with Government.

DAY 1 – WEDNESDAY 12TH OCTOBER 2022

Devotion

The forum commenced with a devotion, led by a representative of the All Africa Conference of Churches (AACC) Rev. Charles Berahino.

Introduction and opening remarks

Dr. Richard Neci, EPN Executive Director

EPN Executive Director Dr. Richard Neci Cizungu welcomed the attendees of the forum and gave an introduction into the theme of the forum; ***"The future of health care in the global south: focus on Sub-Saharan Africa"***, objectives and expectations. He gave insights on the global context calls on all stakeholders to deeply think on how we envision health care. He also highlighted the objectives of the forum and thanked the various stakeholders for their contribution to the success of this forum.

Ms. Christine Haefele - Abah, the EPN Board Chairperson

Ms. Christine Haefele-Abah acknowledged all the attendees present, welcomed them and emphasized on the importance of having the physical forum. She appreciated the role that EPN members, partner organizations and individuals were playing in supporting and attending the forum. She further outlined some of the key areas that will be given focus on during the forum and for members to learn from. Ms. Haefele-Abah went ahead to introduce the members of the EPN board present and reiterated the EPN main goal, which is to strengthen churches and church health systems.

Dr. Wycliffe Nandama, Managing Director, Mission for Essential Drugs supplies (MEDS)

As co-host of the 8th Biennial EPN Forum, Dr. Wycliffe Nandama gave his welcome remarks to the members. He recognized the longstanding partnership that has existed between EPN and MEDS; that has allowed for networking among the different members. He gave highlights of key partnership opportunities including the Pool Procurement of medical products program.

Dr. Rashid Aman, Cabinet Administrative Secretary Ministry of Health (MoH) Kenya

Dr. Aman was the chief guest of the EPN forum. In his opening remarks, Dr. Aman thanked the organizers of the event for conceptualizing the theme and planning the EPN forum. While recognizing the role of faith-based institutions, he noted the importance of the partnership between government and key organizations and emphasized that this partnership should be strengthened. *"Primary health care is the foundation of any health care delivery system"*. He gave a highlight of the development of Universal Health Coverage (UHC) within Kenya over the past 4 years; Primary health care being the anchorage of UHC.

Dr. Aman acknowledged the effort that the Ministry of Health has made in boosting Primary health care in various sections post-Covid-19. *"The focus given to pharmaceutical companies has come at an opportune time when worldwide people are still grappling with the impact of Covid-19. Commodities and equipment play an important role in health service provision. The MOH Kenya developed several guidelines to ensure that service provision was not interrupted during the Covid-19 pandemic".* He also highlighted the various efforts that the MOH has put in to help support Primary health care provision. Dr. Aman then officially opened the forum.

TOPIC 1: Impact of Covid-19 on Primary health care and future pandemic preparedness

1.1. Impact of Covid-19 on PHC and pandemic preparedness in Africa - *Dr. Mahlet Habtemariam, (Senior Advisor),* Africa CDC

Dr. Habtemariam began by giving an overview of the global impact of Covid-19 with an emphasis on Africa and with regards to Primary health care services. The Covid - 19 pandemic showed the vulnerability of the health sector in the continent. She opined that there is a need to continuously invest in strengthening health systems and provided several suggestions on how best to overcome current and health care future emergencies.

The following are some of the suggestions made:-

1. **Pillar 1**- strengthened continental public health institution
2. **Pillar 2**- Strengthened public health workforce
3. **Pillar 3**- expand local manufacturing
4. **Pillar 4**- increased domestic resources for health
5. **Pillar 5**- respectful action-oriented partnerships

She called for sustained efforts to build resilient health systems in the region, not just cope with pandemics and high-risk medical emergencies but also new medical challenges.

1.2. Initiatives to maintain balance of health care services in church health systems - *Dr. Mwai Makoka*, Programme Executive for Health and Healing, World Council of Churches (WCC), Geneva

Dr. Makoka through virtual correspondence took the audience through the role of the World Council of Churches (WCC) and the developments that it has had over the years with regard to global health care.

He highlighted various books he has published on health and healing and how the church health systems can take part in promoting health care in their communities.

> *'The churches can have a significant influence health through various approaches including; health education, practical actions, advocacy and empowerment for the public*

1.3. Resilient Primary health care: A case for Kenya - *Dr. Maurine Kimani*, Primary health care Department, Ministry of Health (MoH), Kenya

The Kenyan constitution guarantees the highest attainable standard of health as a right.

> *A vision for Primary healthcare (PHC) in the 21st century emphasizes on a comprehensive PHC approach by proposing 3 components of PHC: health in all policies (1), integrating health services (2) and empowering individuals, families and communities (3)*

In Dr. Maurine's presentation, she described the Kenyan health systems, structures and shed light on the Primary health care network and community health system. She talked about the role of governance in creating a resilient PHC while addressing the appropriate infrastructures that the government has put in place to support PHC. She offered suggestions that can be employed in building a resilient PHC, which are; better governance in PHC, increased financing and accountability, quality in service delivery, implementing PHC policy documents and comprehensive, integrated, coordinated and people centered health services.

Some of the factors that the Ministry of Health took note of are the following:

- That over period of the Covid-19 pandemic, there has been a reduction in the number of people that visit the health facility to seek for patient care.
- There has been marked reduction of some communicable diseases such as diarrhea due to some practices that were enforced over the period of the pandemic such as handwashing techniques.
- From the representative of the Kenyan ministry of health, there was commendation on the way in which the government engaged the citizens over the period of the pandemic, the guidelines that were enforced to support the community and the way in which these strategies positively impacted the community to be able to cope with the pandemic.

TOPIC 2: Health priorities in Primary health care: Achievements and Gaps in the church health systems including Advocacy

Break Out Session

Participants broke into 4 groups to discuss four thematic areas:

a) Antimicrobial stewardship programs in the church health systems: Are we on track? What are the gaps and strategies for future health care?

b) Infection, Prevention and Control (IPC) & major communicable diseases (HIV, TB, NTD). What are some of the strategies for future health care that improve the control of major communicable diseases?

c) NCD (cardiovascular diseases, diabetes, respiratory diseases and cancers): What are strategies for future health care that improve the management of NCDs with a special emphasis on preventive strategies?

d) Maternal, Newborn and Child Health (MNCH). What are some of the strategies for future health care that improve MNCH outcome and address gaps in advocacy?

a) Antimicrobial stewardship programs in the church health systems

The session received important highlights from React Africa on how they address their AMR from a global perspective as well as experiences shared from CHAL (Christian Health Association of Liberia) on the stewardship interventions that they managed to implement in the health facilities, as well as minilab activities in ensuring the quality of antibiotics being supplied.

It was concluded that antibiotic resistance is still a global threat to health. Governments in various countries have developed National Antimicrobial action plans (NAPs). However it has been noted that there are still gaps in the implementation of the plans at the facility level.

Global strategies have been developed to provide guidance, nevertheless it's important to conceptualize into the various local settings that we have in different countries. Combating AMR requires a multi-sectoral approach and action is needed now!

b) Infection, Prevention and Control (IPC) & major communicable diseases (HIV, TB, NTD)

Experiences from CHASL's IPC project were shared which highlighted the implementation, challenges, successes and lessons learnt from establishing IPC practices in Church health institutions in Sierra Leone.

The session was also taken through INERELA's work in addressing HIV/ TB within the church institution. INERELA highlighted the need for church organizations to actively participate in HIV / TB advocacy, prevention, treatment and care comprehensively, through a non-biased approach.

Drugs for Neglected Diseases Initiative (DNDi) shared their efforts to drive drug innovation for neglected populations and neglected diseases.

A major concern was raised on the quality of PPEs used in IPC activities, reflecting on learning from managing the Ebola pandemic. It was agreed that IPC programs should capture guidelines on the quality standards and sourcing criteria for PPEs.

c) NCD (cardiovascular diseases, diabetes, respiratory diseases and cancers)

In the session, a couple of case studies were presented to give a highlight of the current NCD situation. From the Kenyan perspective, a survey done in 2015 showed that the leading NCDs in Kenya are Cancer, Cardiovascular Diseases, Diabetes and chronic respiratory conditions.

In Tanzania, Kilimanjaro Christian Medical Centre (KCMC) in collaboration with the German Institute for Medical Mission e. V. - Difam (DIFAEM) set up an Oncology Centre. Through this, procedures for safe handling of anticancer have been developed. One main challenge however, is in the supply chain of the anticancer drugs. These challenges vary from delayed delivery, unaffordability of the medicines to presence of unregistered medicine.

Novartis, a partner of EPN, cited over reliance on importation, poor segregated and expensive transport infrastructure coupled with complex and expensive supply chains as some of the challenges in access to medicine.

Improving access to NCD medicine in Sub-Saharan Africa requires partnerships to take advantage of economic scales, simplifying the supply chain network, use of technology and innovative ways of doing business differently.

d) Maternal, Newborn and Child Health (MCH)

The session involved a discussion around the strategies for future health care that improve MNCH outcomes and address the advocacy gap.

Some of the strategies identified were:

- Respectful maternity that advocates for the compassionate treatment of patients
- Maternal Mental Health which was a key highlight for future strategies. It was noted that the Global MMH Strategy will be released in late 2022 would guide interventions within this area. Ultimately however, the areas to integrate and expand MMH services would be at the community level, using children and family approaches, facility level PNC and ANC, provider pre-service education as well as leveraging traditional healers and faith-based organizations.

ACHAP, a partner of EPN, highlighted the impact of the ACHAP AFYA project, implemented in Kenya and Uganda and the importance of a community-based approach to MNCH to reduce mortality rates and teenage pregnancies. A key take-away was the approach used to advocate for other family planning methods within faith-based facilities, such as those in Kilifi, which are mainly owned by the Catholic Church. In this case, information on non-natural family planning methods is provided to patients, even though such services cannot be provided in those facilities.

Topic 3: Primary health care: Building Health Systems resilience - holistic approaches

Role of the religious leaders: *Bishop Ngunjiri Mwangi*, Evangelical Alliance of Kenya

Bishop Ngunjiri Mwangi spoke about health systems resilience and the ability of health systems to not only to enable to plan for emergencies such as pandemics but also to minimize negative consequences of such disruptions, recover as quickly as possible and adapt by learning lessons from the experiences.

"The need to boost health systems in Sub-Saharan Africa has never been as important as after the Covid-19 pandemic that has further exposed the fragility of health systems within the region."

He encouraged the participants that believers who are resilient never stop trusting in God. There is hope in God and with persistent commitments of various stakeholders, building resilience of our health care is possible. Community health workers should be in constant engagement with the community serving as a bridge between communities and health systems. Sustained efforts are needed to ensure supply of medical and diagnostic supplies, data governance and stewardship and health infrastructure development.

Role of Christian Health Associations (CHAs): *Happy Makala*, Executive Director, Christian Health Association of Malawi (CHAM)

While bringing perspective from the CHAs, Mr. Makala introduced CHAM's mandate. He further gave insights into some of the challenges that CHAM underwent with relevance to how the quality of care has also been affected by these challenges. He informed the members on the partnership that exists between CHAM and the MoH, Malawi, and how beneficial it has been, and also the efforts CHAM has made to build a resilient Primary health care in the post-Covid-19 period.

Role of Drug Supply Organizations (DSOs): *Dr. Nanshep Daniel Gobgab*, Representative, CHAN- MEDI Pharm, Nigeria

Dr. Daniel Gobgab gave an introduction about CHAN and CHAN MEDI-PHARM. He opined that in many countries in Africa, FBOs provide between 40-70% of functional health care services especially at the Primary health care level. Daniel proposed that there is a need to identify gaps where help is needed most by detecting changes in population, the health status level through sentinel and other health information systems. There's also a need to prioritize distribution of health commodities to areas in most need through alternate or redundant supply chain systems. Agencies need to work across government sectors to share information across ministries with an emphasis on engagement with community leaders.

Role of Ministry of Health (MoH): *Ph. Chancilier Cirimwami Bahati*, Ministry of Health, DRC

Ph. Bahati talked about the structure of the Ministry of Health in DRC and the role and tasks of pharmacies within the country. He suggested that faith-based organizations, secular development institutions and governments can constructively integrate religious perspectives into strategies to reduce poverty and promote development. While discussing the 8 components of Primary health care, he recommended the development of training programs for health personnel in collaboration with national Ministries of Education and the development of health standards for the human environment, in collaboration with national Ministries of the Environment.

Comments and feedback

- Participants suggested that it is important that there be in place communication at all levels to allow an efficient feedback system. There is a need to maintain a frank and clear collaboration. Communication is important to be able to transmit messages efficiently.
- There is a need for a memorandum of understanding (MoU) between the government and FBOs.
- Another way of fostering collaboration is formation of technical working groups (TWG) that share experiences, challenges and how these challenges can be addressed altogether. A presence of Government representatives in meetings organized by the FBOs is very useful.
- It is important that the church and church organizations forge a conducive environment for working together. This is notably a fundamental in responding to not just existing health risks, but also emerging threats.

DAY 2 – THURSDAY 13TH OCTOBER 2022

Topic 4: Future of health care access and Resilient Supply Chain

4.1. Access to essential medicines and health care in achieving PHC – *Annah Edith Andrews*, National Professional Officer, WHO Ghana

Dr. Andrews, underlined the fact that the Covid-19 pandemic exposed the gaps in access of medical supplies in the African region, especially considering that most supplies to the region come from India, whose borders were closed. This greatly limited access during the pandemic.

> *Equitable access to medicine is a fundamental right of every human being, and the quality and affordability of these resources is as important as the access*

There is a need for the supply chain to be resilient and responsive to adapt to the dynamics of demand even in high-stress situations. We should leverage innovations on technology to match the standards and also strengthen our local manufacturers, rather than relying on imports. There is a need to invest in resources in this sector; both human and financial. Strong synergies need to be built by sharing information on prices, comparative advantages, availability of medicine, etc. For sustenance, we should also monitor and evaluate the strategies as we go along. In the course of this commitment, we need to be inspired by the need to live better circumstances for posterity.

4.2. Concept of Drug Revolving Fund (DRF) and their contributions to the PHC Supply Chain - *Dr. Joseph Mukoko*, PrincipalTechnical Advisor, Management Science for Health

DRF is a scheme that involves the use of initial funds (seed stock) to procure drugs for use in a given health system on a user fee basis for sustainability. The main goals of the DRF are: availability of quality commodities in a sustainable manner, accessibility and affordability.

Some of the guiding principles focus on access rather than profits and ownership that incorporates all stakeholders.

The challenges faced are:

- Maintaining balance between improving access and making profits
- Limited political will and limited support from the community
- Low funding especially for seed investment
- Poor management practices

4.3. Setting up DRFs and Drug Supply Units in the church health systems: Displaying a current example from West Africa – *Christine Hafele - Abah*, Head Pharmaceutical Services & Procurement at DIFAEM

The supply chain system in Liberia is set up into two sectors: Government and Private/Faith-based sector. The government facilities are free, albeit with poor availability of drugs; for private facilities, program medicines are free while other costs are met by the patient. Local wholesalers (Central Medical Store and Faith-based/private facilities) get medicines from international wholesalers and direct imports.

DRF in Liberia started in 2015 with a seed. A MoU between the Christian Health Association of Liberia (CHAL), Drugs Supply Units (DSUs) and the health facilities was signed upon receipt of seed stock.

There are new projects coming up in Sierra Leone and Guinea. Some of the challenges include sourcing of affordable products, regulatory environment, high operational costs, unsystematic procurements, financial management and data management.

Some of the areas that need further action are financial management, and exchange of best practices on DRFs.

4.4. Ownership of Supply chain system (DSOs) by church health facilities (Status, Challenges/Gaps for future of health care?) –*Ms. Gladys Mburu* (Marketing and Strategy – MEDS, Kenya)

Gladys gave a brief corporate profile of MEDS, stating their ownership structure, mandate, and governance structure. The core mandates are Supply Chain & Logistics, Quality Assurance & Health Advisory Services.

About 50% of MEDS' clientele are church owned and managed.

Some of the challenges faced are:

- Weak or non-existent formulary committees leading to poor product selection
- Inaccurate demand and supply planning
- Weak procurement systems
- Inadequate storage capacity for products
- Lack of proper inventory management system
- Corporate governance and leadership challenges
- Incomplete compliance with MoH requirements
- Financial challenges

Notable gaps include:

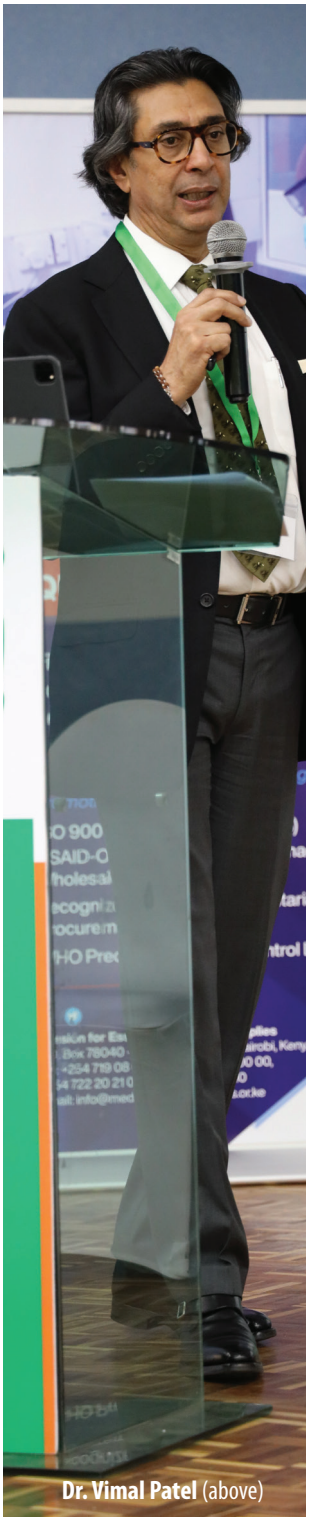
- Needs identification and visibility
- inaccurate quantification of commodities
- delayed replenishment of commodities
- financing-paying of commodities
- Wastages – expiries, damages etc.
- changes in Regulation

Possible Solutions provided

- Establishment of formularies and medical therapeutic committees to enforce prescription as per the hospital
- Improve stocking policies through elaborate data sharing between DSOs and church facilities
- Enhanced advocacy for timely payment from NHIF to improve liquidity in the health facilities e.g. MEDS member of NHIF-FBO TWG

Comments and feedback

- There was an observation made by a member participant that one of the major challenges that encumbers the DRF, particularly in Liberia, is the presence of middlemen in the supply chain, which then ends up increasing the final consumer price.
- MEDS invests in relationships with clients and has them on long-term contracts. They try to get the best market prices, for instance, for some commodities, they do direct sourcing.
- In response to Covid-19 pandemic, MEDS increased its buffer stock from the normal 2 months to 6 months. They started testing the quality of PPEs, masks, and sanitizers through their QC lab and reduced the price of PPEs. Credit terms were flexed from normal 30 days to 60-90 days and direct sourcing was also increased.
- Administrative bottlenecks in production need to be addressed. As it stands, importation is more cost-effective as compared to local production.
- Only 4 countries in Africa have attained the Maturity regulatory level in Africa – Tanzania, Ghana, Nigeria and Egypt.



Dr. Vimal Patel (above)

Topic 5: Pharmaceutical Industry and local production of medicines (progress/success, innovations and challenges): which role does the pharmaceutical industry play in the future of health care in LMICs

5.1. Investing in manufacturing of pharmaceutical products in Africa (opportunities & steps forward) – *Dr. Janet Byaruhanga* – Senior Program Officer AUDA-NEPAD

Dr. Janet, in her background presentation stated that the African head of state agreed at a recent conference to locally produce medical supplies in Africa. The main motivations towards this initiative are Quality, Access, Availability, Competitiveness, Sustainability, Self-Reliance and Affordability.

The current key continental initiatives are AMRH & AMA, AfCFT-Local Pharmaceutical Production initiative, TWG on procurement and Supply Chain, Africa Medical Supply Forum, Africa Pharma Conference initiatives, Partnership for Africa Vaccine Manufacturing and Home-Grown Solutions Accelerator.

Current engagements focus on adopting a governance framework for effective coordination of the implementation of PMPA and consolidate content for a compendium of good pharma policies and practices.

She shared the proposed PMPA governance board with the Advisory Board, Secretariat, Steering Committee and the Technical Working Groups.

5.2. Future pandemic preparedness: initiatives to resilient manufacturing of health commodities in LMICs, *Dr. Vimal Patel,* Chair, Federation of Kenya Pharmaceutical Manufacturers (FKPM)

Dr. Patel gave an extensive background of FKPM. He commented that Kenyan Pharma experienced negligible disruption in the supply chain which is sufficient to supply KEMSA and MEDS. He added that there are a lot of economic benefits of the local pharma industry including; revenue and potential for growth, employment, attraction of investment, trade benefits, spillovers and value-chain effects. Local pharma is projected to grow exponentially in the near future.

Through this, there are substantial public health benefits; affordable medicine prices, better quality medicines, higher availability and health security, local adaptation of medicines. This is beneficial as it ensures job creation at a 12% growth, continued supplies, regional integration, increased accessibility of medicines, and more companies striving for WHO-GMP compliance.

5.3. Quality control and regulation in local production – *Dr. Jonathan Ukwuru*, Technical Advisor RSS PQM+

Dr. Ukwuru in his presentation stated that Pharmaceutical Manufacturing needs a holistic transition approach to meet full compliance with WHO GMP standards in Africa. Tools are needed for standardization of methodologies for FPP manufacturers.

Local Manufacturing is characterized by Quality Assurance (QA) and regulation

He went on to say that QA is access to quality assured medicines not just access to medicines under: Registration and Marketing Authorization, Vigilance, Market Surveillance and Control, Licensing Establishments, Regulatory Inspection, Laboratory testing, Clinical trials oversight and National Regulatory Authority Lot Release.

Some of the challenges that manufacturers face are: Low capacity of skills, infrastructural deficiencies, incongruent policies, high cost of production and inadequate marketing data.

5.4. DSOs initiatives in local production: Achievements and challenges - *Dr. Bildard Baguma,* Executive Director Joint Medical Stores (JMS)

Dr. Bildard gave a background of JMS and its key mandates which are procurement, warehousing and distribution of health supplies. They also offer 3rd party services through USAID, Global Fund and UN Agencies. JMS currently produces nutraceuticals, oxybutynin, sanitizers and other products.

Africa has very few local pharma manufacturing companies, which means that the region imports about 70 - 90% of drugs consumed. CHAs provide for about 30 - 40% of health outcomes in most African countries, low production of health products in many countries and investment incentives by the government for health products.

Some of the challenges include financing, technical expertise, quality, economies of scale, unification of standards, mindset and background. There are however opportunities in the future such as strategic partnerships, advocacy for harmonization, regional and continental integration.

Break-out Sessions

I. Local Production of medicines in church health systems

II. Minilab - Networking in fighting substandard and falsified medicine

Topic 6: Plenary - Pooled Procurement's contribution to PHC (Best practices, challenges)

6.1. Experience from East Africa Pooled Procurement (EACPP) - *Ms. Joanita Namutebi*, Project Director JMS

Ms. Namutebi took the members through a history of the collaborative initiatives between DSOs in East Africa. DSOs have several objectives with the overall one objective to increase access to quality essential medicines and medical supplies within the EAC region. She informed the forum of the structure of the Joint Medical Store and how it works.

Some of the best practices being observed within the JMS are: Competence transfer through the EACPP TWG, transparent processes with high standard of governance, common understanding of the regulatory policies, quality assurance and relevant product registration information in EAC.

The financial benefits witnessed from the JMS are: achievement of cost efficiency in supplier prequalification, improved payment terms, reduced costs of GMP, joint tools and results.

However, there are some notable challenges such as striking a balance between quality of products and affordability, cancellation of awarded consignments, complicated pharmaceutical distribution mechanisms and long-term arrangements.

Ms. Namutebi recommended the following as a call to action: commitment to meet the common objectives, equitable cost contributions, sustainability of DSOs and Quality assurance.

6.2. Experience from National Catholic Health Service (NCHS) - *Barrister George Adjei*, Director National Catholic Health Services (NCHS), Ghana

Mr. Adjei presented experiences from the National Catholic Health Service, Ghana. He informed the members on a brief context of the NCHS, described and offered justification for the need of pooled procurement. Pooled procurement has resulted in reduction of marketing costs for suppliers,

health facilities enjoying economies of scale and PPP, reducing substandard/falsified products. Some of the key success factors that have been noted as a result of pooled procuring are: highest governance or leadership buy-in, open, transparent and timely tender process to allow for imported products to arrive before the purchasing cycle commences, orientation for Managers before rollout, realistic contractual terms linked to NHIS payment.

He finished by stating how pooled procurement contributes to public health care offering access to medicines and improving on the quality of drugs being availed.

6.3. Leveraging on the pooled procurement experience in working with the government - *Monique Gahonganyire*, Director General of BUFMAR, Rwanda

Mrs. Gahonganyire shared her experience of working with the government while participating in East African community pooled procurement. BUFMAR is recognized by the Government of Rwanda as a Central Medical store and plays a critical role in supplying quality-assured essential medicines and medical commodities at affordable prices to church health organizations, non-governmental organizations (NGO) and public health facilities.

BUFMAR has had a great impact on the Rwandese supply chain; BUFMAR has been assigned a scope of essential Medicines and other Medical supplies to be distributed in Rwanda. With increased business relationships with international suppliers and manufacturers, there has been a shift from local sourcing to a wider range of imports and a growing reputation on a regional and international level is serving a more established fruitful partnership.

Key challenges to the EACPP have been interruptions of operation by the Covid-19 pandemic and related logistics, limited working capital as a handicap to the business negotiations and regulations related to products registration which are not harmonized with member countries.

Comments and feedback

- To curb against rising inflation, there are margins that are imposed within the supply chain to help cushion the members
- In cases where a supplier is unable to meet the supply demands, there is usually a backup supplier

Forum call to action and closure

At the end of the second day of the Forum the Executive Director, Dr. Richard Neci called the forum to a close. He emphasized that the forum is a way for members to get new thoughts to implement while also making commitments on strategies for the next two years. He called the participants to a remembrance of the lessons that they have learnt from the forum with regard to the various topics that were discussed and the various break-out rooms that they were in; that the members are going to implement when they get back to their various stations. He also encouraged all the participants to keep the commitments sustained as we seek to build on the existing efforts to strengthen our health systems.

Ms. Christine Haefele - Abah was invited to also make closing remarks and she thanked everyone who attended the forum. She reminded all of EPN member representatives of the upcoming AGM the next day.

The forum was closed by a word of prayer by Sister Jane Frances.

GALLERY

1. EPN secretariat staff sharing information with EPN members
2. EPN members following the proceedings of the sessions for the day
3. EPN members following the proceedings of the sessions for the day
4. EPN Board Members from left Mrs. Vuyelwa Chitimbire, Dr. Richard Neci, Ms. Joanita Nabutebi, Ms. Christine, Haefele - Abah, Dr. Edward Ngah Ndze, Ms. Florence Bull and Dr. Stephen Kigera
5. EPN Member Prof. Lutz Heide, Professor of Pharmaceutical Biology, University of Tübingen, Germany

6. From left Ms. Rebekka Oelze, Technical Advisor, EPN, Ms. Loveness Soko, Ecumenical Scholarship Program beneficiary, Christian Health Association of Malawi (CHAM) and Senior Pharmacy Technician Mrs. Folita Malanda, Nkhoma Hospital (CHAM)
7. EPN Member representatives Ms. Patricia Kamara, Executive Director, Christian Health Association of Liberia (CHAL) and Mr. Mike Idah, Secretary General, Christian Health Association of Nigeria (CHAN)
8. Representatives of the Ministry of Health, Kenya From right, Dr. Maurine Kimani, Primary Healthcare Department, Ministry of Health (MoH), Kenya, Health Chief Administrative Secretary, Dr. Rashid Aman, Ministry of Health, Kenya and Dr. Karim Wanga
9. Member's participation in one of the break - out sessions of the day
10. A vote of thanks by the EPN/Secretariat staff towards the conclusion of the Forum
11. Entertainment during a health break
12. EPN member representatives from Faith Based Central Medical Foundation (FBCMF) Nigeria and Ph. Joseph Guwor, Minilab lead, Christian Health Association of Liberia (CHAL)

LIST OF PARTICIPANTS

LIST OF MEMBER COUNTRIES			
No.	**Participants**	**Country**	**Organisation**
1	Mario Medegan	Bénin	Mouvement Universel pour la Survie de l'Humanite
2	Colin Gakunzi	Burundi	RCBIF
3	Andre Bizoza		RCBIF
4	Julien Basile		ASSOMESCA
5	Samuel Ngum	Cameroon	Cameroon Baptist Convention Health Services (CBCHS)
6	Nkwan Jacob Gobte		Cameroon Baptist Convention Health Services (CBCHS)
7	Cleophas Tambo		Cameroon Baptist Convention Health Services (CBCHS)
8	Abanda Alphonse		Cameroon Baptist Convention Health Services (CBCHS)
9	Ndze Edward		Cameroon Baptist Convention Health Services (CBCHS)
10	Edmund Ambe Neba		Presbyterian Church in Cameroon (PCC)
11	Christoph Bonsmann	Germany	Action medeor Deutsches Medikamenten-Hilfswerk action medeor e.V.
12	Shushan Tedla		Action medeor Deutsches Medikamenten-Hilfswerk action medeor e.V.
13	Christine Häfele-Abah		German Institute for Medical Mission e. V. - Difäm
14	Lutz Heide		University of Tübingen
15	Micha Lächele		University of Tübingen
16	Ph. Stephen Kwame Adase	Ghana	Ghana Health Service,RHD/ GAR
17	GEORGE Adjei		National Catholic Health Service
18	Grace Adjei Okai		National Catholic Health Service
19	Emmanuel GOUMOU	Guinée	Réseau confessionnel Sanitaire Chrétien de Guinée (RECOSAC-G)
20	Ou Ou Henry		Réseau confessionnel Sanitaire Chrétien de Guinée (RECOSAC-G)

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21	Boaz Pkemoi Siwayang	Kenya	University of Nairobi
22	Paschal Norbert		Consolata Media Center (The Seed Magazine & CISA AFRICA NEWS)
23	Susanne Duff-MacKay, PhD		Individual Member
24	Paul C Maina		Kenya Ports Authority
25	Geoffrey Mwalo		Christian Health Association of Kenya (CHAK)
26	Karim Wanga		Pharmacy and Poisons Board
27	Rev. Jane N'gan'ga		INERELA+ Kenya
28	Bishop Dr John Warari		INERELA+ Kenya
29	Rachel Wambui N.		African Christian Association Platform (ACHAP)
30	Dennis Kinyoki		African Christian Association Platform (ACHAP)
31	Nkatha Njeru		African Christian Association Platform (ACHAP)
32	Cornelia Mukandie		African Christian Association Platform (ACHAP)
33	Rita Nabonwe		African Christian Association Platform (ACHAP)
34	Gina Muthoni Ouattara		Drugs for Neglected Diseases Initiative (DNDi)
35	Rashid Aman		Ministry of Health, Kenya
36	Joseph Mukoko		Management Sciences for Health
37	Nestory Kai		Kenya Red Cross Society
38	Sharma Mayank		Laboratory & Allied Ltd
39	Maureen Kimani		Ministry of Health, Kenya
40	Nitya Patel		Laboratory & Allied Ltd
41	Vimal Patel		Federation of Kenya Pharmaceutical Manufacturers (FKPM)
42	Edward Abwao		USAID PQM+ Program
43	Zilpha Samoei		Christian Health Association of Kenya (CHAK)
44	Daniel Karimi		Mission for Essential Drugs and Supplies (MEDS)
45	Wycliffe Nandama		Mission for Essential Drugs and Supplies (MEDS)
46	Stephen Kigera		Mission for Essential Drugs and Supplies (MEDS)
47	Mrs. Beth Gikonyo		Novartis
48	Chrly Mampuya		USAID
49	Agnes Njue		Mission for Essential Drugs and Supplies
50	Mrs. Lineo Grace Nyenye	Lesotho	Maluti Adventist hospital, CHAL
51	Mrs. Patricia S. Kamara	Liberia	Christian Health Association of Liberia
52	Rev./Pharm. Joseph S. Guwor		Christian Health Association of Liberia

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54	Happy Makala		Christian Health Association of Malawi (CHAM)
55	Elled Mwenyekonde		Christian Health Association of Malawi (CHAM)
56	Ph. Folita Malanda		Christian Health Association of Malawi (CHAM)
57	Loveness Soko		Christian Health Association of Malawi (CHAM)
58	Khin Maung Myint	Myanmar	University of Medicine, Mandalay
59	Henk den Besten	Netherlands	The Medical Export Group B.V.
60	Maarten Muijs		Imres BV
61	Ph. Francisca Nkiru	Nigeria	Faith Based Central Medical Foundation
62	Rev. Sr. M. Jane Frances Chioke		Faith Based Central Medical Foundation
63	Jonathan Dogo		ECWA Central Pharmacy
64	Mike Idah		Christian Health Association of Nigeria (CHAN)
65	Jonathan Ukwuru		UNITED STATE PHARMACOPEIA
66	Daniel Gobgab		CHAN MediPharm
67	Jeremie Kambale	Democratic Republic of Congo (DRC)	Communauté Baptiste Au Centre de l'Afrique (CBCA)
68	Ph. Nadine Luhiriri		Depot Central Medico-Pharmaceutique
69	Chancelier Cirimwami		Ministry of Health, Democratic Republic of Congo
70	Ph. Georges Mutombo		Depot Central Medico-Pharmaceutique
71	Isaac Muyonga		Communauté Baptiste Au Centre de l'Afrique (CBCA)
72	Gulain Nganya Kikwire		Programme d'Actions pour le Développement au Congo asbl
73	Jean Paul Umuhire	Rwanda	Le Bureau des Formations médicales agréées du Rwanda
74	Mrs. Monique Gahonganyire		Executive Director - Le Bureau des Formations médicales agréées du RWANDA (BUFMAR)
75	Florence Bull	Sierra Leone	Christian Health Association Sierra Leone

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77	Mrs. Bora J. Makuta		Dodoma Christian Medical Centre
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79	John Mmassy		Christian Social Services Commission
80	Wensaa Muro		Saint Luke Foundation/Kilimanjaro School of Pharmacy
81	Happyness Lupamba		KCMC Hospital
82	Fidelis Manyaki		Christian Social Services Commission
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84	Josephine Balati		Christian Social Services Commission
85	David Isaya		Christian Social Services Commission
86	Bildard Baguma	Uganda	Joint Medical Store
87	Josephine M. Oyella		St. Mary's Hospital Lacor
88	Leah Adero		Uganda Catholic Medical Bureau (UCMB)
89	Simon Ssentongo		Africa Christian Health Associations Platform (ACHAP)
90	Monica Namnaba		Africa Christian Health Associations Platform (ACHAP)
91	Alex Muhereza		Africa Christian Health Associations Platform (ACHAP)
92	Ruth Gemi		Africa Christian Health Associations Platform (ACHAP)
93	Joanita N. Lwanyaga		Joint Medical Store
94	Henry Suubi		Uganda Catholic Medical Bureau (UCMB)
95	Jonathan Ojom		Student
96	Rebecca Waugh	United States	IMA World Health / Corus International
97	Bill Clemmer		IMA World Health / Corus International
98	Zana Wangari Kiragu		Boston University School of Public Health
99	Mona Bormet		Christian Connection for International Health
100	Marlon Banda	Zambia	Churches Health Association of Zambia
101	Macford Chandalala		Churches Health Association of Zambia
102	Ph. Arasidah Kaango		Churches Health Association of Zambia
103	Mrs. Vuyelwa T. Sidile-Chitimbire	Zimbabwe	Zimbabwe Association of Church-Related Hospitals (ZACH)
104	Chidzewere Nzou		Zimbabwe Association of Church-Related Hospitals (ZACH)

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3.	Judith Asin	Program Officer	Kenya
4.	Austine Opiata	Program Assistant	Kenya
5.	James Mireri	Finance - Admin Officer	Kenya
6.	Damian Kibet	Monitoring & Evaluation Officer	Kenya
7.	Hezron Kiptalam	Communication/IT Assistant	Kenya
8.	Umazi Fanjo	Communication Officer	Kenya
9.	Kevin Omolo	Communication Intern	Kenya
10.	Sharon Odeo	Program Assistant AMR	Kenya
11.	Irene Tindi	Administrative Assistant	Kenya

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