



ANNUAL REPORT 2024

EPN

Ecumenical Pharmaceutical Network
Réseau Pharmaceutique Œcuménique



TABLE OF CONTENTS

Page 02 | LIST OF ABBREVIATIONS AND ACRONYMS

Page 02 | EXECUTIVE SUMMARIES

Message from the Board Chairman.....	04
Message from the Executive Director.....	05
About EPN.....	06

Page 09 | PROGRAMMES

Strategic Area: Training and Capacity Development.....	09
The Ecumenical Scholarship Project (ESP).....	09
Improved Access to Quality Pharmaceutical Services project.....	11
Project Strategic Focus 2: EPN Online Learning Platform. Strategic Area: Pharmaceutical Systems Strengthening.....	15
Improving Pharmaceutical Access through Continuous Training (IMPACT) Project.....	15
Improved Access to Quality Effective Pharmaceutical Services in Church Health Institutions (Phase 2) Project.....	19
Strategic Area: Supply Chain and Quality Assurance East African Community Pooled Procurement Initiative(EACPP).	25
Scaling Up of MNCH Product Introduction in Nigeria and Kenya through the Faith-Based Organization Sector.....	28
Advocacy Communication and Research.....	31
EPN Policy Advocacy.....	31

Page 37 | MEMBER ENGAGEMENT.

Page 41 | DONOR, PARTNERSHIP AND SUSTAINABILITY.

Governance and Administration	44
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Page 44 | FINANCIAL SUMMARY

Acknowledgements	46
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LIST OF ABBREVIATIONS AND ACRONYMS

ADR – Adverse Drug Reaction	IMPACT – Improving Pharmaceutical Access and Care Through Partnerships
AEST – Association Evangélique pour la Santé au Tchad	LMS – Learning Management System
AJRAM – Actions des Jeunes Contre la Résistance aux Antimicrobiens	MEDS – Mission for Essential Drugs and Supplies
AMR – Antimicrobial Resistance	MNCH/RH – Maternal, Newborn, Child Health and Reproductive Health
AMS – Antimicrobial Stewardship	MOU – Memorandum of Understanding
AUDA-NEPAD – African Union Development Agency – New Partnership Africa’s Development	NCDs – Non-Communicable Diseases
AU – African Union	NEST360 – Newborn Essential Solutions and Technologies
BUFMAR – Bureau des Formations Médicales Agréées du Rwanda	NTDs – Neglected Tropical Diseases
BftW – Bread for the World	NPHCDA – National Primary Health Care Development Agency
CBCHS – Cameroon Baptist Convention Health Services	NAFDAC – National Agency for Food and Drug Administration and Control
CBCA – Communauté Baptiste au Centre de l’Afrique	PCC – Presbyterian Church in Cameroon Health Services
CHAK – Christian Health Association of Kenya	PATH – Program for Appropriate Technology in Health
CHAN – Christian Health Association of Nigeria	PPH – Postpartum Haemorrhage
CHAL – Christian Health Association of Lesotho	PSS – Psychosocial Support / Pharmaceutical System Strengthening
CHASL – Christian Health Association of Sierra Leone	PSK – Pharmaceutical Society of Kenya
CHCBC – Christian Health Association of Cameroon	RCBIF – Réseau des Confessions Religieuses pour la Promotion de la Santé et le Bien-Être Intégral de la Famille
CHIs – Church Health Institutions	TWG – Technical Working Group
CSSC – Christian Social Services Commission	SRHR – Sexual and Reproductive Health and Rights
CwPAMS – Commonwealth Partnerships for Antimicrobial Stewardship	SDG – Sustainable Development Goal
DTC – Drug and Therapeutics Committee	TTM – Technologie Transfer Marburg e. V.
DOM-ECC – Department of Medical Works, Eglise du Christ au Congo	TWG – Technical Working Group
DRF – Drug Revolving Fund	UN – United Nations
DSO – Drug Supply Organization	UNGA – United Nations General Assembly
ECSA-HC – East Central and Southern Africa Health Community	USP – United States Pharmacopeia
EPP – Emergency Preparedness and Planning	VFA – Verband der forschenden Arzneimittelhersteller (Association of Research-Based Pharmaceutical Companies in Germany)
FBO – Faith-Based Organization	WAAW – World Antimicrobial Awareness Week
FIP-APF – International Pharmaceutical Federation – Africa Pharmaceutical Forum	WHO – World Health Organization
GPSA – Global Partnership for Social Accountability	
HATCH – Healthcare Technologies	
HSS – Health Systems Strengthening	
IEC – Information, Education, and Communication	

EXECUTIVE SUMMARIES

Message from the Board Chairman



As I assumed the role of Board Chairperson, I am honored to reflect on EPN's remarkable journey in 2024 and our collective vision for the future. This year marked a pivotal moment in our organization's evolution, characterized by strategic growth, strengthened

governance, and deepened impact across our expanding network.

Our governance structures have been significantly strengthened through active board leadership. The Board convened five times throughout the year, conducting both ordinary and routine committee meetings. We established four specialized Board Committees to enhance operational efficiency and created an Advocacy Advisory Group that successfully guided the development and launch of our comprehensive 2024-2028 Advocacy Strategy.

The successful transition of board leadership during our Annual General Meeting in Dar es Salaam demonstrated the strength and continuity of our governance. I extend profound gratitude to outgoing Chairperson Christine Hafaale-Abah and her fellow board members for their dedicated service. The election of new board members brings fresh perspectives while maintaining institutional memory.

Our network's growth trajectory remains impressive, reflecting our broadening appeal and relevance. Our diverse membership composition demonstrates the comprehensive nature of our pharmaceutical healthcare network. Through member regional meetings, we have strengthened our commitment to inclusive engagement. These virtual gatherings fostered communication, collaboration, and strategic alignment while addressing specific regional needs and maintaining network vitality.

Our strategic partnerships have flourished, evidenced by new Memoranda of Understanding and engagements with various partners. The diversification of our donor partnerships ensures organizational sustainability while enabling program expansion. We believe that the continued support from these partners demonstrates confidence in our mission and approach. The Mid-Term Review of our Strategic Plan conducted this year provides valuable insights for refining our goals and ensuring continued relevance. Furthermore, the launch of our 2024-2028 Advocacy Strategy positions us to influence policy at local, national, and global levels, and reinforce our common goal of ensuring tangible impact for the communities we serve.

Looking ahead, the Board remains committed to supporting the Secretariat and our membership in advancing our vision. We will continue strengthening our structures, expanding strategic partnerships, and ensuring robust oversight of our mission. The Board stands ready to guide EPN toward even greater achievements in pharmaceutical healthcare delivery across Africa and beyond. Together, we will continue to make a lasting difference in the communities we serve.

Dr. Stephen Kigera,
The EPN Board Chairman.

Message from the Executive Director



The year 2024 has been transformative for EPN. It was marked by significant program expansion and measurable impact across our pharmaceutical healthcare initiatives. Our achievements reflect our unwavering commitment to strengthening church health systems and improve access to

quality pharmaceutical services.

Despite ongoing challenges, such as shortages of trained professionals, fragile supply chains, and limited resources, EPN responded with determination, innovation, and collaboration.

Our capacity building efforts reached new heights with more healthcare champions trained through our online training portal. The platform's expansion and launch of six new courses demonstrates our commitment to enhance access to learning on different priority needs. On the other hand, our flagship Scholarship Project, ESP continued addressing critical pharmaceutical personnel shortages across nine countries. The beneficiaries are making meaningful contributions to rational drugs use, supply chain improvements and antimicrobial stewardship practices.

Program implementation across multiple countries showed remarkable results. In Lesotho, our systematic approach to strengthening pharmaceutical services led to improved utilization of developed tools, optimized supply chain processes, and establishment of key governance committees. The IMPACT project also fostered stronger collaboration between faith-based health systems and government partners, while our ambitious MNCH initiative in Nigeria and Kenya successfully engaged over 250 health facilities in just its first year.

Through strategic partnerships with organizations and representation at international forums including the UN General Assembly, we have strengthened our policy influence and advocacy

capacity. A major milestone was the launch of our comprehensive 2024-2028 Advocacy Strategy, elevating EPN's voice in global health discourse. Our network continues to grow in membership and with successful regional engagement through virtual meetings that foster collaboration and alignment. Four new members joined the Network and our membership is now at 146 members. This was further strengthened when we hosted the largest-ever members Biennial Forum in Tanzania themed Accelerating Access to Quality Healthcare Services for All. The event converged 201 participants from 25 countries.

While celebrating these achievements, we acknowledge ongoing challenges. Even so, we have responded with adaptive strategies, enhanced stakeholder engagement, and revised implementation approaches.

Looking ahead to 2025, we remain focused on bridging last-mile healthcare gaps through innovative approaches embedded with data and technology, enhanced advocacy efforts, and deeper integration of religious leaders in health promotion. With diversified partnerships, enhanced technical capacity, and expanded reach, we are well-equipped to advance our mission of supporting churches and church health systems in providing just and compassionate quality pharmaceutical services especially to those who need them most.

Dr. Richard Neci,
EPN Executive Director.

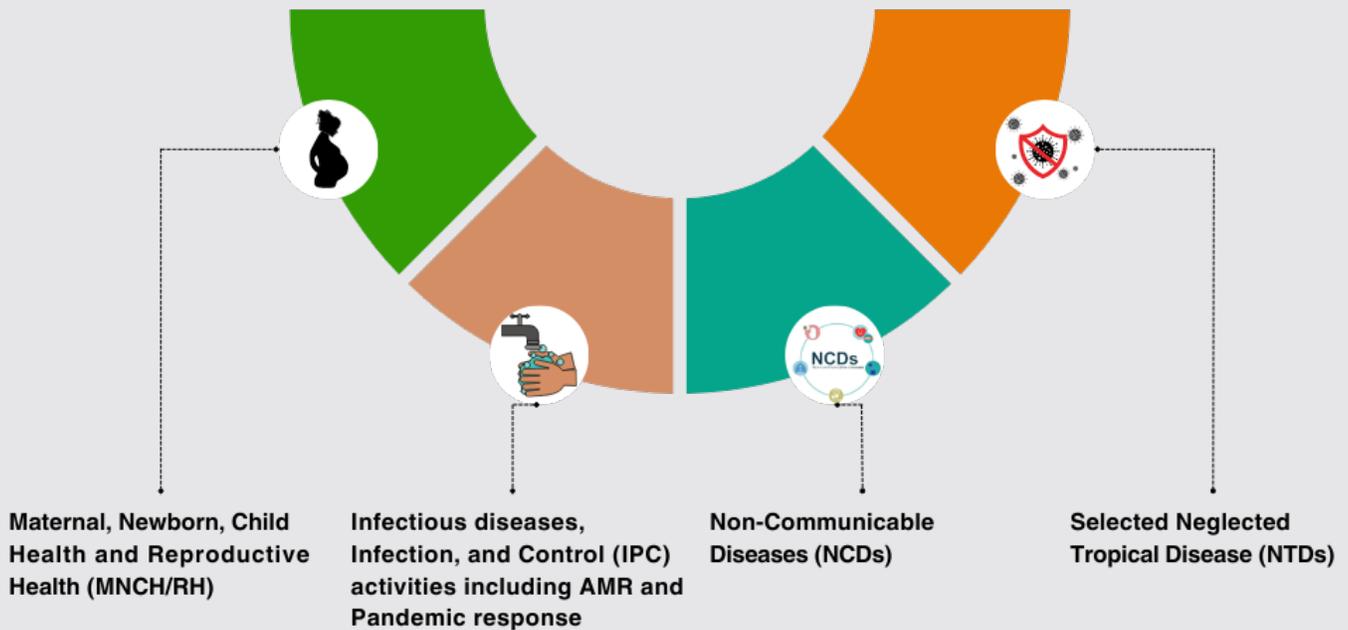
About EPN

Our Vision

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

Our mission

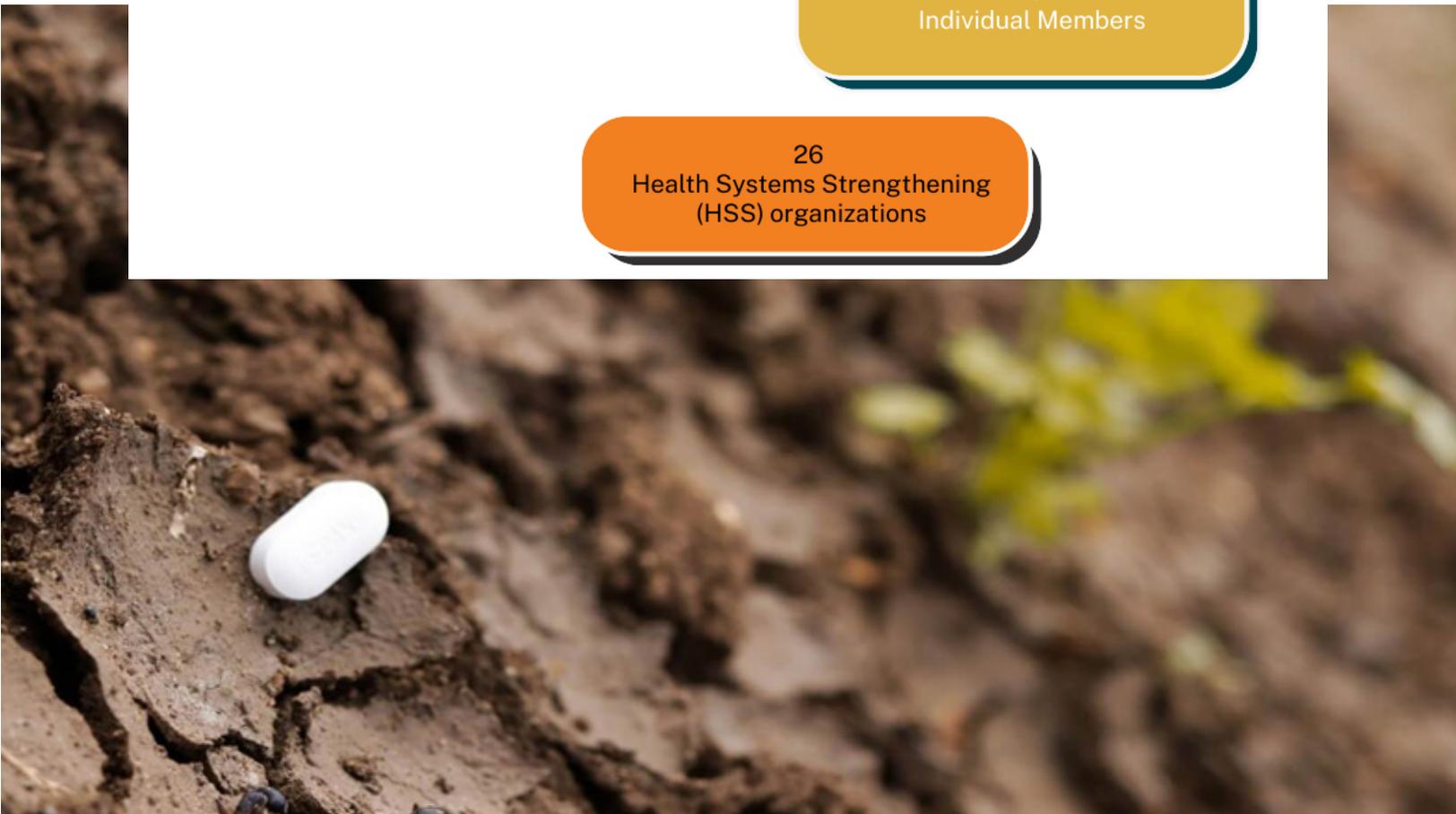
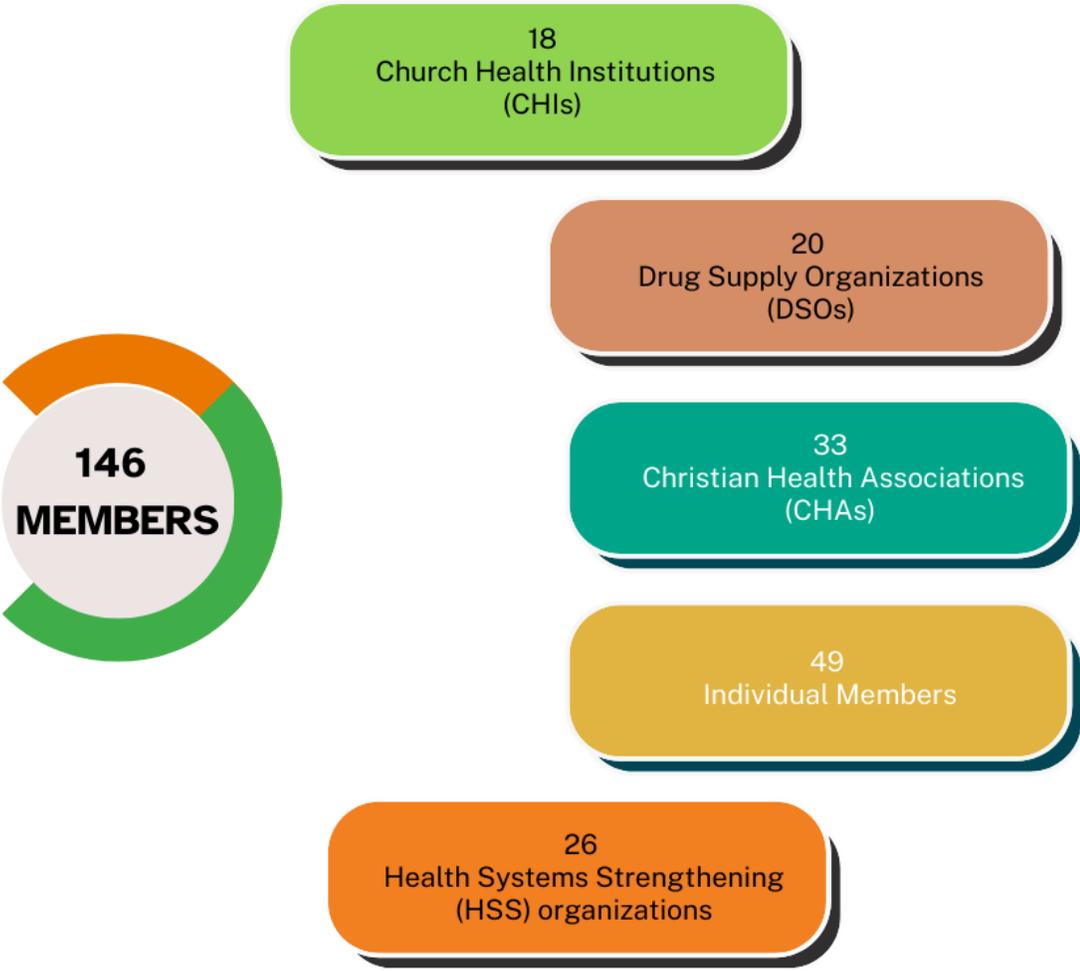
To support churches and church health systems provide and promote just and compassionate quality pharmaceutical services.



EPN STRATEGIC AREAS



EPN is committed to the provision of quality pharmaceutical services as a means to achieving global goals and targets on health, and access to medicines. EPN is the only global church-based membership organization that works specifically to increase access to medicines and strengthen pharmaceutical services in the faith-based sector.



PROGRAMS

Strategic Area: Training and Capacity Development.

The Ecumenical Scholarship Project (ESP)

Background

Access to qualified pharmaceutical personnel remains a major challenge across many African countries. This directly impact the quality of healthcare delivery. The Ecumenical Scholarship Project (ESP) was initiated to address this gap through capacity building, and strategic deployment of trained pharmaceutical professionals.

Project Overview

ESP is intended to contribute to increasing the numbers of trained pharmaceutical staff in church health institutions with the ultimate aim of improving patient outcomes through better access to and use of medicines. EPN seeks to strengthen the capacity of personnel already in the facilities to provide quality services and help build resilient health systems.



The scholarship support covers tuition and living costs for students enrolled in pharmaceutical studies, with a commitment to return and serve in their communities upon graduation. Supported by the Bread for the World, the current phase runs from 2023 to 2026, supporting students from **38 (24 female and 14 male) 9 countries** through select number of EPN members.

- Christian Health Association of Lesotho (CHAL) – Lesotho
- Christian Social Services Commission (CSSC) - Tanzania
- Christian Health Association of Liberia (CHAL) - Liberia
- Association Evangélique pour la Santé au Tchad (AEST) - Chad
- Communauté Baptiste au Centre de l'Afrique (CBCA) – DRC
- Eglise du Christ au Congo (ECC) Departement des Oeuvres Medicales (DOM) Sud-Kivu– DRC
- Reseau des Confessions Religieuses pour la promotion de la Sante et le Bien Etre integral de la Famille (RCBIF) - Burundi
- Cameroon Baptist Convention Health Services (CBC-HS) - Cameroon
- Presbyterian Church in Cameroon Health Services (PCC) - Cameroon
- Christian Health Association of Sierra Leone (CHASL) – Sierra Leone
- Mouvement Universel pour la Survie de l'Humanité (MUHUSUM) – Niger

Highlights of 2024 activities

Monitoring and supervisory visits: Being an ongoing project, monitoring visits to Cameroon, Niger, Lesotho, DRC, and Tanzania confirmed that training institutions are meeting required standards. It was encouraging to learn that scholars developed targeted action plans focusing on supply chain enhancements and expanded roles in antimicrobial stewardship (AMS), pharmacovigilance, and clinical ward rounds.

Scholars' development: The beneficiaries successfully completed online learning modules, participated in one-on-one project training sessions, and received individual mentorship to further develop their skills. This helped build the capacity of scholars to implement effective solutions at the community level.

Regional scholar meetings: Twenty-three (23) scholars underwent a hands-on training to improve their dispensing practices, patient education, and encourage a culture of accountability. The training included a practical session at Christian Health Association of Liberia and iMEMS Tanzania DSO and health facility helped improve dispensing practices, patient education, and encouraged a culture of accountability.

Climate Change and Health Research: As part of the broader *Connect for Change* initiative, focus on climate change and health, fourteen (14) scholars collaborated on groundbreaking research to address the intersection of climate change and healthcare. The African chapter was established, and funding was secured for the next year's activities, ensuring sustained momentum in tackling these urgent global challenges.



ESP Scholarship Alumni Christopher Andoh from Ghana presenting on his work addressing climate change issues

Global Visibility: Through the various activities, the scholars raised the project's visibility at global forums and contributed to the Bread for the World publication, showcasing the project's success and expanding its reach.

Key Achievements

The project made significant strides in building local capacity to improve pharmaceutical services. Scholars' contributions in the field, including supply chain improvements and enhancing antimicrobial stewardship practices, directly impacting healthcare delivery at the community level.

Strengthened collaboration among scholars, fostering knowledge sharing and a more cohesive approach to tackling health challenges.

With focus on climate change research has opened new avenues for sustainable healthcare solutions, and the establishment of the Connect for Change African chapter positions the project as a key player in global health advocacy.

Looking forward

Expansion of Scholar Action Plans: In the coming year, scholars will continue to implement their action plans in health facilities, with a strong focus on supply chain optimization and the expansion of pharmacists' roles in AMR and pharmacovigilance.

Enhancing Regional Collaboration: Building on the momentum from the regional meetings and facilitate more cross-country exchanges to ensure scholars are equipped with the tools and knowledge they need to make a lasting impact in their communities.

Continued Focus on Research: The climate change and health research will be expanded, exploring innovative solutions to the challenges posed by environmental changes on healthcare systems, ensuring sustainability in pharmaceutical practices.

Strengthening Global Partnerships: As the program grows, further collaborations with international partners will be pursued to accredit courses and increase global visibility, ensuring the scholarship's long-term success and influence.

Improved Access to Quality Pharmaceutical Services project

Background

Lesotho's pharmaceutical management faced critical challenges over the past years, including a shortage of skilled personnel, limited funding, and inadequate data on medicine use. FBO health centers, serving between 8,000 and 14,000 people provided a range of services but were constrained by limited staff and committees that focused primarily on administration and infection prevention. Hospitals, which catered to larger populations ranging from 17,000 to over 260,000, encountered similar difficulties. These factors hindered the timely and cost-effective procurement of essential commodities. As a result, there was an urgent need to strengthen both facility committees and the capacity of healthcare workers to improve medicine supply chains and promote the responsible use of medicines.

Project overview

This project was established to strengthen supply chain systems, enhance responsible use of medicines, and promote continuous professional development through structured training, mentorship, and institutional governance support. These trainings and resources were meant to enhance pharmaceutical supply chain management, help improve medicine availability and promote antimicrobial stewardship, and health outcomes. Funded by Apotheker Helfen, the project is implemented by EPN in partnership with Christian Health Association of Lesotho (CHAL).

Goals

- Strengthen pharmaceutical management and antimicrobial stewardship in health facilities
- Train healthcare workers on supply chain management and rational medicine use
- Expand health facility committee roles to include medicine supply oversight
- Improve procurement processes for timely access to essential medicines
- Foster continuous professional development and better health outcomes

Highlights of 2024 activities

Baseline survey: A comprehensive baseline assessment was conducted to identify existing gaps in supply chain management and patient dispensing practices. Each facility was assessed, with data collected through five detailed questionnaires covering interviews, direct observations, and patient exit surveys. The findings revealed critical challenges, including inconsistent use of reporting tools, weak supply chain processes, and suboptimal dispensing practices.



Capacity building: To address these gaps, healthcare workers were enrolled into an intensive two-week training program. The training focused on supply chain management and dispensing. It emphasized the utilization of standard reporting tools, understanding key supply chain processes, and enhancing pharmacy communication within the broader healthcare system. Training on dispensing practices sought to ensure safer and more effective medication use at the service delivery level. All these were in line with national guidelines.

Mentorship: Following the training, healthcare workers received tailored, one-on-one mentorship from trained Trainers of Trainers (ToTs). This enabled healthcare staff to implement technical improvements directly in their facilities. It covered critical areas such as effective store management, proper use of supply chain documentation, and the establishment or revitalization of Infection Prevention and Control (IPC) and Antimicrobial Stewardship (AMS) committees.

In addition, guidance was provided on how to optimize facility budgets and maximize the use of the Essential Medicines Lists (EMLs) to improve medicine availability and rational use. These interventions have empowered health care workers to be able strengthen supply chain practices, enhance medication management, and contribute to better health outcomes for the populations they serve.



Participants of the training on Medicines Supply Management

Notable Achievements

Enhanced Utilization of Key Tools: There has been significant increase in the use of Adverse Drug Reaction (ADR) books, temperature monitoring charts, and disposal forms, contributing to better pharmacovigilance and stock management.

Optimized Supply Chain Processes: Regular stock takes implemented, leading to improved inventory accuracy. Discrepancies in stock records have been minimized, ensuring reliable stock availability and reducing wastage.

Strengthened Governance and Oversight: Establishment of 3 AMS (Antimicrobial Stewardship) committees. There was also engagement of 4 Health Center Committees actively participating in DTC (Drug and

Therapeutics Committee) functions, with a focus on integrating these roles into broader agenda items, including pharmacy budget optimization.

Improved Dispensing Practices: Standardized labelling procedures and enhanced patient counselling protocols were implemented. Infection Prevention and Control (IPC) measures around dispensing areas were strengthened, promoting patient safety and quality care.



My name is Irene Joseph, a pharmacy technologist working at Maluti Adventist Hospital in Lesotho.

I took the counselling and psycho-social support for health care worker's online course on the EPN training website. It was an eye opener to me on how mental health is also a vital aspect in rendering of quality pharmaceutical services. This helped identify the gaps we had in our counselling part when we interact with patients.

I am proudly equipped with better communication and counselling tools, not only beneficial for our patients but colleagues as well.

Thank you, EPN!

Irene Joseph, Pharmacy Technician, Maluti Adventist Hospital, Lesotho



EPN Online Training

The EPN online training supports learners from **23 countries** across Sub-Saharan Africa and 3 outside the continent through an online Learning Management System (LMS). In 2024, the platform reach expanded to Niger, adding learners from 23 new health facilities. Additionally, 219 new enrolments were recorded, largely driven by solicited enrolments through project visits and familiar networks.

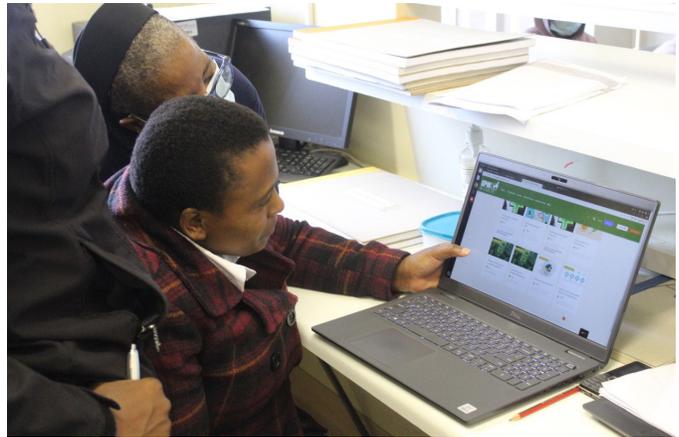
Course development and certification:

Phase 1 of course development is complete, with **6 new courses** launched in 2024: three in Psychosocial Support (PSS), two in Supply Chain Management, and one in Emergency Preparedness and Planning (EPP). To reach a broader audience, these courses are available in both English and French.

Platform Enhancements:

To support growing demand, the platform's bandwidth has been expanded, improving speed and reducing data consumption. The success stories of LMS champions are being documented, to showcase the impact of the program.

Strategic Focus: Looking ahead, the focus will be on expanding geographic reach, particularly in newly added regions, and continuing to develop relevant course content. Certification partnerships will play a key role in increasing the credibility and attractiveness of the courses, while platform optimizations will ensure a smoother user experience



Improving Pharmaceutical Access through Continuous Training (IMPACT) Project

Background

In many remote regions of sub-Saharan Africa, frontline health facilities, especially at the primary level, grapple with medicine stockouts, affordability, irrational prescribing practices, and inadequate inventory management systems. In line with EPN's continued focus of promoting access and use of medicine, EPN launched the IMPACT project. The project is designed to strengthen health systems by enhancing pharmaceutical infrastructure, building human resource capacity, and ensuring sustained access to life-saving medicines, with a focus on improving medical commodity management and promoting the rational use of medicines.

Project overview

IMPACT is an initiative implemented across Kenya, Tanzania, and Rwanda, targeting primary-level health facilities such as dispensaries and health centers in both the faith-based and public sectors. This is a collaborative effort with the EPN members Christian Health Association of Kenya (CHAK), the Christian Social Services Commission (CCSC) of Tanzania, and the Bureau des Formations Médicales Agréées du Rwanda (BUFMAR). In Kenya, the project was implemented alongside the County Government of Kakamega; in Tanzania, with the Regional Governments of Rukwa and Katavi; and in Rwanda, with Rwanda Medical Supply (RMS). The three-year initiative is supported by action medeor.

The Challenge

The project was intended to address gaps that significantly hinder the delivery of quality care, especially in primary-level health facilities. These gaps include stockouts, poor inventory practices, irrational prescribing, and inadequate dispensing.

2024 highlight of activities

The 2024 project activities commenced with stakeholder meetings in the target countries to secure government buy-in, select master trainers, and identify implementing facilities. In Kenya, 13 health facilities were selected and the County Pharmacist was appointed as master trainer. In Tanzania, CSSC convened a meeting with President's Office- Regional Administration and Local Government (PO-RALG) and Regional Health Management Teams (RHMTs) from Katavi and Rukwa regions, while BUFMAR in Rwanda engaged Rwanda Medical Supply (RMS) and held a meeting with facility representatives.

These were later followed by project kick-

off meetings in each country where project deliverables, roles, and monitoring tools were reviewed and implementation plans launched. These meetings brought together health officials, project staff, and facility representatives.



Baseline Assessments - Baseline assessments were conducted to evaluate existing gaps in medical commodity management and rational medicine use. Fifty-three **(53) health facilities** in the 3 countries were assessed (13 in Kenya in 1 county, 20 Rwanda in 4 districts and 20 in Tanzania in 2 regions- Katavi, Rukwa).

Training of master trainers- EPN facilitated a two-day virtual training for master trainers on Medical Commodity Management and Rational Medicine Use, based on Modules 3 and 5 of the EPN Essentials of Pharmaceutical Practice (EPP) booklet.

The master trainers then adapted these modules to their local contexts, preparing for tailored in-person facility training.

Elderly Needs Training - With the view of integrating the specific health needs of older persons into the project, a 3- training sessions for the healthcare workers were held in November. The training covered key topics such as geriatric syndromes, mental health, Sexual and Reproductive Health and Rights (SRHR), and polypharmacy.

Advocacy Training - In December, an introductory advocacy training was conducted for all implementing partners. The session aimed to build personnel with limited or no formal advocacy capacity within the teams and equip them to engage effectively with local and national stakeholders to support sustainable change in pharmaceutical systems.

Action Medeor team visit and Hybrid workshop

In September, EPN hosted a delegation from Action Medeor in Nairobi. This was followed by a hybrid workshop that brought together all implementing partners. This served as a valuable

opportunity to review the progress of current projects and refine implementation guidelines. It also facilitated cross-country learning, allowing partners to share experiences, align strategies, and strengthen coordination toward achieving shared project objectives.

Lessons learned

While the project is still in its early stages, key activities were accomplished by the end of the reporting period. Its structured and participatory approach with all partners including both public and private health facilities has already resulted in improved collaboration between faith-based health systems and government bodies. Adapting training content to local contexts is essential for relevance and uptake. Stakeholder buy-in from the outset leads to smoother implementation but may take time and multiple engagements to build. Despite initial delays in baseline assessments in some regions, due to logistical or coordination challenges, the team managed the process through revised timelines and adaptive planning. With strong foundations laid in 2024, the IMPACT project is well-positioned to deliver tangible improvements in pharmaceutical access and use across countries.

EPP Handbook

The Essentials of Pharmacy Practice (EPP) Handbook is a comprehensive resource developed by EPN for individuals working in pharmaceutical and healthcare settings such as hospital pharmacies, dispensaries, medical stores, and other clinical environments. Targeted primarily at pharmaceutical training, the handbook provides practical guidance across various aspects of pharmacy practice.

Essentials of Pharmacy Practice







Strategic Area: Pharmaceutical Systems Strengthening

Improved Access to Quality Effective Pharmaceutical Services in Church Health Institutions (Phase 2) Project

Background

Access to quality pharmaceutical services remains a persistent challenge across many facilities LMICs in Africa. These facilities often struggle with limited pharmaceutical personnel, inadequate training, weak supply chain systems, and inconsistent access to essential medicines. In addition, poor coordination and underdeveloped governance structures hinder the proper use of medicines, compromising patient safety.

Compounding this, stigma and misinformation, particularly around HIV, remain prevalent. The influential role of religious leaders in addressing these issues is underutilized, despite their potential to support treatment adherence and combat harmful narratives within communities.

Project overview

Phase 2 of the Access project aimed to build workforce capacity, improving governance, and promote advocacy at local, national, and regional levels. It builds on the achievements of Phase 1 and sought to enhance access to safe, effective, and quality-assured pharmaceutical services across partner countries. It also emphasized the importance of religious leaders as health

advocates, particularly in addressing stigma around HIV treatment.

The project was implemented in partnership with EPN members; Christian Health Association of Zambia (CHAZ), Cameroon Baptist Convention (CBC), Christian Health Association of Lesotho (CHALe), Christian Health Association of Kenya (CHAK), and Christian Social Services Commission (CSSC), Tanzania.

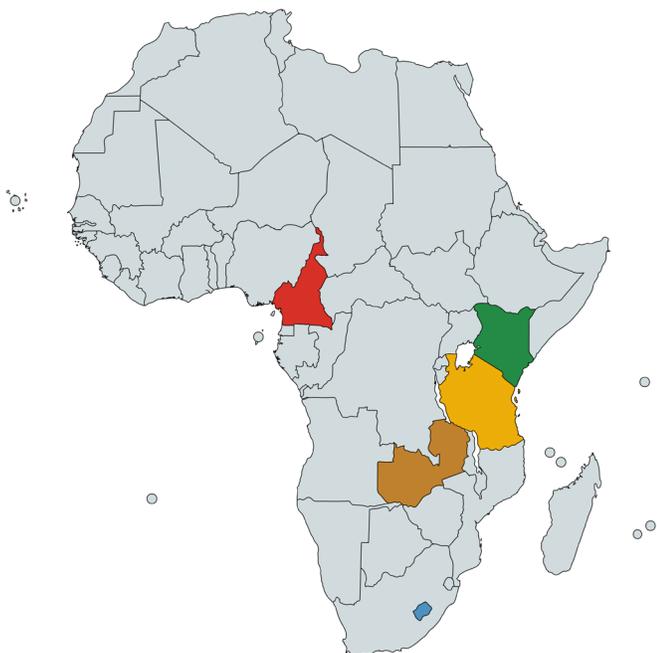
The phase that runs from 2022 to 2025 is being funded by Bread for the World (BftW).

Goals

The project was established to strengthen church health systems to ensure sustainable access to and appropriate use of safe, effective, quality-assured, and affordable essential medical products and pharmaceutical services.

Specific Goals

- Improve pharmaceutical services within church health systems in the target countries.
- Increase networking among church health systems to enhance pharmaceutical practices and health system governance at national, regional and global level.
- Enhance knowledge sharing and quality exchanges between church health systems in sub-Saharan Africa to address crucial health challenges.



Highlight of 2024 activities

Champion Training and Capacity Building:

Through EPN's Learning Management System (LMS), **369** healthcare champions were trained, with supplementary in-person and virtual sessions. The learners were trained on courses including; Antimicrobial Resistance (AMR), pharmacovigilance, and medicine supply chain management. In their training, they developed and implemented action plans to address gaps in their facilities. Religious leaders in all five countries were also trained using the EPN's HIV Treatment Literacy Guide to support informed health messaging.



Dr. Judith Asin (EPN Programs officer) engages health facility workers during a health facility support supervisory visit

Support for Technical Committees: Quarterly support supervision of Drug and Therapeutics Committees (DTCs), Infection Prevention and Control (IPC) Committees, and Antimicrobial Stewardship Committees (AMSCs) were conducted across 100 health facilities. Supervision visits (e.g., in Kenya) were facilitated to ensure on-site mentoring. These were enhanced with dissemination of technical guidelines and committee tools, prescription assessment guides and visual inspection checklists for medicines.

Awareness and education sessions: Health talks were conducted at outpatient and inpatient service points, reaching over 200 people with key messages on antimicrobial use and hygiene. Further, community campaigns held in Lesotho and Cameroon during World Antimicrobial Awareness Week (WAAW) were conducted under the theme *“Educate. Advocate. Act Now.”*



A procession to sensitize members of the public on antimicrobial resistance during the World Antimicrobial Resistance Week (WAAW) 2024 in Lesotho



Engagement and sensitization of young learners on antimicrobial resistance in Cameroon during WAAW 2024

Empowering religious leaders:

EPN trained 20 religious leaders in each project country on HIV/AIDS, with a focus on treatment adherence. Dialogue sessions using the HIV literacy guide were conducted to strengthen community support. Next steps include raising awareness through chapel services, OPD devotions, and one-on-one counselling. This empowered leaders to reduce stigma and promote acceptance of HIV treatment in their communities.



A section of the religious display included HIV literacy booklets that were disseminated to participants after a training session

Outcomes and Results

- Strengthened health facility governance: IPC, DTC, and AMS committees have been made actively functional in all project sites, promoting rational medicine use and patient safety.
- Enhanced tool use: Greater application of pharmacovigilance tools and IPC checklists led to improved stock and waste management.
- Expanded knowledge base: Religious leaders became advocates for stigma reduction and better adherence to HIV treatment.
- Community reach: Hundreds of community members directly engaged through facility and outreach education sessions.

Challenges

- Low online course completion rates by healthcare workers due to workload and internet connectivity issues (e.g., in Zambia due to load shedding)
- Inadequate waste management tools and PPE in some facilities

- High staff turnover affecting continuity
- Insufficient funding to implement some action plans.

Lessons Learned

- Leadership engagement is critical for committee functionality.
- In-person trainings offer stronger impact than online-only approaches.
- Supervision visits and virtual review meetings ensure quality improvement and action plan follow-through.
- Multi-stakeholder advocacy strengthens AMR awareness and policy influence.

Way Forward

- Scale physical and refresher trainings in 2025 to boost action plan implementation.
- Expand community education campaigns beyond WAAW.
- Increase resource mobilization efforts to support critical IPC needs and action plan funding.
- Further integrate champions and religious leaders into national advocacy and health dialogue platforms.



Other project activities

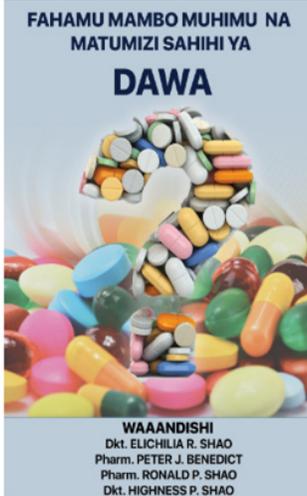
Commemoration of World Leprosy Day

EPN, in collaboration with its member organization, Eglise du Christ au Congo, Synode du Sud-Kivu, Department of Medical Works (DOM-ECC South Kivu), conducted a survey to assess the availability of Neglected Tropical Diseases (NTD) management services in selected health facilities in DRC, with a particular focus on leprosy. Some of the main reasons identified why community members delayed seeking healthcare included: lack of awareness about disease symptoms or treatment options, reliance on spiritual or herbal alternatives, and fear of stigma.

In response, EPN and DOM-ECC leveraged on World Leprosy Day to conduct a community awareness campaign in South Kivu, DRC. The event, which was attended by over **300 people**, including **20 leprosy patients**, featured testimonies from individuals affected by leprosy and their caregivers. The session addressed key topics such as proper antibiotic adherence, hygiene practices, and respiratory etiquette. Looking forward, EPN aims to mobilize additional resources to design more interventions that aims to address the key gaps identified in the survey, ultimately improving awareness, access to care, and the quality of NTD management in the region.



Community awareness campaign sessions on Leprosy in DRC



In Tanzania, as one of the successful outcomes, EPN project partner Christian Social Services Commission (CSSC) in collaboration with Kilimanjaro Christian Medical Centre (KCMC) team successfully developed a book for healthcare workers, focusing on key considerations for medicine use and promoting rational drug use. The book, produced in Kiswahili, was launched at a stakeholder meeting organized by CSSC. CSSC plans to print additional copies for widespread distribution to health facilities. This activity is important as it empowers healthcare workers with the knowledge to make informed decisions about medicine use, contributing to improved patient care and the prevention of irrational drug use.

Michelle's quest for quality health care at Mutengene Baptist Hospital

In the bustling wards, ramps and corridors of Baptist Hospital, Mutengene (BHM) where quality health care to all is the watchword, the commitment and dedication of a staff plunged Michelle on a mission to revolutionize patient care.

Fri Michelle has been a committed staff of the HIV Care and Treatment Unit of BHM for six years. During these years, she witnessed firsthand some alarming threats to patient safety and quality healthcare delivery. The most persistent of which were improper waste disposal, lax hand hygiene practices, and unprofessional staff behaviors like putting on of artificial nails and wearing of earrings.

She was determined to be part of the change she hoped to see. Michelle therefore seized the opportunity to be trained on Infection Prevention and Control when it presented itself in the Access project Phae II. This invaluable training offered through the fruitful partnership between EPN and Cameroon Baptist Convention Health Service (CBCHS), greatly enhanced her knowledge and skills.

Michelle took proactive steps to polish the habits that would improve not just her work but the quality of care to patients at BHM. She devised a strategic plan to address practices that threatened the quality of care. She began educating colleagues on proper protocols, discouraging unprofessional habits and promoted hand sanitizing. She advocated for and facilitated the placement of hand gel dispensers at strategic points of the facility. She also advocated for and facilitated the implementation of a robust waste separation system.

The impact of Michelle's efforts has been profound. For instance, staff awareness of and infection prevention uptake at BHM has significantly improved as many now consider it a part of their duty. Though challenges still linger, Michelle continues to reconstitute the acquired knowledge so as to ensure the sustainability of effective practices. Her dedication and commitment have paved the way for a safer, healthier environment for all who enter Baptist Hospital, Mutengene.





STRATEGIC AREA: SUPPLY CHAIN AND QUALITY ASSURANCE

Pooled Procurement Initiative

Project overview

The East African Community Pooled Procurement Initiative (EACPP) is a regional initiative led by the Ecumenical Pharmaceutical Network (EPN) and its member Drug Supply Organizations (DSOs) within the East African region, aimed at improving access to essential medicines and medical supplies through pooled procurement. Initiated in 2012, EACPP leverages regional collaboration among faith-based DSOs to reduce medicine costs, ensure product quality, and streamline supply chains across East Africa. Key partners include EPN member DSOs such as BUFMAR, MEDS, and JMS, with other DSOs across the continent expressing interest in joining the initiative to expand its reach and impact.

EACPP was established to help improve access to essential medicines and medical supplies, enhance quality assurance, promote collaboration and capacity building and strengthen supply chain efficiency.

Progress and Focus Areas

During the period under review, the initiative maintained its strategic focus on strengthening internal systems, reflecting on previous implementation experiences, and engaging stakeholders for the expansion of pooled procurement activities. This phase allowed for alignment among partners and the refinement of key operational approaches to enhance the effectiveness of upcoming procurement cycles.

Outlook and Way Forward

Pooled Procurement demonstrates the value of regional cooperation in ensuring the availability, affordability, and quality of essential health commodities. Continued commitment from DSOs, governments, donors, and other stakeholders is essential for its long-term sustainability. Priorities moving forward include:

Expanding DSO participation at both continental and regional levels.

Mobilizing resources to support operations, technical assistance, and capacity building.

Improving procurement systems and strengthening

supplier engagement strategies.

EPN has adopted a pooled procurement strategy for 11 MNCH products under the MNCH Product introduction and Scaling Project. Based on previous experience of implementing pooled procurement, it adopted a mixed approach to address the recurring implementation challenges. A collaborative partnership with Axmed was established to work out robust pooled procurement strategy. EPN conducted market research and analysis that provided a basis for negotiation with manufacturers and suppliers. Savings of up to 40% have been achieved in Kenya and Nigeria on the ongoing procurement agreements involving two implementing DSOs (CMP and MEDS) with Axmed.

EPN remains committed to scaling the EACPP model as a continental mechanism to support faith-based healthcare delivery and improve health outcomes for communities across Africa.



Scaling Up of MNCH Product Introduction in Nigeria and Kenya through the Faith-Based Organization Sector.

Background

Maternal and neonatal mortality rates remain critical public health challenges across many African countries, with Kenya and Nigeria being among the most affected. Despite efforts to improve healthcare systems, both nations face significant barriers, including limited access to quality care, weak supply chains, and policy gaps, particularly for maternal, newborn, and child health (MNCH). Faith-Based Organizations (FBOs) are well-positioned to drive improvements due to their deep community ties, trust, and commitment to public health.

Project Overview

The project that started in July 2024 and runs for three years, is focused on scaling up MNCH product availability and improving healthcare outcomes across Kenya and Nigeria. EPN is leading this initiative, in partnership with Christian Health Association of Kenya (CHAK), Christian Health Association of Nigeria (CHAN), Mission for Essential Drugs and Supplies (MEDS, CHAN Medi-Pharm (CMP), and technical partners, including HATCH Technologies, Axmed, and NEST360. It is generously funded by the Gates Foundation. Over 250 health facilities across both countries are involved in this initiative.

Problem Statement

Kenya and Nigeria experienced high maternal and neonatal mortality rates due to challenges such as inadequate access to life-saving health products, weak healthcare systems, and poor supply chain management. FBOs serve a significant portion of the population in these countries but have always faced difficulties in accessing and scaling high-quality MNCH interventions. This project addressed these challenges by strengthening healthcare service delivery, improving supply chain systems, and advocating for policy reforms.

Objectives

The main aim of this project was to reduce maternal and neonatal mortality rates by increasing access to and utilization of high-impact MNCH products. The specific targets include:

- Stocking key MNCH products in 250 facilities.
- Achieving a 50% improvement in the quality of care at 90% of these facilities.
- Conducting quality assurance tests on 100 MNCH drugs annually.
- Establishing Drug Revolving Funds (DRFs) in 250 facilities.



Highlight of 2024 activities Stakeholder and Kick-Off Meetings:

Initial meetings were held in Kenya and Nigeria to align roles, sign MOUs with 250 facilities and secure support with partners like HATCH, NEST360, and AxMED to ensure comprehensive coverage.



CPAP Facility Identification: 22 hospitals in each country were assessed for Continuous Positive Airway Pressure (CPAP) tool installations. A hub-and-spoke model was introduced, with 20 hub facilities in Kenya and 50 in Nigeria, supported by master trainers.

Capacity Building: Training initiatives were launched, including for 47 Master Trainers on CE-mONC (Nigeria) and 23 newborn care providers in Kenya. EPN and CHAK also participated in Postpartum Haemorrhage (PPH) management webinars.



Training of healthcare staff on CE-mONC in Kenya (left) and Nigeria (right)

Supply Chain Strengthening

- To modernize supply chain management, software needs assessments were conducted in both Kenya and Nigeria, paving the way for the rollout of a new Shelf-Life App. This digital tool is designed to track critical indicators such as stock-out rates and the expiration dates of medical commodities, improving real-time monitoring and decision-making in supply chain operations.
- In Kenya, the implementation of the Drug Revolving Fund saw 52% of targeted facilities successfully open trading accounts. In Nigeria, the initiative was even more successful, with 83% of facilities (125 out of 150) achieving the same milestone. This progress is expected to streamline procurement processes and ensure smoother payment systems for maternal, newborn, and child health (MNCH) products, ultimately improving availability and access.
- Market assessments were carried out in both countries to inform the pooled procurement process on essential MNCH products. These helped guide seed stock planning and ensured that the right quantities of 12 key medicines were available when needed.
- Ensuring the safety and efficacy of medicines remained a priority, with product samples such as Heat-Stable Carbetocin—being tested in both Kenya and Nigeria to meet quality standards.

These initiatives lay the foundation for a more robust and reliable supply chain, ensuring that life-saving medicines are consistently available to those in need.



Advocacy and Partnerships

- Kenya: Advocacy efforts included engaging with the Ministry of Health, participating in TWGs at both national and county levels, and organizing events like the End PPH campaign. Partnerships with UNICEF and Vitamin Angels facilitated exploring of new opportunities for scaling MNCH products.
- Nigeria: Advocacy efforts involved meetings with the Department of Family Health, CHAI, and NPHCDA. Some of the key activities included the development of guidelines, collaboration on community-based mortality reporting, and promotion of CPAP use during national events.

Regulatory Engagement: In Kenya, EPN worked with the Pharmacy and Poisons Board on post-market surveillance, while in Nigeria engagements were facilitated with NAFDAC to strengthen pharmaceutical regulation.

Monitoring and Evaluation

Progress Tracking: With both CHAK and CHAN, the baseline assessments were conducted and readiness reviews. CHAK supported pilot plans across five facilities, while CHAN integrated training data into DHIS2 and assessed 80 facilities.

Survey Tool Refinement: Working with Mathematica, EPN developed a baseline survey tool, with 125 data points to guide future surveys, which were planned for January 2025.

Budget and Performance: Despite challenges, such as delays in baseline assessments, the project has achieved significant milestones:

- Milestone Achievement: 13%, with a target of 17%.
- Stakeholder Engagement: 45%, with a target of 85%.
- Resource Utilization: 37%, with a target of 100%.

Challenges and Lessons Learned

- Challenges: Delays in baseline assessments, healthcare worker training, and unfavourable DRF policies posed challenges. These were addressed through a revised work plan, enhanced site-level preparedness, and closer collaboration with health officials.

Best Practices

Effective communication and joint decision-making among partners ensured alignment.

- Early engagement with government stakeholders secured support, while the hub-and-spoke model improved coordination at state and county levels.
- Pre-ordering quality control of samples. Please highlight how many samples were tested by MEDS. The case of Heat Stable Carbetocin falls in this category
- Quality Control of current products being used in the health facilities before the deployment of the seed stocks. This baseline is key to ensure evidence of improved quality of medicines through a coordinated supply system,
- Collaboration to break pricing barriers for innovative products. Axmed working upstream in negotiation with manufacturers while EPN is working downstream to aggregate demand and benchmarking prices in the respective markets in Kenya and Nigeria.

Lessons Learned

Proactive management of project interdependencies and clear communication with stakeholders were key. Adherence to formal government protocols was also critical for success.

Moving Forward

Looking ahead, the project plans to scale by strengthening partnerships, advocating for policy reforms, and increasing engagement with technical and development partners. To ensure sustainability, the establishment of DRFs, improvements in supply chains, and strong local partnerships laid the foundation for lasting MNCH improvements in Kenya and Nigeria

ADVOCACY, COMMUNICATION AND RESEARCH

EPN Policy Advocacy

Part of EPN's 2021-2025 Strategic Plan is to address critical challenges such as limited government collaboration, weak regulatory mechanisms for quality medicines, and persistent health disparities. EPN, in collaboration with its partners took a journey of developing an Advocacy Strategy which was launched during the 2024 Forum with the goal of strengthening access to quality pharmaceutical services in underserved regions through effective policy advocacy and stakeholder engagement, directly contributing to SDG 3: Good Health and Well-being.

Key Advocacy Issues addressed in the 2024-2028 Advocacy Strategy

- Improving collaboration between church health systems and governments.
- Enhancing regulatory mechanisms for quality importation of medical supplies and drugs.
- Reducing health disparities and ensuring equitable access to quality medical products and services.
- Key stakeholders engaged include government bodies (Ministries of Health, regulatory authorities), faith-based organizations (church health facilities, All Africa Conference of Churches), development partners, technical institutions, and EPN's network of 98 member organizations.

Activities and Interventions

The project implemented four main activity areas: **Developing the EPN Advocacy Strategy:** A comprehensive 2024-2028 advocacy strategy was developed through extensive consultations with EPN's four regional blocks, the Advocacy Advisory Group, staff, and partners. The strategy was officially launched at EPN's 9th Biennial Members Forum, ensuring internal alignment, increased visibility, and clear direction for future advocacy efforts.

Building Advocacy Capacity: Significant investment was made in strengthening the advocacy skills of various stakeholders. This included:

- Five webinars and advocacy sessions on key health policy issues.
- A dedicated training session at the EPN Biennial Forum.
- Support for the development of position papers on Climate Change and Antimicrobial Resistance (AMR).
- Training for 39 faith leaders in the Democratic Republic of Congo (DRC) on advocacy skills, leading to stronger community-level advocacy voices.
- Policy analysis support for members on emerging health policy issues.



Training of faith leaders and staff of ECC-DOM in South Kivu DRC in August 2024

Strategic Partnerships and Engagement:

EPN strengthened its advocacy through strategic collaborations:

- Mapping and maintaining a comprehensive stakeholder database, adding 12 new partners.
- Linking technical staff to relevant Technical Working Groups (e.g., Access to Medicines TWG, WHO Civil Society Committee, Civil Society Working Group on AMR).
- Participation in high-level meetings and conferences, including the United Nations General Assembly (UNGA).
- Establishing new strategic partnerships and formalizing collaborations through Memoranda of Understanding (MoUs) with the All-Africa Conference of Churches and Africa Christian Health Associations Platform, leading to engagement in pandemic preparedness and climate action discussions.
- Collaboration with PATH and AUDA-NEPAD initiated focusing on enhancing the manufacturing advocacy agenda.

Collaboration with PATH and AUDA-NEPAD enhanced the manufacturing advocacy agenda.

Challenges and how they were addressed

The project faced several challenges:

- **Funding Constraints:** The advocacy docket initially lacked dedicated budget allocation. This was addressed by deliberately including

budget lines for policy advocacy in all future proposals.

- **Political Instability and Policy Changes:** Shifts in government priorities and political unrest in several countries hindered access to officials. This was tackled by building strategic alliances and remaining flexible and adaptable in approach.
- **Coordination and Communication:** Difficulties in coordinating activities across multiple countries and an overwhelmed communication department limited visibility. Addressing this involved strengthening capacity within the communication department and developing specific advocacy communication strategies.
- **Data Collection and Research:** Challenges in accessing reliable data for policy analysis were mitigated by collaborating with research institutions.
- **Resistance from Stakeholders:** Pushback from government officials and pharmaceutical companies was addressed through strategic stakeholder engagement and building relationships.
- **Capacity Limitations:** Lack of trained personnel in policy advocacy was overcome by investing in training for EPN staff and partner organizations and leveraging technology for improved communication and coordination.



Members of EPN, along with the Board and Secretariat staff, showcase copies of the newly launched EPN Advocacy Strategy at its launch event held in Dar es Salaam, Tanzania, in October 2024.

Outcomes and Achievements

- Strategic Framework Established: Development and launch of EPN's first comprehensive Advocacy Strategy (2024-2028).
- Enhanced Member Capacity
- Strengthened Partnerships: 2 new partners added, MoUs established with key organizations, and increased collaboration with regional bodies like ECSA-HC.
- Policy Influence: Development of position papers on AMR and Climate Change, representation at UNGA, and contributions to policy discussions on social health insurance and pharmaceutical regulations.
- Qualitative results highlight strengthened skills among EPN staff, increased awareness and advocacy ability, better understanding of health policy issues among faith leaders, and greater awareness of church health systems' contributions among policymakers.
- Unexpected positive outcomes included increased public awareness and engagement on AMR, greater local ownership of advocacy efforts, and cross-sectoral collaboration (e.g., with agriculture and environmental sectors on AMR)
- Success stories include the development and launch of EPN's Advocacy Strategy, and the empowerment of faith leaders in DRC
- Collaboration (e.g., with agriculture and environmental sectors on AMR through the One Health Approach).

Lessons learned and future directions

- There is need to emphasize the importance of strategic flexibility, diverse partnerships, data-driven advocacy, and fostering community ownership for sustainability.
- Future directions for 2025 involve strengthening implementation structures, such as establishing an Advocacy Advisory Group and developing an online advocacy course.



- Additionally, the focus will expand to include advancing local manufacturing, enhancing church-government collaboration, promoting better regulatory mechanisms, addressing health disparities, and creating a comprehensive advocacy communication toolki



Communications activities

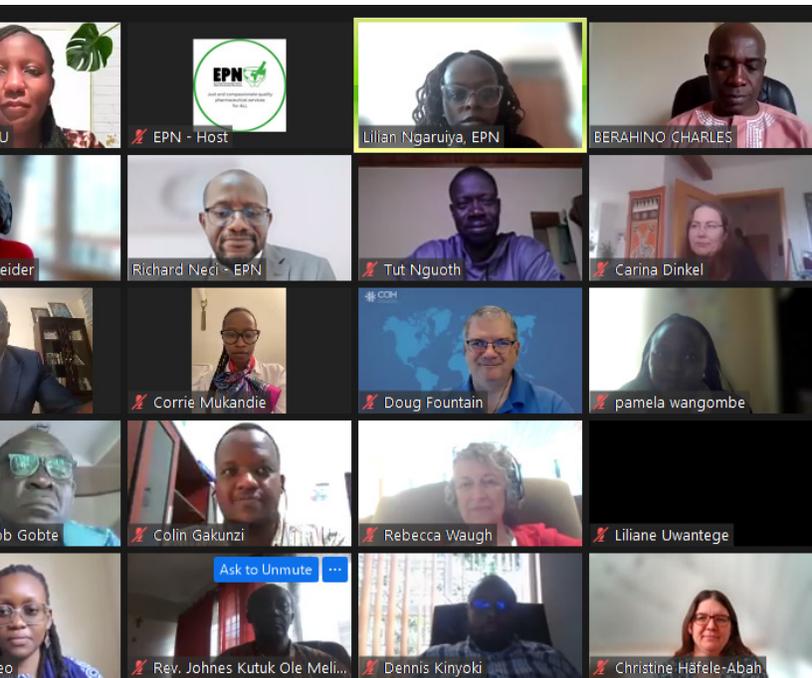
Webinars

Designed to cater to the diverse experiences and contexts of members, these online sessions promoted inclusive environments where stakeholders can exchange knowledge and insights. They also offer opportunities for mentorship, meaningful connections, exclusive content, and valuable lessons learned. In 2024, EPN hosted four impactful webinars on the following topics:

- **Supply Chain and Quality Assurance:** Leveraging the Capabilities of Minilab Standard and Falsified Medicine Detection, in collaboration with the United States Pharmacopeia: Promoting Quality Medicines (USP PQM+). Held in February 2024.
- **Training and Capacity Building:** Embracing Upskilling for Sustainable

Capacity Development, in collaboration with the Pharmaceutical Society of Kenya (PSK). Held in May 2024.

- **Pharmaceutical Systems Strengthening:** Addressing Neglected Tropical Diseases - Challenges and Solutions, in collaboration with American Leprosy Missions, the Anglican Church in Mozambique, and the World Health Organization (WHO), held in September 2024.
- EPN supported a webinar on Mpox in collaboration with All Africa Conference of Churches (AACC) and Africa Christian Health Association Platform (ACHAP) in September 2024. These webinars not only provided essential learning but also strengthened the collaborative ties between organizations and professionals committed to improving healthcare across the globe.



EPN webinars

You are viewing Deborah Mensah's screen View Options

EPN

Deborah Mensah

Saidi Kashindi

Sharon Odeo

Melissa

Saidi Kashindi

Sharon Odeo

Melissa

Morbidity Management and prevention of disability (MMDP)

- Early diagnosis
- Treatment
- Self-care
- *Rehabilitation*
- *Reintegration*

The EPN Website

EPN’s website continued to be a central hub for visibility, sharing timely updates, project reports, advocacy materials, and member stories. It provided access to a range of strategic documents including annual reports, member stories, technical toolkits, and policy briefs. Visitors accessed key information and resources on pharmaceutical services, health systems strengthening, and upcoming events.



Scan the QR Code

Social Media Reach & Engagement

Throughout the year, EPN maintained a strong presence on Facebook, X (formerly Twitter), and LinkedIn, leveraging these platforms to enhance visibility during global health observances, project launches, and strategic campaigns. We engaged on various themes including advocacy initiatives, the Forum highlights, capacity-building efforts, and member achievements, which led to increased engagement, expanded follower interaction, and heightened brand awareness across all channels.



Facebook



X (Twitter)

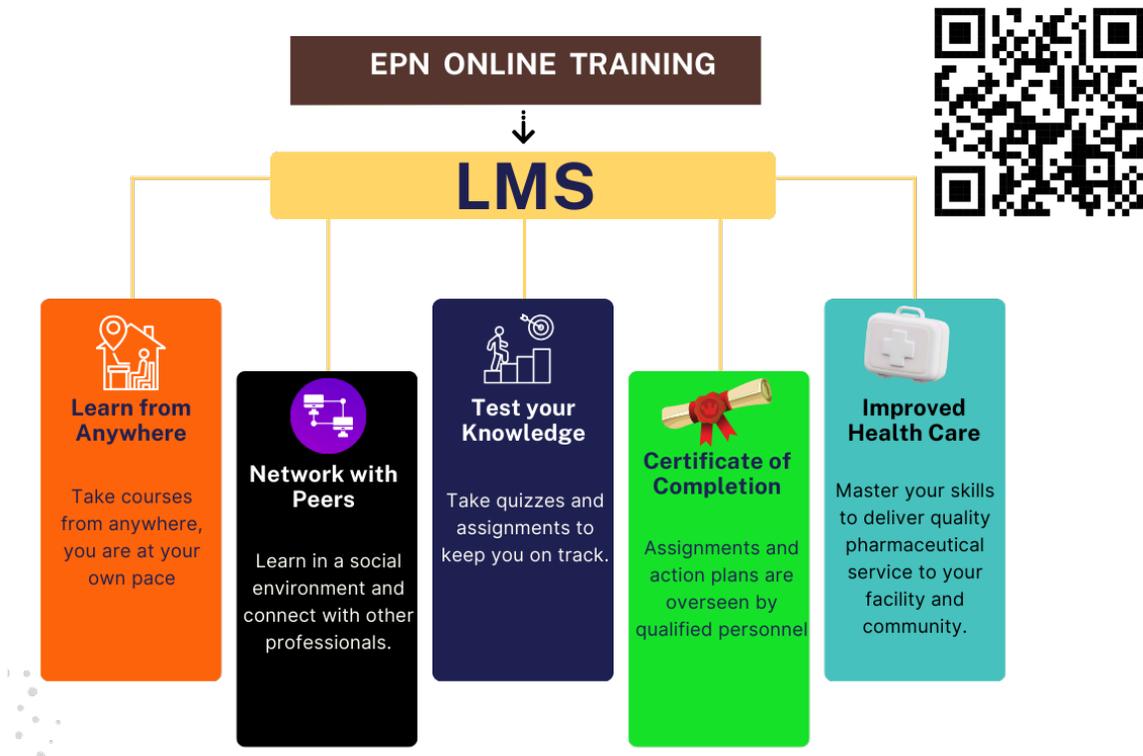


LinkedIn

Online Training platform (LMS):

The LMS platform served as the cornerstone for EPN’s capacity building efforts, delivering high-quality, self-paced training for health professionals and promoting knowledge exchange across regions.

It saw significant growth, with over 2,300 registered learners across approximately 31 courses. Topics covered included pharmacy practice, antimicrobial resistance (AMR), infection prevention and control (IPC), and supply chain management.



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STRATEGIC AREA: MEMBER ENGAGEMENT

EPN is a faith-based network focused on strengthening church health systems and addressing healthcare and pharmaceutical challenges within and beyond health systems supported by its members especially in Sub-Saharan Africa. EPN members bring a wealth of expertise across our strategic areas. EPN members are experienced professionals and organizations of integrity, who play a vital role in strengthening health systems, particularly within the pharmaceutical and supply chain sectors.

The EPN Forum 2024

EPN Forum 2024 was held on 28th October to 1st November in Dar es Salaam, Tanzania, with **201 participants** from **25 countries** participating. The event was co-hosted by members Action Medeor, Tanzania and Christian Social Services Commission (CSSC). Themed “Accelerating Access to Quality Healthcare Services for All,” it focused on bridging last-mile healthcare gaps. Sessions covered AMR, medicine quality, healthcare financing, and policy advocacy, emphasizing the One Health approach. The forum highlighted the need for data-driven policies, technology integration, and community-led solutions. It called for greater investment and partnerships to ensure equitable access to quality healthcare. The full event report is available on the EPN website:



Scan the
QR Code to open
the full report



The main session of the EPN forum 2024



Pre-Conference on Minilab



Poster presentation session during the Pre-conference on AMR

Technical Working Groups

The EPN Technical Working Groups (TWGs) were formed in 2023 to support program implementation and member capacity assessment. They focused on Capacity Building, Pharmaceutical System Strengthening (PSS), and Supply Chain and Quality Assurance. The TWGs are composed of a diverse representation of healthcare workers and Community Health Association (CHAs) representatives from various EPN members and countries. This international representation ensures that a wide range of perspectives and expertise are incorporated into the group's decision-making processes. Each group comprises selected EPN members who reviewed guidelines, developed training, and helped to improve systems. In 2024, all three TWGs carried out key activities to advance EPN's goals.

Pharmaceutical System Strengthening (PSS) TWG

The mandate of this TWG is to ensure that all IEC (Information, Education, and Communication) materials, guidelines, and tools circulated within the EPN network are standardized, accurate, and up-to-date. The PSS TWG constituted representatives from Kenya, Ghana, Burundi, Burkina Faso, Germany, USA, Cameroon, Nigeria, Uganda, and Zimbabwe.

In 2024, the PSS TWG successfully achieved several key milestones, including: Validating the

reviewed EPN AMR IEC materials; reviewing, updating and validating the final version of the Availability Monitoring Tool and reviewing and validating the HIV literacy guide for religious leaders.

These activities demonstrated the TWG's commitment to improving healthcare practices and ensuring the availability of high quality, up-to-date resources within the EPN network.

Supply Chain and Quality Assurance TWG

The Supply Chain and Quality Assurance Technical Working Group (TWG) has been instrumental in strengthening healthcare supply chains. Key activities included the development of the Supply Chain Maturity Assessment Tool – DSO, which helps evaluate supply chain effectiveness, and the Validation of the Priority Medicines List, for ensuring that essential medicines are available and well-managed. The TWG also created the Supply Chain Integrity Assessment Tool for reviewing health facility-level practices and improving storage and distribution integrity.

Finally, the group conducted a review of the Supply Chain Key Performance Indicators (2024) to refine performance benchmarks, ensuring the system remains responsive and efficient. Through these efforts, the TWG supports continuous improvements in supply chain efficiency and healthcare delivery.



Participants of the EPN Forum 2024 in Tanzania

Capacity Building Technical Working Group (TWG)

The Capacity Building TWG has played a key role in assessing the EPN Learning Management System (LMS), evaluating the Essential Pharmaceutical Practice (EPP) Training, and contributing to the collaborative review of the Treatment Literacy Guide. In 2024, the TWG sustained its engagement by consolidating learning and undertaking a strategic review of progress related to training programs and the online platform, setting the stage for future improvements and broader implementation. This especially enhanced by the growth in the utilization of the EPN training platform.

Regional Meetings

The regional members meetings are virtual meetings aimed at fostering communication, collaboration, and alignment within the network. In 2024, four meetings for each of the four regions; Western, Eastern, Central and Francophone, and Southern Africa were held. In the meetings, the discussions were aimed at identifying and addressing specific member needs, evaluating the delivery of services, promoting network vitality, ensuring that activities are in alignment with the broader network goals. EPN extends its sincere gratitude to all members for their continued engagement in online activities, despite the geographical distances.

Membership Growth

EPN network continues to grow. In 2024, with 3 institutions and 1 individual joined the EPN network: Technologie Transfer Marburg e. V. (TTM), Kenya Catholic Conference of Bishops, BDOM Kinshasa, and Prof. Peter Imming. As of December 2024, EPN had 146 members across 38 countries, including 27 in Sub-Saharan Africa.





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STRATEGIC AREA: DONOR, PARTNERSHIP AND SUSTAINABILITY

EPN participated in several national and regional strategic conferences to promote EPN work and share best practices within the church health system. Some of these include;

Extended collaboration with USP/PQM+

EPN and PQM + have entered into a new partnership to support the review of the Maturity Assessment Tool (MAT), developed by the EPN's Supply Chain Technical Working Group (SC TWG). The MAT review began in 2024 and will be followed by a training session in Kigali to prepare for the tool's deployment targeting BUFMAR Rwanda.

Strategic Partnerships on AMR Agenda

Under the Access project, EPN strengthened its collaboration with two key partners: East Central and Southern Africa Health Community (ECSAHC) and Actions des Jeunes Contre la Résistance aux Antimicrobiens (AJRAM), through Memoranda of Understanding (MOUs). These partnerships aimed to amplify efforts in addressing Antimicrobial Resistance (AMR) by focusing on areas such as technical assistance, capacity building, resource mobilization, policy advocacy, joint research, and conferences. The collaboration with these organizations was expected to strengthen regional AMR response efforts, raise awareness, and drive meaningful change across Africa.

Securing Worldwide Access to Diabetes Care by 2030 – ATMF Session, Amsterdam

In April, EPN participated at the Access to Medicine Foundation (ATMF) session in Amsterdam focused on closing the equity gap in diabetes care. Executive Director Dr. Richard Neci moderated a roundtable on shaping a collaborative supply

chain to the last mile. The session explored strategies for improving global access to diabetes treatment. EPN discussed new collaboration opportunities with ATMF. An agreement was reached to leverage ATMF partnerships to engage Big Pharma on access programs.

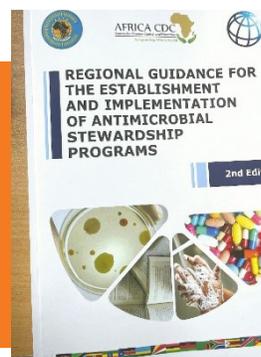
Workshop on Initiating a Christian Health Association (CHAs) of fragmented church health networks and related Drug Supply Organizations in DRC

EPN joined the Bread for the World and Difaem teams to engage FBO stakeholders working on health and social programs to reflect on the creation of a CHA in DRC. Dr. Richard Neci made a presentation highlighting on *EPN Network Model of CHAs and DSOs*. As an outcome, all the participants committed to actively participate in the initiative. A roadmap was developed and a platform was developed for continued engagement.

WHO Technical Coordination Meeting on Strengthening Influenza Vaccination Policies and Programmes

EPN participated in the 2024 WHO Technical Coordination Meeting on Strengthening Influenza Vaccination Policies in Geneva. A session moderated by EPN and WHO Afro, spotlighted regional collaboration. EPN Executive Director presented on influenza vaccine uptake in Sub-Saharan Africa's faith-based health systems. The talk emphasized the role of trust in increasing vaccination coverage. EPN's contributions were well received, highlighting its influence in health policy. WHO Afro committed to involving EPN in all future regional immunization initiatives.

EPN, as part of the ECSAHC technical working group, were able to contribute to the development of the **Regional guidance for the establishment and implementation of antimicrobial stewardship programs**.



World Health Summit 2024 - *Building Trust for a Healthier World*

In October 2024, EPN Executive Director attended the 2024 World Health Summit in Berlin, Germany. EPN co-organized a session with Vfa and the University of Tübingen on combating substandard and falsified (SF) medicines. The session showcased affordable tools for detecting SF medicines in low- and middle-income countries. Dr. Neci presented on medicine quality assurance in drug procurement by faith-based organizations in Africa and Asia.

Joint Advocacy Agenda with Bread for the World, Berlin October 2024

Ahead of the World Health Summit, EPN and Bread for the World engaged in joint advocacy with German government officials and parliamentarians. The advocacy efforts focused on local manufacturing in Africa, the Mpox outbreak in DRC, vaccine access, pharma accountability, and EPN's roles and funding needs. These included a joint meeting with BMZ (Ministry of Cooperation and Development) and GIZ, Head of Health Unit and Coordinator of Foreign Policy on Global Health Issues at the Federal Foreign Ministry, Mr. Frank Neumann, the chair of Global Health Subcommittee, Prof. Andrew Ullmann, and Green Party MP, Mr. Ottmar von Holtz.

Collaboration with Access to Medicines Foundation on the Index Report 2024

In December, EPN and Access to Medicines Foundation agreed to co-host a webinar in the first quarter of 2025 in the perspective of disseminating the Index Report 2024 benchmarking the Top 20 of the world's leading R&D pharmaceutical companies according to their efforts to expand access to their products for people living in LMICs, where disparities in the availability and affordability of essential healthcare products remain a challenge.

Other conferences and workshops

- WHO - Civil Society Organizations Engagement Forum - Pandemic Preparedness Global Platforms
- MEDS Suppliers Conference
- WHO Meeting on Strengthening the Coordination of the Supply Chain in the Management of Essential Health Products in the African Region
- ACHAP Conference 2024
- 25th International AIDS Conference (AIDS 2024)
- ReACT Africa Annual Conference
- Annual Meeting of the Quadripartite TWG on AMR (Youth Engagement)
- Commonwealth Partnerships for Antimicrobial Stewardship Forum (CwPAMS) Annual Review Meeting



Workshop on Initiating a Christian Health Association (CHA) of fragmented church health networks and related Drug Supply Organizations in DRC

- 1st National Youth Conference on Antimicrobial Resistance (AMR) - Bridging Barriers, Uniting Youth in an Effort to Combat AMR: Leaving No One Behind
- All-Africa Conference of Churches (AACC) High-Level Dialogue on Understanding Population Dynamics and Demographic Dividends
- CHAK Annual Conference
- ECSCA-HC-AU Policy Dialogue and 50th Anniversary
- African Medicines Manufacturing Trade Exhibition and Conference (AMMTEC 2024) -Shaping the Market: Moving from Intent to Demand for African Manufactured Medicines



Rev. Jane Ng'ang'a, EPN Policy & Advocacy Advisor making a presentation at the 25th international AIDS conference 2024 in Munich, Germany



EPN Executive Director Dr. Richard Neci (standing second from left) ECSCA-HC-AU policy dialogue and 50th anniversary

GOVERNANCE AND ADMINISTRATION

The EPN Board

In 2024, EPN made significant strides in its mission and achievements, further advancing its commitment to strengthening healthcare systems. During the year, the EPN Board convened five times, organizing both ordinary and extraordinary board meetings. In addition, over seven Finance Committee meetings were held to monitor resource mobilization efforts. An Advocacy Advisory Group was also established to support the development of the EPN Advocacy Strategy, which was subsequently launched at the EPN Forum in October. Furthermore, four Board Committees were created to assist the Secretariat and enhance the efficiency of board proceedings.

Key Milestones

Successful election of new Board members and smooth transition of board leadership.

Annual General Meeting (AGM) and EPN Biennial Forum in Dar es Salaam, the largest Forum to date.

Mid-Term Review of the Strategic Plan conducted to assess progress and refine goals.

Regional Meetings organized in collaboration with Board representatives to foster engagement and support for Technical Working Groups to enhance their effectiveness.

EPN Annual General Assembly (AGM) 2024

The EPN Annual General Assembly (AGM) 2024 was held on 1 November 2024 in Dar es Salaam, following the EPN Forum. It provided a meaningful platform for members and the Board to reflect on the network's progress, strategic direction, and governance.

Outgoing Chairperson Christine Hafaale-Abah and board members Mr. Christoph Bonsmann, Ms. Florence Bull, Ms. Chitimbire Vuyelwa, and Ms. Joanita N. Lwanyaga were honoured for their dedicated service. The Assembly welcomed newly nominated Board Chairperson Dr. Stephen Kigera and members Ms. Monique Gahongayire, Ms. Phyllis Brewah, Mr. Andreas Wiegand, Mr. Happy Makala, and Mr. Dennis Cherian. The re-election of Mr. Edward Ngah and Mr. Mwai Makoka was also approved for the second term at the EPN Board.

The outgoing Chairperson expressed her appreciation to the network members and the staff of the Secretariat for the dedication and commitment to the mission of the network. Dr. Kigera expressed gratitude and committed to build on the network's strong foundation and drive continued growth.



A section of EPN Board in 2024

HUMAN RESOURCE

In 2024, the EPN Secretariat expanded its team with the addition of 3 new staff members, who joined in August 2024, bringing valuable expertise to the Secretariat:

- Jane Maswan joined as the Programs Manager for the new project on MNCH.
- Mugambi Mbaya also joined as Supply Chain Program Officer.
- Hillary Munene came on board as Monitoring and Evaluation Officer.

During the same period, the Secretariat bid farewell to one staff member. Umazi Fanjo, Communications and Membership Officer, in December 2024 to pursue new opportunities.

EPN warmly welcomes the new members who joined our team in 2024 and extends heartfelt thanks to Umazi for her contributions during her time with the organization and wish her the best in their future endeavours.

FINANCIAL SUMMARY

This is financial summaries for the year ended 31 December 2024

Statement of Financial Activities

	2024 USD	2024 KSH	2023 USD	2023 KSH
INCOME				
Grant income	3,023,582	412,386,172	506,416	68,811,300
Other income	85,707	11,718,604	94,520	13,671,562
Total income	3,109,288	424,104,776	600,936	82,482,862
EXPENDITURE				
Programme costs	1,055,247	143,924,992	429,722	58,390,568
Administrative expenses	412,922	56,326,054	340,879	46,261,246
Other operating expenses	4,250	579,561	2,444	382,280
Finance costs	1,503	205,042	1,474	200,028
Total expenditure	1,473,923	201,035,649	774,519	105,234,122
(Deficit) for the year	1,635,366	223,069,129	(173,583)	(22,751,260)

Statement of Financial Position

	Note	2024 USD	2024 KSH	2023 USD	2023 KSH
NON-CURRENT ASSETS					
Property and equipment	14	16,384	1,732,730	11,722	1,146,837
		16,384	1,732,730	11,722	1,146,837
CURRENT ASSETS					
Cash and cash equivalents	9	958,443	150,431,209	179,846	26,456,549
Accounts receivable	10	935,877	126,950,971	74,864	8,650,464
		1,894,320	277,382,180	254,710	35,107,013
TOTAL ASSETS		1,910,704	279,114,910	266,432	36,253,850
REPRESENTED BY;					
Fund balance		1,867,502	273,458,099	228,394	31,249,640
		1,867,502	273,458,099	228,394	31,249,640
CURRENT LIABILITIES					
Account payables	12	43,201	5,656,811	38,038	5,004,211
		43,201	5,656,811	38,038	5,004,211
TOTAL FUND BALANCES AND LIABILITIES		1,910,704	279,114,910	266,432	36,253,850

STATEMENT OF CASH FLOWS

	2024	2024	2023	2023
	USD	KSH	USD	KSH
Cash flows from operating activities				
Net movement in funds for the year	1,635,366	223,069,129	(173,583)	(22,751,260)
Adjustment				
Depreciation	4,249	579,562	2,444	382,280
Prior year adjustment	11,617	19,139,331	-	-
Translation reserve	(7,877)	-	(38,848)	-
Operating deficit before working capital changes	1,643,355	242,788,022	(209,987)	(22,368,980)
Cash flows from operating activities				
Decrease in receivables	(861,588)	(118,300,507)	22,836	3,041,094
Increase/(Decrease) in payables	5,163	652,600	16,846	2,288,963
Income tax paid	-	-	(397)	(53,913)
Net cash flow (used in)/generated from operating activities	786,930	125,140,115	(170,702)	(17,092,836)
Cash flows from investing activities				
Purchase of Property and equipment	(8,912)	(1,215,472)	(1,848)	(251,072)
Cost of disposed asset	4,840	496,434	-	-
Accumulated depreciation of disposed assets	(4,260)	(446,417)	-	-
Net cash flow (used in)/generated from operating activities	(8,332)	(1,165,455)	(1,848)	(251,072)
Movement in cash and cash equivalent				
At start of the year	179,846	26,456,549	352,396	43,800,452
During the year	778,597	123,974,660	(172,550)	(17,343,904)
At the end of the year	958,443	150,431,209	179,846	26,456,549

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