EPN
Ecumenical Pharmaceutical Network
Réseau Pharmaceutique Œcuménique

ECUMENICAL PHARMACEUTICAL NETWORK (EPN)

A leading faith-based network transforming lives through innovation and equitable access to pharmaceutical services for all

STRATEGIC PLAN 2026 2030

LIST OF ACRONYMS

AACC	All Africa Conference of Churches
ACHAP	Africa Christian Health Association Platform
AfCFTA	African Continental Free Trade Area
AJRAM	Actions des Jeunes contre la Résistance aux Antimicrobiens (AJRAM)
AMA	Africa Medicines Agency
AMR	Antimicrobial Resistance
AMT	Availability Monitoring Tool
CDC	Centers for Disease Control
CHA	Christian Health Association
CHASL	Christian Health Association of Sierra Leone
CHI	Church Health Institution
CMC	Christian Medical Commission
COMESA	Common Market for East and South Africa
CQI	Continuous Quality Improvement Tool
DHIS	District Health Information System
DRF	Drug Revolving Fund
DTC	Drug Therapeutics Committees
DSO	Drug Supply Organization
ECOWAS	Economic Community of West African States
ECSA-HC	East, Central and Southern African Health Community
EDMS	EPN Data Management Systems
EML	Essential Medicines List
ERP	Enterprise Resource Planning
FBOs	Faith Based Organizations
GDP	Gross Domestic Product
HFA	Health Facility Assessment Tool
HIV	Human Immunodeficiency Virus
HPT	Health Products & Technology
IEC	Information, Education and Communication Materials
IGAD	Intergovernmental Authority on Development
IPC	Infection Prevention and Control
LMIS	Logistics Management Information System
LMS	Learning Management System
MEAL	Monitoring, Evaluation & Learning
NCDs	Non-communicable Diseases
NGOs	Non-Governmental Organizations
NRI	Non-Responder Imputation
NTDs	Neglected Tropical Diseases
PESTEL	Political, Economic, Social, Technological, Environmental and Legal
RBM	Result-Based Management
RMNCH	Reproductive, Maternal , Newborn & Child Health
RECs	Research Ethics Committees
S/F	Substandard and Falsified
SMS	Short Messaging
SOPs	Standard operating procedures
TB	Tuberculosis
TWG	Technical Working Groups
UNFPA	United Nations Population Fund
UNICEF	United Nations International Children's Emergency Fund
WCC	World Council of Churches
WHO	World Health Organization

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500 ml x 30
500 ml
Plastic Bottle
EPAL

FOREWORD

BOARD CHAIRMAN



It is with great pleasure that I present the **Ecumenical Pharmaceutical Network (EPN) Strategic Plan 2026–2030**, a roadmap that will guide our network over the next five years as we continue our commitment to strengthening faith-based health systems and improving equitable access to quality health products and pharmaceutical services across Africa and beyond.

This Strategic Plan comes at a defining moment for EPN. The global health landscape is evolving rapidly, presenting both unprecedented opportunities and significant challenges. The growing burden of communicable and non-communicable diseases, antimicrobial resistance, health emergencies, climate change, supply chain disruptions, and changing donor priorities require organizations such as EPN to be innovative, resilient, and forward-looking. At the same time, the increasing recognition of Faith-Based Organizations (FBOs) as indispensable partners in national and global health systems provides an opportunity for EPN to strengthen its leadership and contribution to global health.

The development of this Strategic Plan has been highly participatory and evidence-driven. It was informed by extensive consultations with our Board, Secretariat, member institutions, strategic partners, and other stakeholders. The process also benefited from independent research and evidence on Pharmaceutical Systems Strengthening within Faith-Based Organizations, ensuring that our priorities are grounded in both practical experience and emerging global evidence.

The Board has adopted an ambitious but realistic strategy that positions EPN to move beyond traditional technical support towards becoming a leading continental platform for pharmaceutical systems strengthening, policy advocacy, innovation, capacity development, and strategic partnerships. Over the next five years, we will invest in strengthening our members, expanding regional collaboration, promoting local pharmaceutical manufacturing, embracing digital transformation, and positioning faith-based health systems as indispensable contributors to Universal Health Coverage and resilient health systems.

On behalf of the Board, I express our sincere appreciation to all EPN members, partners, donors, governments, and friends of the Network whose continued support has enabled EPN to grow into one of the leading faith-based pharmaceutical networks globally. I also commend the Secretariat, under the leadership of the Executive Director, and the consultants who facilitated the strategic planning process.

As we embark on this new strategic journey, I invite all our members and partners to embrace this Strategy as our shared commitment and collective responsibility. Together, guided by our Christian values of compassion, stewardship, professionalism, innovation, teamwork, and equity, we will continue transforming lives through stronger pharmaceutical systems and improved access to quality health products for all.

May God continue to bless EPN and all those we serve.

Dr. Stephen Kigera
Chairperson, EPN Board

EXECUTIVE DIRECTOR



The **EPN Strategic Plan 2026–2030** represents our collective vision for the future of faith-based pharmaceutical systems across Africa. It reflects where we have come from, what we have learned, and where we believe God is calling us to serve over the next five years.

During the implementation of our 2021–2025 Strategic Plan, EPN experienced significant institutional growth and expanded its influence across the continent. Together with our members and partners, we strengthened pharmaceutical services in many countries, enhanced the quality and availability of medicines, expanded capacity-building programs, supported antimicrobial resistance initiatives, strengthened medicine quality surveillance, increased our policy engagement, and successfully positioned Faith-Based Organizations as trusted partners in national and global health systems.

These achievements have laid a strong foundation for the next phase of our journey. However, the needs of our members and the communities they serve continue to evolve. Health systems are facing increasing pressure from disease outbreaks, humanitarian emergencies, changing financing landscapes, climate-related challenges, technological transformation, and growing expectations for equitable healthcare. These realities require EPN to become more agile, innovative, evidence-driven, and sustainable.

This Strategic Plan responds to these challenges by placing **Pharmaceutical Systems Strengthening** at the centre of our work while expanding our focus on capacity development, policy advocacy, institutional resilience, innovation, and strategic partnerships. It also reflects our commitment to digital transformation, climate change, local pharmaceutical manufacturing, stronger member ownership, and the use of evidence to influence policy and practice.

Successful implementation of this Strategy will require the collective commitment of our Board, Secretariat, member institutions, donors, governments, regional bodies, and development partners. No single institution can transform pharmaceutical systems alone. Our greatest strength has always been our network, built on collaboration, shared learning, mutual trust, and a common Christian commitment to serving humanity.

I wish to sincerely thank the Board for their strategic guidance, our members for their valuable contributions throughout the planning process, our development partners for their continued confidence in EPN, and Howard & Associates Strategic Consulting Ltd for facilitating the development of this Strategy. I also extend my appreciation to the dedicated EPN Secretariat staff whose passion and commitment continue to drive the Network forward.

As we begin implementing this Strategic Plan, I invite every member and partner to take ownership of this shared vision. Together, we will continue connecting and strengthening faith-based health systems, promoting innovation, advancing pharmaceutical systems, and ensuring equitable access to quality health products and services for the communities we serve.

With God's guidance and through our collective efforts, I am confident that the next five years will be a period of even greater impact, stronger partnerships, and lasting transformation.

Richard Neci Cizungu
Executive Director, EPN

PREFACE



CHAPTER 1

INTRODUCTION & BACKGROUND

CHAPTER ONE:

INTRODUCTION AND BACKGROUND

1.1 Overview

The Ecumenical Pharmaceutical Network (EPN) is a Christian, international, non-profit organization committed to improving access to affordable, quality medicines and enhancing pharmaceutical services, especially within church-based healthcare systems. Founded in 1981 as a technical support initiative by the Christian Medical Commission of the World Council of Churches, EPN was officially registered as a non-profit organization in 2000 and now operates across 38 countries. Headquartered in Nairobi, Kenya, EPN brings together associations, institutions, and individuals to strengthen health systems and promote global health equity.

The network brings together over 149 member organizations and individuals actively working to improve pharmaceutical services. EPN's mandate is to ensure church related health institutions meet the minimum standards for effective and efficient pharmaceutical services. This mandate has evolved to encompass active engagement in dialogue, policy development, and evidence-based interventions to incorporate faith-based health systems into national and global health agendas and financing.

EPN serves its members through its Board and Secretariat. The EPN Board is responsible for policy and strategic direction of the network. The Secretariat is the operational arm of the network, providing a range of services and products to its members and others, benefiting the broader community. The Secretariat is based in Nairobi, Kenya.

EPN Secretariat supports its members by mobilizing resources, offering technical expertise, strengthening health systems, and promoting advocacy and awareness on key health priorities. It also provides training and capacity building, develops new or disseminates existing practical health assessment tools, and facilitates the sharing of best practices through its strong convening and coordination role. Members implement activities but with the technical support of the EPN Secretariat.

The 2026–2030 strategic cycle represents a pivotal moment for EPN. With a renewed focus on innovation, equity, and sustainability, EPN is well-positioned to shape the future of faith-based pharmaceutical care across Africa and beyond. EPN's commitment to digital transformation, regional integration, and policy influence will ensure that member institutions are not only resilient but also visionary in their pursuit of health equity

1.2 Strategic Planning Process

a. **Purpose of the Strategic Plan Development:** As the 2021–2025 strategic period came to a close, the Ecumenical Pharmaceutical Network (EPN) recognized the need to craft a new roadmap that would guide its mission into the future. The goal was to build on past achievements, address emerging challenges, and position the organization to respond effectively to the evolving global health landscape. The new strategy would continue to uphold EPN's commitment to just, compassionate, and quality pharmaceutical services, while strengthening the resilience of its member institutions.

b. **Engagement of Strategic Consultants:** To lead this process, EPN engaged Howard & Associates Strategic Consulting Ltd, a firm with expertise in strategic planning and organizational development. The firm was tasked with reviewing the outgoing strategy, gathering insights from stakeholders, and facilitating the development of the 2026–2030 Strategic Plan. The role of the firm included providing technical, strategic, and operational support to ensure the new plan was evidence-based, inclusive, and aligned with current realities.

c. **Methodology and Data Collection:** The strategy development process followed a mixed-

methods approach, combining both qualitative and quantitative techniques. It began with a comprehensive desk review of internal documents related to the 2021–2025 strategy. This helped the consultants understand the historical context, implementation progress, and areas that required improvement. To enrich the findings, key informant interviews were conducted with selected Board members, EPN's executive leadership, senior program officers, and representatives from the wider network. The conversations provided valuable insights into the organization's strengths, challenges, and strategic aspirations. Additionally, an online survey was administered to a sample of EPN members to gather broader perspectives on engagement, satisfaction, and the impact of EPN's programs.

The strategic planning process also benefited from recent evidence generated through Dr. Zana Wangari Kiragu's Pharmaceutical Systems Strengthening (PSS) research on Faith-Based Organizations (FBOs), which used the Ecumenical Pharmaceutical Network (EPN) and its member institutions as the primary study platform. The study examined the contribution of Christian Health Associations (CHAs), Drug Supply Organizations (DSOs), and faith-based health facilities to pharmaceutical systems across Africa, providing valuable evidence on the strengths, challenges, and opportunities for strengthening pharmaceutical systems within FBOs. The findings significantly informed the refinement of EPN's Pharmaceutical Systems Strengthening framework, strategic priorities, and program architecture for the 2026–2030 Strategic Plan, particularly the expanded focus on service delivery, regulatory systems, quality assurance, supply chain resilience, innovation, community engagement, and policy advocacy[1].

d. **Integration of Midterm Review Findings:** The strategy development process also drew heavily from the midterm review of the 2021–2025 Strategic Plan. This ensured that lessons learned during implementation were carried forward and that the new strategy would be grounded in both past performance and current member needs.

e. **2026- 2030 Strategic plan:** The insights gathered through this process laid the foundation for a strategic plan that is resilient, responsive, and aligned with EPN's mission. The 2026–2030 Strategic Plan will serve as a guiding framework to deepen member engagement, improve pharmaceutical systems, and ensure sustainable impact across the network.

1.3 Historical Milestones of the Ecumenical Pharmaceutical Network (EPN)

YEAR	MILESTONE
1981	The roots of EPN were planted when the *Christian Medical Commission (CMC)* of the *World Council of Churches (WCC)* appointed a pharmaceutical adviser to support church health programs in Africa. This marked the beginning of a coordinated effort to strengthen pharmaceutical services in faith-based health institutions.
1990s	As the need for consistent pharmaceutical support grew, informal collaborations among church health organizations expanded, laying the groundwork for a more structured network. During this period, EPN began developing guidelines and tools for rational medicine use and supply chain management.
2000	EPN was officially registered as a non-profit organization, with its Secretariat established in *Nairobi, Kenya*. This formalization brought together church health organizations into a unified network, committed to improving access to quality medicines and pharmaceutical services

2004–2010	EPN launched several capacity-building initiatives, including training programs for pharmaceutical personnel, development of standard treatment guidelines, and the introduction of monitoring tools to improve medicine use. The network also began to engage in policy advocacy at national and regional levels.
2011 - 2014	EPN celebrated its *30th anniversary*, marking three decades of service to church health systems. This milestone was commemorated with renewed strategic focus on strengthening pharmaceutical systems and expanding partnerships with global health actors
2015–2020	EPN deepened its work under four strategic pillars: *Access to and Rational Use of Medicines*, *Quality Pharmaceutical Services*, *Human Resource Development*, and *Advocacy and Networking*. The network expanded to 38 countries, influencing pharmaceutical policy and practice across Africa and beyond.
2021	EPN played a critical role in supporting member institutions during the COVID-19 pandemic by facilitating access to essential medicines, personal protective equipment (PPE), and accurate pharmaceutical information. It also accelerated digital transformation through online training and virtual collaboration platforms.
2022–Present	EPN continues to innovate by integrating digital health tools, strengthening supply chain resilience, health facility systems and communities, and promoting local pharmaceutical manufacturing. It remains a key voice in global health forums, advocating for equitable access to medicines and resilient health systems rooted in faith-based values.



1.4 EPN Performance and Strategic Achievements (2021–2025)

The 2021–2025 strategic period marked a transformative chapter for the Ecumenical Pharmaceutical Network (EPN), characterized by bold institutional reforms, targeted capacity building, and catalytic partnerships. Guided by its mission to support church health systems in delivering just, compassionate, and quality pharmaceutical services, EPN implemented a multi-pronged strategy that yielded measurable impact across its five strategic pillars. The organization not only strengthened its internal governance and operational resilience but also expanded its influence across 38 countries, positioning itself as a regional leader in faith-based pharmaceutical systems strengthening. Key achievements include:

a. **Capacity Building and Human Resource Development:** EPN placed human capital development at the heart of its strategy, recognizing that resilient pharmaceutical systems begin with skilled personnel. Over the five-year period, EPN trained **1,472 pharmaceutical professionals** across its network, an unprecedented scale-up in workforce development. This included **40 scholarships** awarded through its flagship program, enabling pharmacists and technicians to pursue advanced studies in pharmaceutical sciences and supply chain management. In response to global disruptions such as COVID-19, EPN rapidly deployed virtual training platforms, reaching remote facilities and supporting the establishment of **Drug Supply Organizations (Depots)** in underserved regions. These efforts contributed to a **45% increase** in facilities meeting minimum pharmaceutical standards, with many reporting improved clinical outcomes and regulatory compliance.

b. **Governance and Organizational Strengthening:** Internally, EPN undertook a strategic overhaul of its governance architecture. The Board expanded in size and diversity, enhancing strategic oversight and institutional agility. The organization formalized its financial controls and continued working with reputable audit firms, reinforcing transparency and accountability. These reforms not only improved donor confidence but also laid the groundwork for sustainable growth and operational excellence. EPN's repositioning as a professionally managed, mission-driven entity has elevated its credibility among partners and stakeholders.

c. **Pharmaceutical Quality Surveillance and Minilab Technology:** EPN's commitment to pharmaceutical quality was exemplified through the expansion of its **GPHF Minilab network**, a low-cost, high-impact technology for medicine quality testing. The Minilab system enabled member facilities to conduct **hundreds of product analyses**, ensuring compliance with international standards and reducing the prevalence of substandard and falsified medicines. By decentralizing quality assurance, EPN empowered facilities to take ownership of post-market surveillance, significantly lowering the cost barrier associated with pharmaceutical safety monitoring.

d. **Post-Marketing Surveillance and Safety Systems:** Recognizing the growing threat of poor-quality medicines, EPN coordinated a robust post-marketing surveillance system across its network. Based on the GPHF Minilab experience, the organization developed **standardized protocols**, built partner capacity, and established traceability structures that enabled real-time identification of substandard products. This system has become a cornerstone of pharmaceutical safety in member institutions, contributing to improved patient outcomes and regulatory compliance. MoU were signed with Regulatory Authorities in Malawi, Liberia, Cameroon, Kenya and Nigeria.

e. **Strengthening Members Pharmaceutical Services**: EPN significantly strengthened members' pharmaceutical systems by expanding self-assessment practices, improving inventory management, and supporting facilities to identify and act on priority gaps in service delivery. Through tools such as the CQI, HFA and AMT, member health facilities were empowered to regularly evaluate their performance, monitor availability of essential medicines, and improve decision-making around purchasing, restocking and stock management, contributing to better financial oversight and a visible reduction in frequent stockouts. EPN further enhanced service quality by equipping facilities with essential medicine lists, treatment guidelines, and practical IEC materials, alongside

training in good inventory practices, medicine use counseling, storage, and record-keeping. Across the network, coordinated structures such as Quality Improvement Teams, IPC units, Drug and Therapeutics Committees, and Antimicrobial Stewardship Committees were established or strengthened, helping optimize medicine use and reinforce accountability. The development and rollout of pharmacy practice SOPs, together with hub-and-spoke mentorship models in several countries, improved consistency and raised standards across different levels of care. Efforts to promote sustainable financing also advanced through support for Drug Revolving Funds, capacity building for medical directors, and provision of seed stock in key MNCH programs. Overall, Pillar 1 Pharmaceutical Systems Strengthening achieved broad and meaningful improvements in system performance, quality assurance, medicines availability, and adoption of best practices across EPN member facilities, despite funding limitations that constrained universal coverage.

f. **Community Engagement and Faith-Leader Involvement:** Complementing these PSS system-level improvements, EPN deepened community engagement and partnered strategically with religious leaders to reinforce responsible medicine use and strengthen antimicrobial stewardship across faith-based health networks. Church leaders and youth groups were mobilized and equipped with simplified tools to communicate health messages, promote adherence to treatment guidelines, and encourage early, appropriate care-seeking. Community dialogues, church-based health talks, and local radio programs supported by EPN helped raise awareness about rational medicine use, dangers of AMR, availability of essential medicines, and the value of using accredited suppliers rather than informal drug vendors. This integrated approach strengthened community trust, aligned local health behaviors with facility-level improvements, and ensured that pharmaceutical strengthening efforts were not limited to health facilities alone, but extended into the everyday lives of the communities they serve.

g. **Convening Power and Sector Leadership:** EPN emerged as a convening authority for faith-based pharmaceutical actors, hosting **two major regional conferences** in Kenya (2022) and Tanzania (2024) which attracted respectively **128 and 201 participants** from across Africa. These gatherings served as strategic platforms for policy dialogue, technical exchange, and collaborative planning. In addition, EPN's Annual General Meetings provided critical feedback loops, enabling members to shape the organization's direction and priorities. Through these convenings, EPN reinforced its role as a thought leader and coalition builder in the pharmaceutical space.

h. **Strategic Programs and Policy Influence:** EPN deepened its engagement in strategic health programs, notably in the fight against **Antimicrobial Resistance (AMR)**. The organization strengthened partnerships with regional bodies such as East, Central and Southern African Health Community (ECSA-HC) and Actions des Jeunes contre la Résistance aux Antimicrobiens (AJRAM) led policy development initiatives, facilitated technical workshops, and participated in regional forums such as **REACT Zambia**, positioning itself as an AMR champion. EPN also piloted **joint procurement strategies**, enabling members to pool resources and negotiate better terms for medicine purchases. These initiatives not only reduced costs but also fostered solidarity and shared accountability among member institutions.

i. **Resource Mobilization and Financial Sustainability:** EPN significantly scaled its resource mobilization efforts, transitioning from foundational support to securing **major international grants**. A landmark achievement was the **2023/2024 Gates Foundation grant**, which funded a three-year strategic initiative focused on pharmaceutical systems strengthening. EPN also maintained strong relationships with faith-based funders such as **Bread for the World** and German development partners, resulting in a **35% increase** in annual program funding. These partnerships have been instrumental in sustaining operations and scaling impact.

j. **Pooled Procurement Initiatives:** In addition to the EAC Pooled Procurement, EPN launched its MNCH products Pooled Procurement pilot with **two member institutions**,

demonstrating proof of concept for collaborative purchasing. Early results indicated potential cost savings of **20–30%** on MNCH essential medicines, with improved supply chain reliability and reduced stockouts. The initiative is now poised for scale-up in the next strategic cycle, with plans to onboard additional members and expand product categories.

k. **Evidence-Based Planning and Data System:** Throughout the strategy period, EPN prioritized data-driven decision-making. The organization conducted multiple surveys and assessments, generating actionable insights that informed program design, member support, and advocacy efforts. These data systems have enhanced EPN's ability to monitor progress, evaluate impact, and adapt to emerging needs.

1.5 Proposal for the Future (Strategic Outlook: 2026–2030)

Building on the momentum of the 2021–2025 strategy period, the Ecumenical Pharmaceutical Network (EPN) enters the 2026–2030 strategic cycle as a mature, high-performing institution with a clear mandate and expanding influence. The next five years present a unique opportunity for EPN to consolidate its gains, scale its innovations, and redefine its role in global health through a faith-based lens. The organization is poised to transition from foundational systems strengthening to transformative leadership in pharmaceutical equity, digital health, and policy advocacy.

a. **Digital Transformation and Innovation:** EPN will strengthen its monitoring, evaluation, learning and quality assurance systems to improve organizational performance, accountability and evidence-based decision-making. This will include developing and operationalizing an integrated EPN digital data warehouse and performance dashboard, using platforms such as Power BI and DHIS, while strengthening organizational MEL systems aligned with donor and international standards. EPN will also build the capacity of staff and members in data management, analysis, reporting and data quality assurance to ensure timely, reliable and useful information for decision-making. EPN will prioritize the digitization of pharmaceutical training, monitoring, and service delivery. By 2030, the organization aims to have **80% of member facilities** accessing virtual learning platforms, with integrated E-learning modules tailored to local contexts. Artificial intelligence and data analytics will be embedded into pharmaceutical audits, enabling predictive insights and real-time decision-making. EPN will also explore block chain-based traceability systems to enhance medicine safety and transparency across supply chains.

b. **Regional Integration and Decentralized Support:** EPN currently convenes regional meetings to reflect on the specific needs and priorities of members across different regions. However, participation and follow-through have not always been consistent, limiting the effectiveness of this approach. To strengthen regional ownership, responsiveness, and sustained engagement, EPN will transition towards a more structured, member-led regional support model.

   Rather than establishing new EPN regional offices, EPN will identify experienced and capable member institutions, particularly Churches Health Associations (CHAs), to serve as regional hubs or focal points in West, East, Central, and Southern Africa. These institutions will facilitate peer learning, experience sharing, technical support, capacity building, member engagement, and, where appropriate, regional policy advocacy.

   The EPN Secretariat will provide overall coordination, strategic guidance, quality assurance, and monitoring, while regional hubs will take the lead in facilitating activities within their respective regions. This approach will build on existing member capacities and networks, strengthen regional ownership, and reduce reliance on the Secretariat to directly manage all regional activities.

   The model will be progressively operationalized through agreed selection criteria, roles and responsibilities, terms of reference, and annual regional workplans. By 2030, EPN aims to have functional member-led regional support mechanisms across

all four regions, with progress measured through indicators including the number of active regional focal points, regional activities facilitated, members engaged, technical support provided, and regional initiatives or policy engagements supported.

c. Pharmaceutical Governance and Policy Leadership: EPN will deepen its engagement with national regulatory authorities, positioning church health systems as strategic partners in pharmaceutical governance. The organization will advocate for the formal recognition of faith-based pharmaceutical institutions in national health strategies and procurement frameworks. Through targeted policy dialogues and technical working groups, EPN aims to influence **at least 15 national pharmaceutical policies** by 2030, embedding principles of equity, quality, and sustainability.

d. **Expansion of Pooled Procurement and Local Manufacturing:** Building on the success of its pilot, EPN will scale pooled procurement to include **30 member institutions** across multiple regions. This expansion is expected to yield **cost savings of up to 40%** on essential medicines and improve supply chain reliability. In parallel, EPN will explore partnerships with local manufacturers to promote regional production of essential medicines, reducing dependency on imports and enhancing supply chain resilience.

e. **Climate-Resilient Pharmaceutical System:** Recognizing the intersection of health and climate, EPN will integrate climate resilience into pharmaceutical infrastructure planning. This includes promoting solar-powered cold chains, climate-smart storage facilities, and green procurement practices. At the health facility and community levels, EPN will strengthen capacity to address antimicrobial resistance (AMR) and promote the One Health approach through climate-resilient pharmaceutical and health practices. By 2030, EPN aims to have **25% of member facilities** implementing climate-adaptive pharmaceutical systems, contributing to broader environmental sustainability goals.

f. **Strategic Partnerships and Global Positioning:** EPN will continue to cultivate strategic alliances with global health actors, faith-based networks, and philanthropic foundations. The organization will seek to position itself as a technical partner in global health forums such as UN-General Assembly (UNGA), World Health Summit, World Health Assembly, Global Ministerial Conferences, Regional TWGs WHO CSO Committee, UNFPA Forum, and the Global Fund CSO Platform, contributing faith-based perspectives to global pharmaceutical policy. By 2030, EPN envisions securing **at least three multi-year strategic partnerships** that support innovation, scale, and sustainability.

g. Monitoring, Evaluation & Learning and Impact Measurement: To ensure accountability and continuous improvement, EPN will invest in robust monitoring and evaluation systems. These will include digital dashboards, member scorecards, and real-time reporting tools. The organization will publish annual impact reports, showcasing progress against strategic indicators and demonstrating value to donors, members, and stakeholders. EPN secretariat will also strengthen the capacity of its members in data collection, analysis, and evidence-based learning to enhance program quality and decision-making to ensure insights from M&E actively inform practice and drive continuous improvement across the network.



CHAPTER 2

CONTEXT ANALYSIS

CHAPTER TWO

CONTEXT ANALYSIS

2.1 Overview

The global pharmaceutical landscape stands at a pivotal crossroads—defined by scientific breakthroughs on one hand and entrenched inequities on the other. For LMICs, the path forward demands more than incremental change; it requires **bold, coordinated, and equity-driven action**. Strategic investments in regulatory capacity, sustainable financing, human capital, and community-based delivery models are not optional, but rather, they are imperative.

Access to pharmaceuticals & quality health services is not merely a technical challenge, it is a moral imperative and a litmus test for global solidarity. It embodies the principles of Accessibility, Availability, Affordability, and Acceptability of quality medicines and health services, ensuring that no community is left behind in the pursuit of equitable healthcare. Achieving universal health coverage and the Sustainable Development Goals hinges on our collective ability to dismantle barriers and deliver on the promise of **pharmaceutical justice for all**.

2.2 Global Access to Pharmaceuticals

Access to pharmaceutical products is a fundamental pillar of universal health coverage and a critical determinant of health equity. Yet, for millions across low and middle-income countries (LMICs), this access remains fragmented, unreliable, and deeply inequitable. Despite decades of global health advocacy, increased investment, and technological advances, systemic barriers continue to obstruct equitable access to pharmaceuticals. The global pharmaceutical landscape is shaped by a complex interplay of economic, regulatory, technological, and sociocultural forces that must be understood, confronted, and transformed.(World Health Organization [WHO], 2026).

Persistent Gaps in Availability: Medicine availability in LMICs remains alarmingly below the World Health Organization's (WHO) recommended threshold of 80%. Public-sector availability of generic medicines for chronic conditions averages just 36%, while availability of generic medicines for acute conditions is only marginally better at **53.5%**. (Cameron et al, 2011) The private sector offers slightly improved figures **54.7%** for chronic and **66.2%** for acute conditions but still falls short of global standards.

Affordability compounds the crisis: In low-income countries, only **18.9%** of non-communicable disease .(NCD) medicines meet affordability thresholds (defined as a month's supply costing one day's wage or less), compared to **39.4%** in upper-middle-income countries (Ewen et al., 2017) . In the public sector, affordability drops even further, ranging from **15.2% to 36%**. These figures underscore the harsh reality that for many, life-saving medicines remain financially out of reach, forcing patients to choose between treatment and survival.

Financial and Systemic Constraints: The Lancet Commission on Essential Medicines Policies estimates that **USD 13–25 per capita** is required to fund a basic package of essential medicines. Yet, **13 out of 47 LMICs spend less than USD 13 per capita**, exposing a critical funding gap .(Wirtz et al., 2017) This chronic underinvestment leads to frequent stockouts, limited formularies, and a dangerous reliance on out-of-pocket payments. The result is a cycle of **catastrophic health expenditures** that drive vulnerable households deeper into poverty and erode the foundations of public health systems.

Quality and Safety Challenges: Substandard and falsified (SF) medicines represent a silent pandemic. The WHO estimates that **1 in 10 medical products in LMICs is substandard or falsified**, with the highest prevalence in Africa and Southeast Asia (WHO, 2025) . Weak regulatory frameworks, fragmented supply chains, and limited post-market surveillance allow these products to proliferate. The consequences are dire manifested in compromised treatment efficacy, rising antimicrobial resistance, preventable deaths, and a growing erosion of public trust in health systems.

Geographic and Social Barriers to Access: Physical access to pharmaceutical services remains a formidable challenge. Geographic isolation, inadequate infrastructure, and high transportation costs disproportionately affect rural and peri-urban populations, particularly those managing chronic conditions requiring regular medication(WHO, 2026) . While community-based delivery models (e.g., medicine distribution through churches or local administrative offices) have shown promise, they remain underutilized due to policy inertia and resource constraints.

Social determinants further complicate access: Inappropriate prescribing often due to the absence of drug and therapeutics committees and poor adherence, driven by stigma, misinformation, and inadequate counseling, continue to undermine treatment outcomes. The shortage of trained pharmaceutical personnel, especially in remote areas, exacerbates these challenges and widens the equity gap.

Financing and Policy Environment: Pharmaceutical access is inextricably linked to national health financing and policy coherence. Many LMICs operate within fragmented policy environments, with limited coordination between donors, ministries, and implementing partners. This fragmentation weakens procurement systems, restricts the scope of national essential medicines lists, and impedes the integration of innovative financing mechanisms. WHO's 2024 report on implementation of the Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property highlights the continuing need for policies that promote access to affordable medicines and health technologies, including use of TRIPS (Trade-Related Aspects of Intellectual Property Rights) flexibilities

Emerging Opportunities and Strategic Risks: Amid these challenges, the global pharmaceutical landscape is undergoing rapid transformation. Advances in **digital health, AI-driven supply chain optimization, regional manufacturing, and personalized medicine** offer unprecedented opportunities to revolutionize access. Pharmaceutical production is shifting toward emerging markets, with output projected to grow by **3% in 2025**, driven by infrastructure development and regional integration. In Africa, local and regional production is increasingly recognised as a strategic pathway towards greater health security and more equitable access to essential medicines. WHO's Regional Framework for Strengthening Local Production of Medicines, Vaccines and Other Health Technologies (2025–2035) provides a continental policy direction for strengthening local manufacturing capacity. (WHO, 2025).

However, these opportunities are not evenly distributed. LMICs risk being left behind unless deliberate, inclusive strategies are implemented. **Tariff barriers, regulatory bottlenecks, and talent shortages** remain critical risks. Bridging the digital divide, investing in local manufacturing, and aligning global support with national priorities will be essential to ensure that innovation translates into impact.

2.3 Health Faith-Based Organizations (FBOs) in Africa

Faith-Based Organizations (FBOs) have historically played a foundational role in healthcare delivery across Africa. Rooted in religious missions of compassion, justice, and service, FBOs have established extensive networks of hospitals, health centres, clinics, pharmacies, and community health programs that serve millions, particularly in rural and underserved areas. In several African countries, FBOs are responsible for delivering between 30% and 70% of healthcare services, often acting as the primary or sole providers in hard-to-reach regions (Kagawa, Anglemyer, & Montagu, 2012).

These organizations are typically affiliated with Christian, Islamic, or interfaith institutions and are supported by international religious networks. Their services span a wide range of health areas, including reproductive, maternal and child health, HIV/AIDS care, tuberculosis, infectious diseases including neglected tropical diseases and increasingly, non-communicable disease management. FBOs are often lauded for their ethical standards, community trust, and commitment to holistic care, even in the face of limited resources and infrastructure (Olivier, Tsimpo, & Wodon, 2015).

2.4 The Emergence of FBOs as Global Health Actors

In recent decades, FBOs have evolved from local service providers to influential global health

actors. This transformation has been driven by their expanding operational capacity, strategic partnerships, and growing recognition by multilateral agencies such as the World Health Organization (WHO), UNICEF, and the Global Fund. FBOs are now active participants in global health policy dialogues, humanitarian response, and international development programming (WHO, 2021).

Organizations such as EPN, Catholic Medical Mission Board, and Islamic Relief have demonstrated the ability to mobilize resources, implement large-scale health interventions, and advocate for equitable access to care. Their moral authority, cultural fluency, and deep community roots make them particularly effective in fragile and conflict-affected settings. As global health actors, FBOs bring a unique blend of technical expertise and values-based leadership to the international health landscape (The Lancet, 2024).

2.5 FBOs in National Health Systems

FBOs are not peripheral to national health systems; they are integral partners in service delivery and health systems strengthening. In many African countries, FBO-run facilities are formally integrated into public health systems through memoranda of understanding and joint planning mechanisms. These partnerships often include government support for staffing, medical supplies, and training, as well as alignment with national health priorities and reporting frameworks (Olivier et al., 2015). FBOs contribute to health systems in several critical areas:

i. **Service Delivery**: Operating hospitals, health centres, clinics, and pharmacies that serve both insured and uninsured populations.
ii. **Human Resources for Health**: Training and deploying health professionals, including nurses, midwives, and pharmaceutical personnel.
iii. **Supply Chain Management**: Managing procurement and distribution of medicines, often in collaboration with national medical stores.
iv. **Health Information Systems**: Participating in data collection and reporting, contributing to national health indicators.
v. **Community Engagement**: Leveraging religious networks to promote health education, disease prevention, and behavior change.

Despite these contributions, FBOs often face disparities in funding, infrastructure, and policy recognition, which can limit their full potential within national systems.

2.6 Gaps and Public Health Significance

While FBOs are vital to health service delivery in Africa, they face several systemic challenges that constrain their effectiveness and sustainability:

a. **Funding Constraints:** Many FBOs rely heavily on donor funding and are often excluded from domestic health financing mechanisms, making them vulnerable to funding volatility (Kagawa et al., 2012).
b. **Infrastructure Limitations:** Aging facilities, limited diagnostic capacity, and inconsistent access to essential medicines affect the quality of care.
c. **Human Resource Shortages:** A lack of trained pharmaceutical and clinical personnel, particularly in rural areas, undermines service delivery.
d. **Data Integration Gaps:** FBOs are frequently excluded from national health information systems, leading to underreporting and missed opportunities for coordinated planning (Olivier et al., 2015).
e. **Policy Marginalization:** Despite their reach and impact, FBOs are sometimes sidelined in national health policy formulation and strategic planning processes (Song et al., 2024).

These gaps have significant public health implications. In regions where FBOs are the primary or sole providers of care, weaknesses in their systems directly affect health outcomes, equity, and system resilience. Strengthening FBOs is therefore not merely a matter of institutional support—it is a strategic imperative for achieving universal health coverage, improving access to essential medicines, and advancing global health equity.



CHAPTER 3

OUR OPERATING ENVIRONMENT

CHAPTER THREE

OUR OPERATING ENVIRONMENT

3.1 Overview

Understanding the external environment is critical for strategic positioning, operational agility, and long-term sustainability. This chapter presents a multidimensional analysis of the political, economic, social, legal, and technological (PESTL) landscape influencing our work. Drawing on regional trends, global forecasts, and sectoral insights, it identifies both risks and opportunities that will shape our strategic direction over the next five years.

3.2 Political Context

Africa's political landscape in 2025 is marked by both progress and volatility. While democratic consolidation continues in countries like Ghana, Kenya, and Senegal, others face political fragility, contested elections, and shrinking civic space. The rise of populist movements and military interventions in parts of West and Central Africa has disrupted governance and civil society operations.(African Union, 2025; United Nations Economic Commission for Africa, 2024). Regional bodies such as the African Union and ECOWAS are increasingly active in conflict mediation and policy harmonization, but their influence is uneven. The African Continental Free Trade Area (AfCFTA) is reshaping regional diplomacy, with health and pharmaceutical policy emerging as key areas of integration (African Union, 2018; African Union Development Agency–NEPAD, 2023). . However, geopolitical tensions such as foreign influence in the Sahel and maritime disputes in East Africa pose risks to stability. For health-focused organizations, political transitions can affect funding flows, regulatory environments, and access to communities. Faith-Based Organizations (FBOs) must navigate these dynamics with diplomatic agility, aligning their work with national development plans while safeguarding operational neutrality. Strategic engagement with government ministries and regional blocs is essential to maintain influence and continuity. Political risk mapping and scenario planning should be embedded into organizational strategy.

3.3 Economic Context

Africa's economic recovery post-COVID-19 remains uneven and fragile. The African Development Bank projects modest GDP growth of 3.8% in 2025, but inflation, debt distress, and currency volatility continue to strain public finances. Over 20 African countries now face debt-to-GDP ratios exceeding 70%, limiting fiscal space for health and social investments. Development assistance is contracting, with donor priorities shifting toward climate resilience and domestic agendas, leading to a projected 12% decline in health sector funding (Organisation for Economic Co-operation and Development, 2025). . The AfCFTA presents a transformative opportunity to boost intra-African trade and local pharmaceutical manufacturing, yet implementation is slow due to infrastructure deficits and regulatory fragmentation. Unemployment, especially among youth, remains high, fueling migration and social unrest .(African Union, 2018; African Union Development Agency–NEPAD, 2023). For FBOs and health institutions, economic pressures demand diversification of funding sources, cost-efficiency in operations, and strategic partnerships with local suppliers. Financial resilience through reserve planning, blended financing, and impact investment will be critical. Organizations must also anticipate inflationary shocks and currency risks in procurement and budgeting. Economic intelligence should inform program design and donor engagement strategies.

3.4 Social Context

Africa's demographic profile is rapidly evolving, with the population expected to reach 1.5 billion by 2030, and 60% of whom will be under 25. This youth bulge presents both a challenge and an opportunity for health systems. Urbanization is accelerating, with over half of Africans projected to live in cities by 2027, straining infrastructure and increasing demand for health services. Social inequalities persist, particularly among women, youth, people with disabilities, and displaced populations, who face systemic barriers to care. Cultural beliefs, stigma, and misinformation especially around mental health, HIV/AIDS, and reproductive health continue to undermine health

outcomes. Faith-Based Organizations are uniquely positioned to address these gaps due to their deep community trust and cultural fluency. Their role in health education, behavior change, and community mobilization is increasingly vital. However, they must adapt to shifting expectations, including digital engagement and youth-led advocacy. Integrating social determinants of health into programming will enhance impact and relevance. Strategic investment in community health workers, youth leadership, and inclusive service models is essential.

3.5 Legal Context

Africa's legal and regulatory environment is undergoing significant transformation. The operationalization of the African Medicines Agency (AMA) is driving harmonization of pharmaceutical regulations, with implications for procurement, quality assurance, and cross-border trade. Nationally, several countries including Kenya, Nigeria, and Uganda are revising NGO laws, introducing stricter registration, reporting, and funding requirements. These reforms aim to enhance transparency but may also constrain civil society space and operational flexibility. Data protection laws are expanding, with over 30 African countries now implementing frameworks aligned with the African Union Convention on Cybersecurity and Personal Data Protection. For health organizations, compliance with evolving legal standards is non-negotiable. FBOs must strengthen governance structures, conduct regular legal audits, and ensure alignment with national and regional regulations. Legal literacy among staff and partners is critical to avoid operational disruptions. Engagement in policy dialogue and legal advocacy can help shape enabling environments. Strategic partnerships with legal experts and regulatory bodies will enhance institutional resilience.

3.6 Technological Context

Africa's digital transformation is accelerating, reshaping health systems and service delivery. Mobile penetration exceeds 80% in many countries, enabling innovations in telemedicine, e-learning, and digital supply chain management. Countries like Rwanda, Ghana, and Kenya are leading in digital health maturity, integrating electronic medical records, AI diagnostics, and health data platform (World Health Organization Regional Office for Africa Director Report, 2025). s. However, the digital divide remains stark with rural areas often lack connectivity, infrastructure, and digital literacy. Cybersecurity threats are rising, with health data breaches increasing across the region, prompting calls for stronger digital governance. For FBOs and health institutions, technology offers a pathway to scale, efficiency, and impact—but requires strategic investment. Digital capacity building, ethical data practices, and alignment with national eHealth strategies are essential. Partnerships with tech innovators, telecom providers, and digital health coalitions will unlock new opportunities. Organizations must also address digital inclusion to ensure equitable access to services. A forward-looking digital strategy should be embedded in institutional planning.

3.7 SWOT Analysis

STRENGTHS	WEAKNESSES
√ Robust network of 149 members across 38 countries (Francophone & Anglophone). √ Clear governance structure with active Technical Working Groups. √ Replicable programs with proven impact. √ Strong reputation and stakeholder trust. √ Strategic location in Kenya with access to strong members and suppliers. √ Developed SOPs and tools aligned with global standards. √ Established Learning Management System and training programs.	√ High donor dependency; limited internal revenue streams. √ Lean staffing, overlapping roles, and high turnover. √ Low digitization of operations and program delivery. √ Limited integration of emerging and cross-cutting priorities within pharmaceutical systems strengthening and supply chain programs.. √ Weak collaboration with public sector and non-Christian organizations. √ Limited physical assets and infrastructure for long-term sustainability.

OPPORTUNITIES	THREATS
√ Leverage network strength for fundraising and project implementation. √ Unique faith-based positioning for value-driven partnerships. √ Underserved rural health systems and unestablished DSOs. √ Growing demand for consultancy in pharmaceutical systems. √ Strategic alliances with WHO, UN, ECOWAS, COMESA. √ Transition to social enterprise models (e.g., UNIX CARE consortium). √ Commercialize data center for revenue generation. √ Diversify into HIV/AIDS, NCDs, and broader health sectors. √ Engage in policy advocacy under AU and UHC frameworks. √ Explore local pharmaceutical manufacturing in Kenya. √ Revive and scale pooled procurement initiatives. √ Champion AMR through One Health approach. √ Tap into digital and tech-driven health innovations.	√ Shrinking donor funding and shifting global priorities. √ Rising healthcare costs and weak national insurance systems. √ Misalignment between partner and EPN priorities. √ Regulatory fragmentation across countries. √ Political instability and global economic shocks. √ Competition from similar donor-supported platforms (e.g., ACHAP). √ Risk of donor/members exiting due to shifting priorities or faith perceptions. √ Implementation delays due to internal bottlenecks and donor constraints. √ Threat of substandard/falsified medicines and weak enforcement. √ Global geopolitical tensions (e.g., Russia conflict) impacting operations.





CHAPTER 4

STRATEGIC DIRECTION

CHAPTER FOUR

STRATEGIC DIRECTION

4.1 Overview

EPN has evolved into a trusted and influential faith-based network, making significant contributions to pharmaceutical systems strengthening across Africa and beyond. As the organization enters the 2026–2030 strategic cycle, it does so with a renewed commitment to learning, innovation, and impact. This period presents an opportunity to consolidate past achievements, address persistent challenges, and respond to emerging global health dynamics. EPN will align all initiatives with its vision and mission, ensuring that every program, partnership, and policy engagement contributes to sustainable, equitable access to quality pharmaceutical services. The strategy is informed by rigorous analysis, stakeholder consultations, and a deep understanding of the operating environment. It is designed to be adaptive, inclusive, and forward-looking—anchored in EPN's faith-based identity and commitment to health justice. By building on its institutional strengths and embracing innovation, EPN aims to lead the next generation of pharmaceutical systems transformation in faith-based health systems.

4.2 Vision

"A leading faith-based network transforming lives through innovation and equitable access to pharmaceutical services for all."

This vision reflects EPN's aspiration to be a global reference point for equitable pharmaceutical access, driven by innovation, collaboration, and faith-based values. It underscores the organization's commitment to inclusivity, excellence, and transformative impact.

4.3 Mission Statement

"We connect and strengthen faith-based health systems in promoting innovation and equitable access to quality health products and in delivering sustainable impact."

EPN's mission captures its core purpose: to serve as a connector, catalyst, and capacity builder for faith-based health institutions. It emphasizes innovation, systems strengthening, and sustainability as the pillars of its work.

4.4 EPN's Core Values

a. **Compassion**: We serve with empathy and care, placing the dignity and wellbeing of individuals and communities at the center of our work. **Mark 6:34**

b. **Equity:** We uphold equity by promoting fair and just access to quality health services for all. **Proverbs 31:8-9**

c. **Stewardship** – We lead responsibly and manage resources with integrity to promote the health and well-being of our communities and future generations. **1 Peter 4:10**

d. **Innovation** – We embrace creativity, evidence-based solutions and emerging technologies to address complex pharmaceutical challenges in dynamic environments. **Daniel 1:17**

e. **Teamwork** – We foster collaboration, mutual respect, and shared learning across our diverse network. **Ecclesiastes 4:9**

f. **Professionalism** – We maintain a high level of professionalism in all that we do. **Colossians 3:23**

4.5 EPN's Philosophy

EPN's philosophy is rooted in the belief that access to quality pharmaceutical services is not a privilege, but a moral imperative and a fundamental component of health equity. As a faith-based network, EPN draws inspiration from values of compassion, justice, and service, translating them

into practical action across health systems. The organization believes in the power of collective action—connecting institutions, professionals, and communities to co-create solutions that are contextually relevant and sustainable.

EPN views pharmaceutical care as a systems issue, requiring holistic interventions that span policy, supply chains, human resources, and community engagement. It champions the role of faith-based institutions as trusted, community-anchored actors capable of delivering high-quality care in even the most fragile settings. EPN also embraces innovation, not as a buzzword, but as a commitment to continuous learning, adaptation, and improvement.

At its core, EPN's philosophy is about stewardship; responsibly managing knowledge, resources, and relationships to serve the common good. This philosophy informs every aspect of its strategy, ensuring that the organization remains mission-driven, member-centered, and impact-focused.

4.6 EPN's Approach

EPN's approach for the 2026–2030 strategic cycle is grounded in systems thinking, equity, and resilience. Building on its legacy of faith-based pharmaceutical leadership, EPN will adopt an integrated, adaptive, and member-driven strategy that responds to the evolving health landscape across Africa and beyond. The organization will leverage its expansive network, technical expertise, and moral authority to strengthen pharmaceutical systems, empower member institutions, and influence health policy. EPN will prioritize sustainability by diversifying funding, investing in digital transformation, and deepening regional partnerships. A strong emphasis will be placed on inclusivity ensuring that youth, women, and marginalized communities are central to program design and delivery. The approach will be proactive, evidence-informed, and impact-oriented, with robust monitoring and learning systems embedded across all interventions. EPN will also embrace innovation, positioning itself as a catalyst for change in areas such as pooled procurement, antimicrobial resistance, and climate-resilient health systems. Ultimately, EPN's strategy will be anchored in its mission to deliver just, compassionate, and quality pharmaceutical services through faith-based health systems.

4.7 Strategic Pillars (2026–2030)

Based on a comprehensive analysis of internal capabilities and external dynamics, EPN will focus on five strategic pillars that reflect its core mandate and future aspirations:

1. Pharmaceutical Systems Strengthening

1.1 Access and Service Delivery Program

The Access and Service Delivery Program seeks to improve equitable access to quality health products, technologies, and healthcare services for underserved populations across Africa. Through EPN's network of Christian Health Associations, Drug Supply Organizations, healthcare facilities, and community-based structures, the program will strengthen service delivery systems at facility and community levels to improve health outcomes and patient well-being.

The program will focus on strengthening last-mile access to essential medicines, diagnostics, vaccines, and other health technologies while enhancing facility-level performance, patient safety, and treatment outcomes. Particular emphasis will be placed on addressing priority health challenges, including reproductive, maternal, newborn, child and adolescent health, communicable diseases, non-communicable diseases, antimicrobial resistance, infection prevention and control, and neglected tropical diseases.

The program will also promote rational medicine use, treatment adherence, antimicrobial stewardship, multidisciplinary Drug and Therapeutics Committees (DTCs), and community demand generation through the engagement of healthcare workers, religious leaders, youth networks, and other trusted community influencers. By linking pharmaceutical services with broader health system strengthening efforts, the program will contribute to improved quality of care, increased service utilization, and better health outcomes for vulnerable populations.

1.2 Quality Assurance, Surveillance and Regulatory Systems Program

The Quality Assurance, Surveillance and Regulatory Systems Program aims to strengthen the quality, safety, efficacy, and regulatory compliance of health products and technologies across EPN member institutions and partner countries. Recognizing the growing threat posed by substandard and falsified medical products, antimicrobial resistance, and weak regulatory systems, the program will support the development of robust quality assurance and surveillance mechanisms throughout the pharmaceutical value chain, building on the existing GPHF Minilab network and impact across the Continent.

The program will expand the use of quality screening technologies, including Near-Infrared (NIR) technologies, to support medicine quality monitoring and post-marketing surveillance. It will strengthen systems for safety alerts, quality incident reporting, pharmacovigilance, and the detection and reporting of substandard and falsified products. In addition, the program will support regulatory compliance, inspection readiness, quality management systems, and the development and dissemination of quality assurance guidelines and tools.

EPN will work closely with National Medicines Regulatory Authorities (NMRAs), the African Medicines Agency (AMA), AUDA-NEPAD, COMESA, IGAD and regional regulatory initiatives, quality assurance partners, manufacturers, and healthcare providers to promote regulatory harmonization, strengthen pharmaceutical governance, improve awareness and trust in the quality and safety of health products manufactured across Africa.

1.3 Products, Supply Chain and Innovation Program

The Products, Supply Chain and Innovation Program seeks to strengthen the availability, affordability, sustainability, and resilience of health product supply systems across EPN's network. The program will focus on ensuring that quality-assured medicines, diagnostics, vaccines, medical devices, and other health technologies are consistently available to healthcare providers and patients through efficient and responsive supply chain systems.

The program will support product introduction, market intelligence generation, supplier qualification, manufacturer engagement, and strategic sourcing initiatives. It will contribute to pooled procurement mechanisms, supplier negotiations, pricing intelligence, and the strengthening of procurement and distribution systems to improve access to priority health products. Particular attention will be given to supporting local pharmaceutical manufacturing, market shaping interventions, and innovative approaches that improve affordability and supply security.

The program will identify, assess, and promote innovations that enhance pharmaceutical systems and improve access to health products and technologies within the FBO health system. This will include digital health solutions, logistics management information systems (LMIS), data analytics platforms, e-commerce and market linkage solutions, and other emerging technologies that strengthen connectivity between manufacturers, suppliers, Drug Supply Organizations (DSOs), healthcare providers, and end-users. Through collaboration with manufacturers, development partners, regulators, academic institutions, and private-sector actors, the program will accelerate the adoption and scale-up of innovative solutions that improve supply chain visibility, efficiency, resilience, and equitable access to essential health products across Africa.

The program will also coordinate EPN's local pharmaceutical manufacturing agenda, promoting collaboration, alignment, and knowledge sharing among member institutions and partners engaged in local manufacturing initiatives. This will help avoid fragmentation, foster strategic investments, and strengthen collective impact across the network. Leveraging procurement, consumption, and market intelligence data from EPN members, the program will identify and prioritize health products with the greatest potential for local production, supporting evidence-based investment decisions, market shaping efforts, and the long-term sustainability of pharmaceutical supply systems in Africa.

2. Capacity Development, Learning and Technical Assistance

Recognizing the diversity, expertise, and potential of its network of over 149 member institutions across 38 countries, EPN will strengthen the capacities of healthcare workers, managers, leaders, and institutions through a comprehensive ecosystem of learning, technical assistance, and knowledge exchange. This will include expanding the EPN Learning Management System (LMS), developing accredited professional training programs, strengthening leadership and governance, promoting Communities of Practice, and facilitating peer-to-peer learning and South-to-South collaboration. EPN will also enhance knowledge generation, operational research, digital learning, and evidence dissemination while providing tailored technical assistance, coaching, and institutional capacity strengthening to member institutions. Particular emphasis will be placed on supporting Drug Supply Organizations (DSOs), Christian Health Associations (CHAs), and primary healthcare facilities through multidisciplinary approaches that engage pharmacists, clinicians, nurses, midwives, laboratory professionals, community health workers, and health promoters. Through strengthened member engagement, data-driven learning, and strategic partnerships, EPN will foster a vibrant learning network that accelerates innovation, organizational resilience, and sustainable pharmaceutical systems strengthening.

3. Policy Advocacy and Partnerships

EPN will strengthen its leadership role and amplify the collective voice of its members to influence pharmaceutical policies, regulatory systems, and health priorities at national, regional, and global levels. Through strategic partnerships with governments, regional and global institutions, faith-based organizations, academia, the private sector, and development partners, EPN will advance evidence-informed advocacy for equitable access to quality health products and pharmaceutical services. The Network will promote policy dialogue and coordinated action on priority issues, including Universal Health Coverage (UHC), Antimicrobial Resistance (AMR), local pharmaceutical manufacturing, regulatory harmonization, and sustainable pharmaceutical financing, while fostering collaboration and collective impact across faith-based health systems.

4. Institutional Strengthening and Resilience

EPN will strengthen its governance, organizational systems, and institutional capacity to remain a resilient, agile, and high-performing network. The Network will invest in strong governance, a competent and values-driven workforce, sustainable financing, digital transformation, strategic communication, and robust monitoring, evaluation, learning, and quality assurance systems. By promoting innovation, organizational learning, effective risk management, and operational excellence, EPN will enhance its ability to deliver sustainable impact, respond to emerging challenges, and support its members effectively.

5. Cross-Cutting Areas

EPN recognizes that **digital transformation**, **emergency preparedness, climate resilience**, and **gender equality** are essential enablers of resilient pharmaceutical systems and sustainable health outcomes. These cross-cutting priorities will be mainstreamed across all strategic pillars to strengthen institutional resilience, improve service delivery, promote evidence-based decision-making, and ensure that pharmaceutical systems remain inclusive, responsive, and adaptable to emerging challenges. Through innovation, strategic partnerships, and capacity strengthening, EPN will support its members to harness technology, prepare for humanitarian emergencies, respond to climate-related risks, and advance safeguarding, gender equality, and youth engagement.

6. EPN Health Priorities

6.1. Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH)

6.2. Non-Communicable Diseases (NCDs) - (Diabetes, Hypertension and Cardiovascular Diseases, Mental Health and Psychosocial Support and Cancer prevention and control

6.3. Communicable Diseases (HIV/AIDS, TB, Malaria, Viral Hepatitis - Interventions including product introduction, market shaping, healthcare worker and faith leader empowerment, quality assurance, and availability monitoring)

6.4. Antimicrobial Resistance (AMR), Infection Prevention and Control (IPC), and Health Security

6.5. Neglected Tropical Diseases (NTDs)





CHAPTER 5

STRATEGIC DIRECTION

CHAPTER FIVE

STRATEGIC DIRECTION

STRATEGIC PILLAR 1: PHARMACEUTICAL SYSTEMS STRENGTHENING

Goal

Strengthen pharmaceutical systems and improve equitable access to quality health products, technologies, and health services through enhanced service delivery, quality assurance, regulatory systems, supply chain resilience, innovation, and community engagement.

Strategic Program 1.1: Access and Service Delivery Program

Objective: **Improve access to quality health products and health services while strengthening facility and community-level systems that contribute to better health outcomes.**

NO	KEY RESULTS AREAS	OBJECTIVE	KEY STRATEGIES AND ACTIONS	KEY INDICATORS
1.1.1	Service Delivery	Strengthen quality health service delivery at facility and community levels.	Support implementation of national guidelines and standards (STGs) Strengthen facility performance improvement initiatives (CQI) Strengthen referral systems	# facilities supported; % improvement in selected service delivery indicators1.
1.1.2	Rational Medicine Use (RMU)	Promote safe, effective and appropriate use of medicines.	Strengthen Drug and Therapeutics Committees (DTCs); Conduct medicine use reviews; Strengthen patient-centred pharmaceutical care, including medicine counselling, adherence support, and pharmacovigilance	# facilities with functional DTCs; % improvement in medicine use indicators.
1.1.3	Antimicrobial Resistance (AMR) Stewardship	Strengthen responsible antimicrobial use and stewardship.	Establish multidisciplinary antimicrobial stewardship committees; Support implementation of stewardship guidelines.	# facilities implementing antimicrobial stewardship programs; % reduction in inappropriate antimicrobial prescribing.
1.1.4	Infection Prevention, Control (IPC) and WASH	Strengthen IPC systems and reduce healthcare-associated infections.	Support IPC committees; Strengthen WASH systems; Improve waste management and hand hygiene. Reduce HAIs	# facilities implementing IPC improvement plans; % reduction in healthcare-associated infections.
1.1.5	Community Engagement and Health Promotion	Strengthen demand generation and health-seeking behaviours.	Engage faith leaders, youth, community leaders and health promoters on EPN health Priorities; Conduct awareness campaigns. Disseminate EICs materials	# community leaders and faith leaders actively engaged; # people reached through health promotion initiatives.
1.1.6	Patient Safety and Treatment Outcomes	Improve quality of care and patient outcomes.	Promote patient safety initiatives; Strengthen treatment monitoring and adherence support.	% improvement in selected patient outcome indicators; % treatment adherence among targeted programs.

Strategic Program 1.2: Quality Assurance, Surveillance and Regulatory Systems Program Objective: **Strengthen systems that ensure the quality, safety, efficacy, and regulatory compliance of health products and technologies.**				
NO	KEY RESULTS AREAS	OBJECTIVE	KEY STRATEGIES AND ACTIONS	KEY INDICATORS
1.2.1	Quality Assurance Systems	Strengthen quality management systems throughout the pharmaceutical value chain.	Develop and disseminate QA guidelines; Support implementation of quality management systems.	# institutions implementing QA systems; % compliance with QA standards.
1.2.2	Quality Control Technologies (Minilab and NIR)	Improve detection of substandard and falsified medical products.	Expand Minilab and NIR screening technologies; Strengthen medicine quality screening capacity.	# members/partners using Minilab # members/partners NIR technologies; # samples screened annually.
1.2.3	Post-Marketing Surveillance (PMS)	Strengthen monitoring of product quality and performance after market authorization.	Conduct PMS activities; Strengthen reporting and data analysis systems.	# PMS activities conducted; # surveillance reports produced.
1.2.4	Pharmacovigilance and Safety Monitoring	Strengthen medicine and vaccine safety monitoring systems.	Promote adverse event reporting; Disseminate safety alerts; Strengthen safety monitoring mechanisms.	# facilities submitting adverse event reports; # safety alerts disseminated and acted upon.
1.2.5	Regulatory Systems Strengthening	Improve pharmaceutical regulatory compliance and governance.	Support regulatory harmonization initiatives; Strengthen compliance systems; engage regulatory authorities.	% facilities compliant with regulatory requirements; # regulatory engagements supported.
1.2.6	Licensing, Inspection and Compliance Readiness	Improve institutional readiness to meet regulatory requirements.	Support licensing, registration and inspection preparedness for DSOs and HFs pharmacies. Assist manufacturers register products with access benefits to members and countries	# of products registered across countries % facilities licensed and compliant with national regulations.
1.2.7.	Regulatory Partnerships and Coordination	Strengthen collaboration with NMRAs, AMA, AUDA-NEPAD, COMESA, IGAD etc. and quality assurance partners.	Facilitate joint initiatives, information sharing and regulatory collaboration.	# partnerships established; # joint regulatory initiatives implemented.

Strategic Program 1.3: Products, Supply Chain and Innovation Program Objective: **Strengthen the availability, affordability, sustainability, and resilience of pharmaceutical supply systems through market shaping, innovation, local manufacturing, and supply chain strengthening.**				
NO	KEY RESULTS AREAS	OBJECTIVE	KEY STRATEGIES AND ACTIONS	KEY INDICATORS
1.3.1	Products and Health Technologies	Improve access to priority medicines, diagnostics, vaccines and health technologies.	Promote and support introduction of lifesaving products and technologies among members; Generate market intelligence; Strengthen supplier engagement.	# priority products introduced; % increase in availability of targeted products.
1.3.2	Supply Chain Systems	Strengthen procurement, warehousing and distribution systems.	Expand pooled procurement; Strengthen forecasting, inventory management and last-mile delivery systems.	Value of products procured through pooled procurement; % reduction in stock-outs.
1.3.3	Market Shaping and Product Introduction	Improve affordability and uptake of priority health products.	Conduct market assessments; Facilitate supplier negotiations; Support demand generation strategies.	# market assessments conducted; % reduction in prices of selected products.
1.3.4	Health Financing and Sustainable Pharmaceutical Financing	Strengthen sustainable financing mechanisms for equitable access to quality health products and pharmaceutical services.	Strengthen Drug Revolving Funds (DRFs) and other sustainable pharmaceutical financing models. Build capacity in budgeting, financial management, budgeting and resource mobilization for member health facilities and DSOs. Promote innovative financing approaches and public-private partnerships to improve access to health products. Advocate for sustainable financing of pharmaceutical services within national health financing and Universal Health Coverage (UHC) frameworks.	# facilities implementing DRF models for FBOs; # facilities/DSOs trained on related topics through EPN LMS
1.3.5	Innovation, Research & Digital Transformation	Promote innovation, research and digital transformation that strengthen pharmaceutical systems and improve health outcomes.	Identify, evaluate and promote innovative solutions and emerging technologies for pharmaceutical systems strengthening. Support operational and implementation research to generate evidence for policy and practice within FBOs. Strengthen partnerships with innovators, academia, research institutions and industry.	# institutions actively using digital pharmaceutical systems; # innovative technologies adopted or scaled # operational research studies co-published in journals

1.3.5			Scale digital health solutions, LMIS, analytics and AI-enabled technologies. Document, share and scale best practices and innovations across the EPN network.	# innovation partnerships established.
1.3.6	Information Systems and Data Analytics	Improve visibility and use of pharmaceutical data for decision-making.	Strengthen dashboards, forecasting systems, analytics platforms and market intelligence systems.	# institutions with end-to-end supply chain visibility; # analytics reports produced.
1.3.7.	Local Manufacturing and Supplier Development	Support sustainable local production and supplier development.	Coordinate EPN local manufacturing agenda; Identify priority products for local production; Support manufacturer engagement and supplier qualification.	# manufacturers engaged; # member institutions participating in local manufacturing initiatives; # priority products identified for local production.



STRATEGIC PILLAR 2: MEMBERSHIP CAPACITY DEVELOPMENT, LEARNING AND TECHNICAL ASSISTANCE

Goal

To strengthen the membership and the technical and institutional capacities of members through innovative learning systems, knowledge generation, experience sharing and technical assistance, thereby improving the performance and impact of faith-based health systems, and enhanced ownership of the network.

2.1: Learning and Professional Development Objective: **Strengthen the competencies, skills, and professional capabilities of healthcare workers, managers, leaders, and other stakeholders through structured learning and professional development opportunities**				
NO	KEY RESULTS AREAS	OBJECTIVE	KEY STRATEGIES AND ACTIONS	KEY INDICATORS
2.1.1	Learning Management System (LMS) Development and Expansion	Establish EPN as a leading digital learning platform for health and pharmaceutical systems strengthening.	Develop and maintain LMS Expand multilingual content Improve learner access and tracking systems.	# active LMS users # courses hosted on LMS % course completion rate
2.1.2	Accredited Professional Training and Certification	Provide accredited learning opportunities to members and partners that strengthen professional competencies.	Develop accredited courses Establish partnerships with universities and accreditation bodies Deliver CPD-accredited courses, webinars, and technical learning events Offer certification pathways.	# accredited courses developed # learners certified # accreditation partnerships established # CPD programs delivered
2.1.3	Leadership and Management Development	Strengthen leadership, governance, and management capacity within member institutions.	Implement leadership programs Design and implement governance strengthening initiatives Deliver executive coaching, peer learning and management training.	# leaders trained # organizations implementing leadership improvement plans.
2.2: Knowledge Management and Experience Sharing Objective: **Promote knowledge generation, documentation, sharing, and utilization to strengthen learning, innovation, and evidence-based decision-making across the EPN network.**				
2.2.1	Communities of Practice and Peer Learning	Facilitate collaboration and peer-to-peer learning among EPN members and Scholarship beneficiaries.	Establish Communities of Practice Facilitate South-to-South learning exchanges and visits Organize peer learning sessions for ESP beneficiairies	# active Communities of Practice # peer learning events conducted # institutions participating.
2.2.2.	Research, Knowledge Generation and Publications	In collaboration with the Product, Supply Chain and Innovation Program (1.3.5), generate and	Conduct operational research Document case studies	# publications produced

		disseminate evidence to improve programs, policies, and practice.	Develop policy briefs and publications.	# policy briefs disseminated.
2.2.3	Conferences, Forums and Learning Exchanges	Facilitate learning, networking, and dissemination of innovations and best practices.	Organize EPN biannial Forums and build partnership Organize webinars, technical dialogues, and learning exchanges.	# learning events organized # participants reached # countries represented.

2.3: Institutional Strengthening and Technical Assistance

Objective: **Strengthen the organizational performance, sustainability, and resilience of EPN member institutions through targeted technical assistance, mentorship, and organizational development support.**

NO	KEY RESULTS AREAS	OBJECTIVE	KEY STRATEGIES AND ACTIONS	KEY INDICATORS
2.3.1	Technical Assistance, Coaching and Mentorship	Provide tailored support to strengthen technical and institutional performance	Coordinate and deliver technical assistance through EPN and its network of strategic partners (eg. conduct feasability studies for new DSOs initiatives) Establish mentorship programs Deploy expert missions Facilitate institutional coaching	# technical assistance assignments completed # institutions supported % institutions reporting improved performance.
2.3.2	Institutional Capacity Strengthening for Members	Strengthen governance, management, sustainability, and organizational effectiveness of member institutions.	Conduct institutional capacity assessments Support organizational development plans Strengthen governance, financial management, resource mobilization, and strategic planning.	# institutional assessments conducted # organizations implementing capacity improvement plans.
2.3.3	Organizational Sustainability and Resource Mobilization	Enhance collaboration with members for joint long-term sustainability and resilience.	Support joint resource mobilization strategies Avail technical support to members applying to country-based funding opportunities Strengthen business and sustainability models, joint income generating initiatives.	# joint proposal submitted to donors # joint sustainability plans developed % members reporting support from EPN.
2.3.4	Centralized Data Platform for the Network	Strengthen visibility, accessibility, and utilization of health systems, pharmaceutical, supply chain, and service delivery data across EPN member institutions to	Develop and operationalize a centralized EPN data platform and dashboard for CHAs, DSOs, and healthcare facilities. Strengthen member capacity in data collection, management, analysis, reporting, and utilization.	# CHAs, DSOs and health facilities reporting into the EPN data platform. % of member institutions regularly submitting complete and timely data.

		support evidence-based decision-making, learning, and strategic planning.	Harmonize data collection tools, indicators, and reporting systems across the network. Facilitate data-driven learning reviews, benchmarking, and performance improvement initiatives. Generate network-wide analytics, intelligence reports, and evidence products to support advocacy, market shaping, and strategic decision-making.	# network dashboards and analytics reports produced annually. # learning and performance review sessions conducted using platform data. # of partners utilizing data for planning and decision-making.
2.4: Membership Engagement, Ownership and Network Development Objective: **To enhance member value, ownership, and participation in EPN by fostering collaboration, experience sharing, advocacy, joint resource mobilization, and recognition of member contributions to strengthening faith-based health systems and pharmaceutical services across Africa.**				
NO	KEY RESULTS AREAS	OBJECTIVE	KEY STRATEGIES AND ACTIONS	KEY INDICATORS
2.4.1	Membership Engagement, Ownership and Network Development	Strengthen member ownership, participation, collaboration, and commitment to EPN's vision, programs, and sustainability	Review, communicate, and operationalize the EPN Member Value Proposition. Strengthen member engagement in strategic planning, proposal development, program implementation, and governance processes. Facilitate experience sharing, peer learning, and collaboration through EPN Forums, webinars, Communities of Practice, and technical working groups (TWG). Promote member visibility by showcasing best practices, innovations, achievements, and contributions to health systems strengthening. Establish recognition and award mechanisms for outstanding member contributions. Strengthen member participation in advocacy initiatives, policy dialogues, pooled procurement mechanisms, and regional platforms. Foster collaboration among CHAs, DSOs, healthcare facilities, manufacturers, and strategic partners across the network.	% of members paying annual membership fees. % of members contributing data, publications, case studies, and best practices. % of members participating in proposal development and joint initiatives. % of members participating in EPN Forums, webinars, Communities of Practice, and advocacy platforms. % of eligible members participating in pooled procurement initiatives. # member institutions recognized through EPN awards and visibility initiatives. Member satisfaction score regarding EPN services and value proposition.

STRATEGIC PILLAR 3: POLICY ADVOCACY AND PARTNERSHIPS

Goal

Strengthen EPN's leadership and the collective voice of its members to influence health policy, regulatory systems, strategic partnerships, and global health agendas.

STRATEGIC PILLAR 3: POLICY ADVOCACY AND PARTNERSHIPS Goal: **Strengthen EPN's leadership and the collective voice of its members to influence health policy, regulatory systems, strategic partnerships, and global health agendas.**				
NO	KEY RESULT AREAS	KEY OBJECTIVES	KEY STRATEGIES AND ACTIONS	KEY INDICATORS
3.1	Policy, Law and Governance	Strengthen policy, legal and governance frameworks that advance pharmaceutical systems and promote the interests of faith-based health systems.	Establish and coordinate Technical Working Groups (TWGs) and a network of advocates. Develop, implement and monitor the EPN Advocacy Strategy. Support member participation in national policy, legislative and technical platforms. Support members to develop advocacy strategies, budgets and evidence-based advocacy initiatives. Advocate for policies that strengthen pharmaceutical systems, Universal Health Coverage (UHC) and sustainable health financing.	# faith-based members participating in functional TWGs. # national policies, laws or guidelines influenced through EPN advocacy. # member institutions supported to develop advocacy strategies.
3.2	Regulatory Systems	Strengthen regulatory systems and harmonization to improve access to safe, quality and effective health products.	Advocate for harmonized cross-border regulatory frameworks. Promote ratification and implementation of the African Medicines Agency (AMA) Treaty. Strengthen collaboration with National Medicines Regulatory Authorities (NMRAs). Advocate for regulatory reforms that facilitate timely registration, quality assurance and access to priority health products. Promote market shaping initiatives, including pooled procurement and local pharmaceutical manufacturing.	# regulatory frameworks influenced through EPN advocacy. # MoUs or formal collaborations with regulatory agencies. # regional regulatory harmonization initiatives supported. # market shaping initiatives supported.
3.3	Innovation, Research and Development	Promote innovation and evidence generation to strengthen pharmaceutical systems and improve equitable access to health products and services.	Advocate for the development and availability of child-friendly formulations and priority medical products (HIV/TB, Novel conditions, rare diseases, etc.). Promote operational research and evidence generation to inform policy and practice. Strengthen systems for collecting, analyzing and using data for advocacy. Promote the adoption of innovative technologies and digital solutions that improve pharmaceutical systems.	# partnerships established to promote pharmaceutical innovation. # research studies and evidence products informing advocacy. # policy recommendations supported by evidence. # innovations promoted or adopted.

3.4	Engagement with Regional Bodies (AU, COMESA, EAC, ECOWAS, IGAD, SADC, ECSA-HC, AMA, Africa CDC)	Strengthen regional collaboration and influence regional pharmaceutical policies and health agendas.	Strengthen collaboration with Regional Economic Communities (RECs), AMA, Africa CDC and other regional institutions. Advocate for regional pharmaceutical policies, regulatory harmonization and local manufacturing. Promote member participation in regional technical working groups, roundtables and policy dialogues. Coordinate regional advocacy initiatives on priority pharmaceutical issues.	# members participating in regional platforms through EPN. # functional partnerships with regional institutions. # regional policy initiatives influenced.
3.5	Engagement with Religious Leaders and Strategic Partnerships	Strengthen the collective voice of faith-based organizations and strategic partnerships to influence health policy and improve health outcomes.	Coordinate the collective voice of FBOs on priority pharmaceutical and health issues. Strengthen collaboration with ACHAP, AACC and other faith-based networks. Build coalitions supporting Universal Health Coverage (UHC), pharmaceutical systems strengthening and global health priorities. Translate evidence into advocacy messages and communication products tailored for religious leaders. Promote strategic communication and advocacy campaigns that increase the visibility and influence of faith-based health systems.	# advocacy coalitions established. # joint advocacy initiatives implemented. # policy briefs and advocacy products developed. # member institutions contributing data and evidence. # communication and advocacy campaigns implemented.
3.6	Partnerships with Global Bodies (WHO, AUDA-NEPAD, COMESA, ECSA-HC, Africa CDC and Others)	Position EPN as a trusted global partner influencing pharmaceutical systems and global health agendas.	Participate actively in WHO, AUDA-NEPAD, Africa CDC, AMR Multi-Stakeholder Platforms, WHO Faith Networks and other global technical bodies. Represent faith-based organizations in international forums, summits, conferences and policy dialogues. Establish and strengthen strategic partnerships with global institutions, donors, academia and the private sector. Mobilize global partnerships to support joint programs, technical assistance and resource mobilization.	# MoUs or strategic partnerships with global organizations. # international technical platforms where EPN actively participates. # joint global initiatives implemented. # resources mobilized through strategic partnerships.

STRATEGIC PILLAR 4: INSTITUTIONAL STRENGTHENING AND RESILIENCE

Goal

Build a resilient, agile, accountable, and high-performing organization capable of delivering its mission and adapting to a dynamic operating environment.

STRATEGIC PILLAR 4: INSTITUTIONAL STRENGTHENING AND RESILIENCE Goal: **Build a resilient, agile, accountable, and high-performing organization capable of delivering its mission and adapting to a dynamic operating environment.**				
NO.	KEY RESULT AREA	OBJECTIVE	KEY STRATEGIES AND ACTIONS	KEY INDICATORS
4.1	Governance	Strengthen governance, leadership, accountability, and institutional effectiveness across EPN and its member network.	Strengthen governance and accountability frameworks, policies and procedures. Develop and institutionalize accountability tracking mechanisms for Board, Management and Secretariat decisions. Conduct annual Board retreats and staff engagement sessions. Conduct semi-annual organizational performance reviews. Review and update governance policies and institutional procedures. Promote governance best practices and provide governance support to member institutions.	% of Board and Management decisions implemented within agreed timelines. % of governance policies reviewed and updated. # governance support initiatives delivered to member institutions. Board governance effectiveness score.
4.2	Human Resources and People Culture	Build a competent, motivated, values-driven and high-performing workforce that promotes collaboration, innovation and organizational resilience.	Strengthen talent acquisition, onboarding and succession planning. Promote staff learning, leadership development and continuous professional development. Conduct regular team-building and staff wellbeing initiatives. Strengthen performance management and staff engagement systems. Review and ensure compliance with HR policies and procedures.	Annual staff retention rate. % of staff completing annual professional development plans. Staff engagement/ satisfaction score. # team-building and staff wellbeing activities conducted.
4.3	Finance and Investment	Strengthen financial sustainability, resource mobilization and prudent financial management to support long-term organizational growth.	Implement the EPN Resource Mobilization Strategy. Establish a network of proposal development and business development consultants. Develop and implement business continuity, sustainability and investment plans. Strengthen financial systems through Enterprise Resource Planning (ERP) and digital financial management solutions. Diversify income streams through strategic partnerships and income-generating initiatives.	Annual funding growth (%). Proposal success rate (%). % of unrestricted income. # sustainable income-generating initiatives established. ERP implementation and utilization rate.

4.4	Communication and Visibility	Strengthen strategic communication, knowledge sharing and organizational visibility to enhance stakeholder engagement and influence.	Develop and implement internal and external communication strategies and SOPs. Strengthen member engagement through newsletters, E-Pharma Link, NetLink, webinars and digital platforms. Enhance EPN's visibility through media engagement, publications, social media and strategic campaigns. Build staff capacity in communication, knowledge management and storytelling. Promote data visualization and evidence-based communication.	# communication products developed (newsletters, policy briefs, publications). Website and social media engagement metrics. % of member institutions actively sharing EPN content. Stakeholder satisfaction with EPN communication.
4.5	Monitoring, Evaluation, Learning and Quality Assurance (MEL-QA)	Strengthen monitoring, evaluation, learning and quality assurance systems to improve organizational performance, accountability and evidence-based decision-making.	Develop and operationalize an integrated EPN digital data warehouse and performance dashboard (Ref. 2.3.4) – eg. Power BI, DHIS... Strengthen organizational MEL systems aligned with donor and international standards. Build staff and member capacity in data management, analysis, reporting and data quality assurance. Conduct regular organizational and project performance reviews and learning sessions. Strengthen quality assurance, knowledge utilization and continuous organizational improvement.	% of projects reporting through the MEL system. % of reporting deadlines met. Data quality assessment score. # organizational learning reviews conducted. % of recommendations implemented from evaluations and audits.



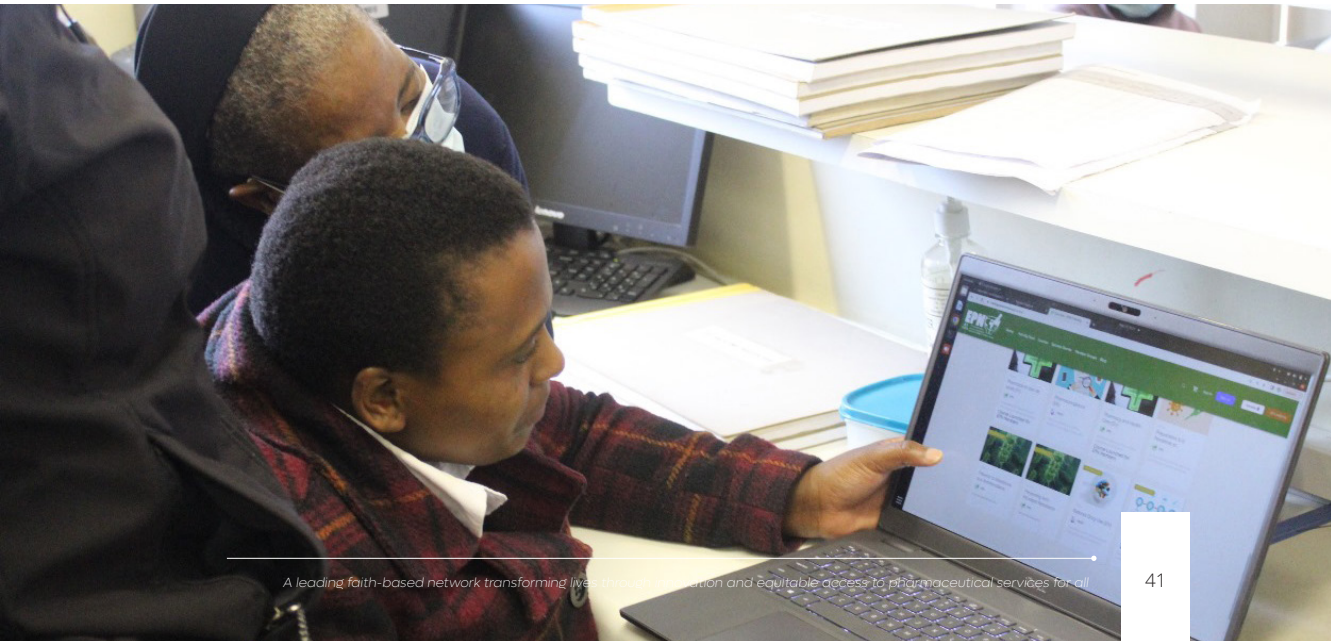
STRATEGIC PILLAR 5. CROSS-CUTTING AREAS

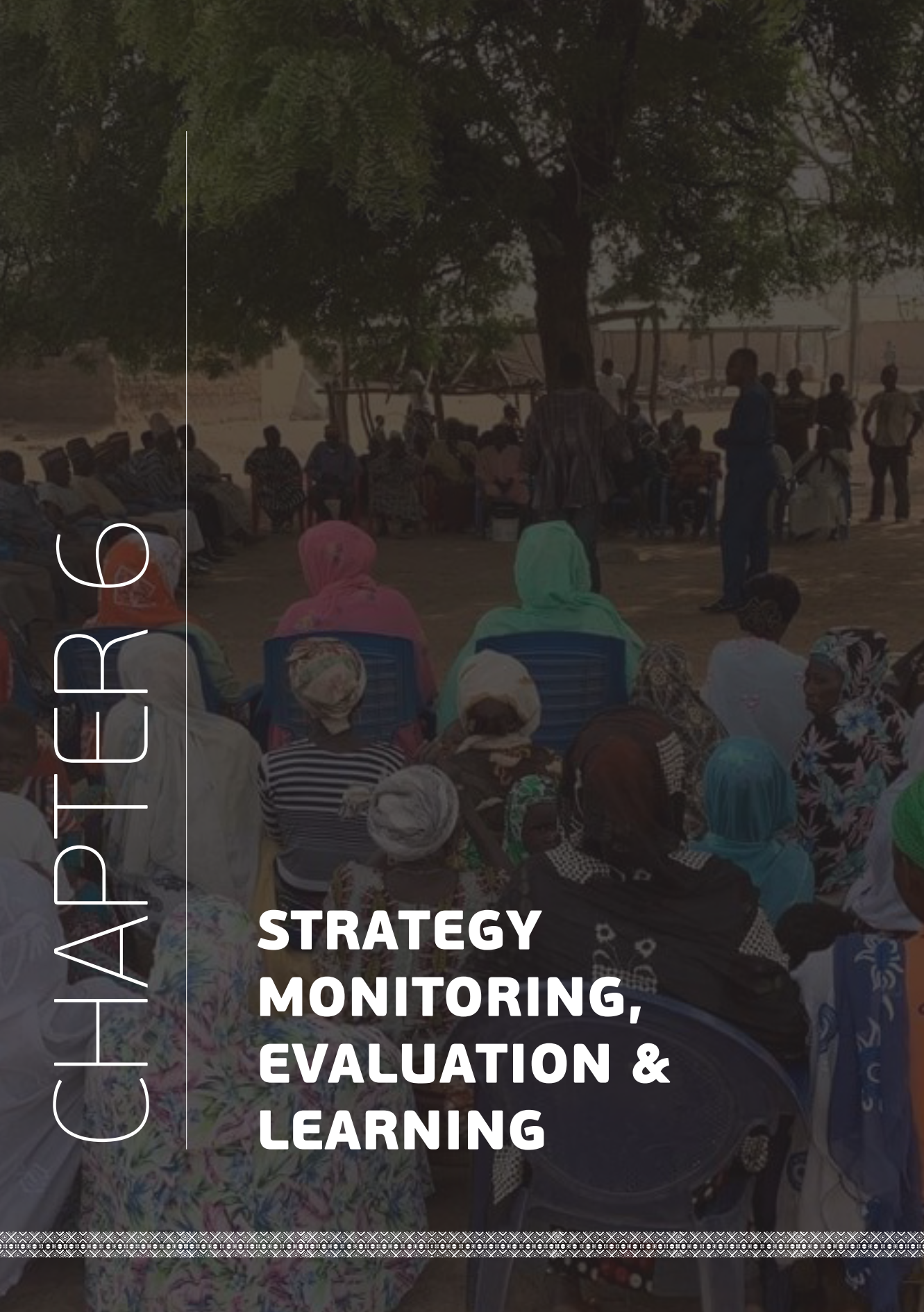
Goal

Integrate digital transformation, emergency preparedness, climate resilience, and gender equity across EPN's strategic pillars to strengthen resilient, inclusive, and future-ready pharmaceutical systems.

STRATEGIC PILLAR 5. CROSS-CUTTING AREAS Goal: **Integrate digital transformation, emergency preparedness, climate resilience, and gender equity across EPN's strategic pillars to strengthen resilient, inclusive, and future-ready pharmaceutical systems.**				
NO.	KEY RESULT AREA	OBJECTIVE	KEY STRATEGIES AND ACTIONS	KEY INDICATORS
5.1	Technology and Digital Transformation	Leverage digital technologies and data systems to strengthen pharmaceutical systems, decision-making, quality improvement, and service delivery.	Develop and operationalize the EPN Data Management System (EDMS) as a centralized digital platform. Promote interoperability between the EDMS and national digital health systems while ensuring data security and privacy. Establish digital reporting, dashboards, analytics, and business intelligence to support evidence-based decision-making. Integrate monitoring, evaluation and learning into digital health platforms, including LMIS and Power BI dashboards. Establish strategic partnerships with technology companies, universities and innovators to co-develop digital health solutions (1.3.5).	% of member institutions reporting through the EDMS. % of active members submitting complete and timely digital reports Functionality and utilization of the EDMS. # digital innovation partnerships established.
5.2	Humanitarian Emergencies and Outbreak Preparedness	Strengthen the preparedness and resilience of pharmaceutical systems to respond effectively to humanitarian emergencies and disease outbreaks.	Develop pharmaceutical early warning and surveillance systems. Strengthen emergency preparedness and response plans for member institutions. Establish strategic agreements with suppliers for emergency access to quality-assured health products. Build member capacity through training, simulation exercises and emergency response guidance. Promote coordinated emergency response and information sharing across the network.	% of members reporting into the pharmaceutical early warning system. % of member institutions with tested emergency preparedness plans. # emergency preparedness trainings and simulation exercises conducted. Response time to pharmaceutical emergencies.

5.3	Climate Change and Health	Strengthen climate-resilient pharmaceutical systems and promote environmentally sustainable health services.	Build member capacity to anticipate and respond to climate-related health risks. Promote climate-resilient pharmaceutical supply chains and infrastructure. Advocate for the integration of climate resilience into pharmaceutical and health policies. Promote environmentally responsible pharmaceutical waste management and sustainable practices. Document and disseminate climate-smart innovations across the network.	% of facilities implementing environmentally sound pharmaceutical waste management. % reduction in medicine losses due to climate-related events. # climate resilience initiatives implemented. # climate and health advocacy initiatives supported.
5.4	Gender, Equity, Youth and Safeguarding	Promote gender equality, safeguarding, youth engagement and inclusive participation across EPN programs, governance and member institutions.	Strengthen safeguarding policies, reporting mechanisms and organizational accountability. Promote equitable access to leadership, learning and professional development opportunities. Support leadership and mentorship programs for women and young professionals. Mainstream gender, equity and inclusion across policies, programs and monitoring systems. Strengthen partnerships that promote gender equality, inclusive participation, safeguarding and youth engagement.	% of staff and members trained annually on safeguarding and gender equality. Existence and implementation of safeguarding policies. % representation of women and youth in governance and leadership structures. % of programs integrating gender and inclusion considerations.





CHAPTER 6

STRATEGY MONITORING, EVALUATION & LEARNING

CHAPTER SIX

STRATEGY MONITORING EVALUATION AND LEARNING

6.1 Overview

Effective strategy implementation requires a robust Monitoring, Evaluation and Learning (MEAL) framework that ensures accountability, learning, and continuous improvement. EPN's MEAL approach for the 2026–2030 strategic cycle is designed to track progress across all strategic programs, assess impact, and inform adaptive management. The framework integrates both quantitative and qualitative data, aligns with donor and member expectations, and supports evidence-based decision-making.

EPN will adopt a participatory MEAL model, engaging member institutions, technical working groups, and partners in data collection, analysis, and reporting. The system will be anchored in a centralized digital platform—EPN Data Management System (EDMS)—to ensure real-time visibility, interoperability with national systems, and compliance with data protection standards.

6.2 Data Types, Data Sets, and Frequency

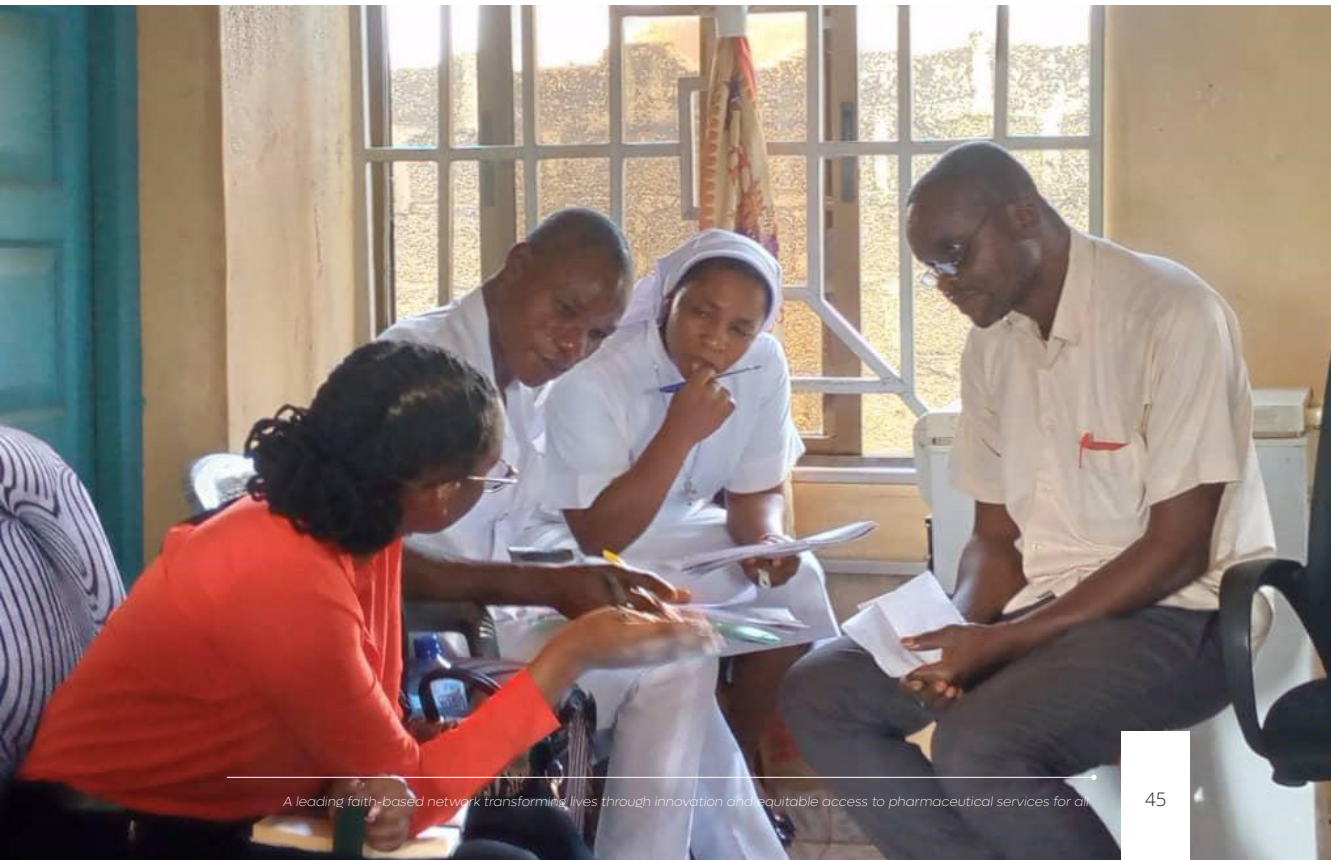
	ELEMENTS
Data Types	*Quantitative*: Institutional Performance Scores, Service delivery metrics, training attendance, financial performance, pharmaceutical stock levels, digital reporting rates. *Qualitative*: Member feedback, case studies, policy influence narratives, satisfaction surveys, governance assessments
Data Sets	Institution performance and outcome Member capacity development records Pharmaceutical product availability and quality reports Advocacy engagement logs Financial sustainability indicators Gender and inclusivity participation metrics Emergency preparedness and climate resilience assessments
Frequency	**Monthly**: Operational data (stock levels, training logs, digital submissions) **Quarterly**: Program performance reviews, financial reports, member engagement metrics **Bi-Annual**: Governance assessments, policy influence tracking, climate and emergency readiness **Annual**: Strategic impact evaluations, member satisfaction surveys, external audits

6.3 Strategy Monitoring Matrix

Progress towards the Strategic Plan will be monitored through a results-based monitoring framework, with high-level performance indicators aligned to each Strategic Pillar. A baseline assessment will be conducted at the start of the strategy period to establish baseline values for selected indicators where data are not currently available, while existing data from the previous Strategic Plan will be used where appropriate. These indicators will be measured consistently at baseline, mid-term, and end-of-strategy to enable meaningful assessment of change and progress. Routine monitoring, annual reviews, a mid-term evaluation, and an end-of-strategy evaluation will be undertaken to assess results, inform adaptive management, and strengthen accountability. The design of the baseline and subsequent assessments will ensure comparability in measurement approaches, including appropriate sampling and data collection methods, to enable reliable comparison over time.

STRATEGIC PILLAR & PROGRAM	KEY INDICATORS	DATA SOURCE	FREQUENCY	LEAD RESPONSIBILITY
Pillar 1: Pharmaceutical Systems Strengthening				
Program 1.1 Access and Service Delivery	% improvement in selected service delivery indicators % improvement in rational medicine use indicators % reduction in inappropriate antimicrobial prescribing % improvement in patient outcome indicators	EDMS, HFA, CQI, AMT, Facility reports, supervision reports	Quarterly	Access & Service Delivery Program Officer
Program 1.2 Quality Assurance, Surveillance & Regulatory Systems	% facilities implementing quality management systems # samples screened through Minilab/NIR # pharmacovigilance reports submitted % facilities compliant with regulatory requirements	QA reports, PMS reports, NMRA reports, EDMS	Quarterly	QA, Surveillance & Regulatory Systems Program Officer
Program 1.3 Products, Supply Chain & Innovation	% increase in availability of targeted health products % reduction in stock-outs Value of products procured through pooled procurement # institutions adopting digital pharmaceutical systems	LMIS, EDMS, procurement reports, market intelligence reports	Quarterly	Products, Supply Chain & Innovation Program Officer
Pillar 2: Membership Capacity Development, Learning & Technical Assistance				
Pillar 2: Membership Capacity Development, Learning & Technical Assistance	# active LMS users % course completion rate # technical assistance assignments completed % members participating in EPN programs and Communities of Practice	LMS, TA reports, member database, EDMS	Quarterly	Membership Capacity Development Officer
Pillar 3: Policy Advocacy & Partnerships				
Pillar 3: Policy Advocacy & Partnerships	# policy briefs developed # advocacy coalitions established # MoUs/strategic partnerships signed # members participating in TWGs and regional/ global platforms	Advocacy database, partnership records, policy submissions	Bi-Annual	Policy Advocacy & Partnerships Technical Advisor

Pillar 4: Institutional Strengthening & Resilience				
Pillar 4: Institutional Strengthening & Resilience	% Board and Management decisions implemented Annual staff retention rate Proposal success rate (%) % projects reporting through MEL system	Board minutes, HR records, ERP, Finance reports, MEL reports	Quarterly	Board and Management
Pillar 5: Cross-Cutting Areas				
Pillar 5: Cross-Cutting Areas	% member institutions reporting through EDMS % members with emergency preparedness plans % facilities implementing environmentally sound pharmaceutical waste management % staff and members trained on safeguarding and gender equality	EDMS, emergency reports, climate reports, HR training records	Quarterly & Annual	Digital Health, Emergency Preparedness & Inclusion Officer





CHAPTER 7

STRATEGIC PLAN IMPLEMENTATION MANAGEMENT

CHAPTER SEVEN

STRATEGIC PLAN IMPLEMENTATION MANAGEMENT

7.1 Overview

The successful execution of EPN's 2026–2030 Strategic Plan requires a structured, inclusive, and adaptive implementation framework. This framework is designed to translate strategic priorities into actionable programs, ensuring alignment with EPN's mission, vision, and values. The implementation context is shaped by a dynamic operating environment characterized by political volatility, economic constraints, technological disruption, and evolving health needs. As such, EPN's implementation approach emphasizes agility, accountability, and collaboration.

Implementation will be guided by a results-based management (RBM) approach, supported by robust governance structures, clear roles and responsibilities, and a centralized digital monitoring system. The plan will be operationalized through annual work plans, resource mobilization strategies, and performance management tools. EPN will also foster strong partnerships with member institutions, donors, governments, and regional bodies to ensure shared ownership and sustainability.

To ensure coherence and consistency, the implementation will be phased and monitored through a series of strategic logs—each aligned with the five strategic programs and cross-cutting areas. These logs will serve as living documents, reviewed and updated regularly to reflect progress, challenges, and emerging opportunities.

7.2 Strategic Implementation Logs and Timelines (2026–2030)

Pillar 1: Pharmaceutical Systems Strengthening

Program 1.1 Access and Service Delivery

NO	KEY ACTIVITY	LEAD UNIT	START	END	MILESTONE
1	Roll out CQI, HFA, AMT and pharmaceutical service improvement tools	Access & Service Delivery	Q1 2026	Ongoing	Progressive increase in facilities implementing EPN tools
2	Strengthen Rational Medicine Use and Drug & Therapeutics Committees	Programme Team	Q2 2026	Ongoing	Functional DTCs established across member facilities
3	Scale up AMR Stewardship and IPC programmes	Programme Team	Q2 2026	Ongoing	Increased implementation of AMS and IPC programmes
4	Strengthen community engagement and faith leader participation	Programme Team	Q3 2026	Ongoing	Community engagement framework operational
5	Improve patient safety and treatment outcome monitoring	Programme Team	Q3 2026	Ongoing	Annual patient outcome reports

Program 1.2 Quality Assurance, Surveillance & Regulatory Systems

NO	KEY ACTIVITY	LEAD UNIT	START	END	MILESTONE
1	Scale up Minilab and NIR technologies	QA Programme	Q2 2026	Q4 2027	Expanded quality screening network

2	Strengthen pharmacovigilance and post-market surveillance	QA Programme	Q2 2026	Ongoing	Increased adverse event reporting
3	Support licensing, inspection and regulatory compliance	QA Programme	Q2 2026	Ongoing	Increased regulatory compliance
4	Strengthen partnerships with NMRAs and AMA	QA Programme	Q2 2026	Ongoing	Joint regulatory initiatives implemented

Program 1.3 Products, Supply Chain & Innovation

NO	KEY ACTIVITY	LEAD UNIT	START	END	MILESTONE
1	Expand pooled procurement	Supply Chain Program	Q3 2026	Q4 2028	Increased procurement volumes and participating DSOs
2	Strengthen forecasting and LMIS	Supply Chain Program	Q2 2026	Ongoing	Reduced stock-outs
3	Scale digital pharmaceutical innovations	Innovation Program	Q3 2026	Ongoing	Digital tools adopted by members
4	Promote Drug Revolving Funds and sustainable financing	ProgramTeam	Q2 2026	Ongoing	Increased DRF implementation
5	Coordinate local manufacturing agenda	Program Team	Q3 2026	Ongoing	Priority products identified and manufacturers engaged

Pillar 2: Membership Capacity Development, Learning & Technical Assistance

NO	KEY ACTIVITY	LEAD UNIT	START	END	MILESTONE
1	Expand Learning Management System	Capacity Development	Q1 2026	Ongoing	LMS growth annually
2	Develop accredited CPD programmes	Capacity Development	Q1 2026	Ongoing	Accredited courses launched
3	Deliver technical assistance missions	Technical Assistance	Q2 2026	Ongoing	Annual TA reports
4	Strengthen Communities of Practice and peer learning	Membership	Q2 2026	Ongoing	Active Communities of Practice
5	Operationalize centralized member data platform	MEL & Digital	Q2 2026	Q2 2027	Network dashboard operational
6	Establish member recognition and award system	Membership & Comms	Q2 2027	Ongoing	Annual awards initiated by 2027

Pillar 3: Policy Advocacy and Partnerships

NO	KEY ACTIVITY	LEAD UNIT	START	END	MILESTONE
1	Implement Advocacy Strategy	Advocacy	Q1 2026	Ongoing	Strategy operational
2	Coordinate national and regional TWGs	Advocacy	Q3 2026	Ongoing	Functional TWGs
3	Strengthen collaboration with WHO, AUDA-NEPAD, AMA, Africa CDC and RECs	Partnerships	Q2 2026	Ongoing	Strategic partnerships expanded
4	Produce evidence-based policy briefs	Advocacy	Q3 2026	Annual	Policy briefs published
5	Strengthen FBO advocacy coalitions	Advocacy	Q2 2026	Ongoing	Joint advocacy initiatives implemented

Pillar 4: Institutional Strengthening & Resilience

NO	KEY ACTIVITY	LEAD UNIT	START	END	MILESTONE
1	Strengthen governance and accountability systems	Board and management	Q1 2026	Ongoing	Governance score improved
2	Implement ERP and digital management systems	Finance	Q2 2026	Q2 2027	ERP fully operational
3	Implement Resource Mobilization Strategy	Finance	Q1 2026	Ongoing	Annual funding growth
4	Strengthen communication and visibility	Communications	Q2 2026	Ongoing	Visibility indicators improved
5	Operationalize MEL and organizational performance dashboard	MEL Unit	Q2 2026	Q2 2027	Dashboard operational
6	Develop Business Continuity & Investment Plans	Finance & Strategy	Q2 2026	Q1 2027	Plans approved by board

Pillar 5: Cross-Cutting Areas

NO	KEY ACTIVITY	LEAD UNIT	START	END	MILESTONE
1	Deploy EDMS and Business Intelligence dashboards	Digital Health	Q1 2026	Q2 2027	EDMS operational
2	Strengthen emergency preparedness systems	Emergency Preparedness	Q2 2026	Ongoing	Early warning system operational
3	Promote climate-resilient pharmaceutical systems	Climate & Health	Q2 2026	Ongoing	Climate initiatives implemented
4	Review and implement safeguarding policies	HR & Inclusion	Q1 2026	Q3 2026	Policies enforced across all programs
5	Mainstream safeguarding, gender equality and youth engagement	HR & Inclusion	Q2 2026	Ongoing	All programmes mainstreaming inclusion



CHAPTER 8

RESOURCE MOBILIZATION STRATEGY

CHAPTER EIGHT

RESOURCE MOBILIZATION STRATEGY

8.1 Overview

Reliable and sustainable financial resources are required to support core operating costs and activities for the EPN Strategic Plan (2026-2030). Hence funding will be required for activities aligned to the five core strategic functions and running costs. The Board will be responsible for advocating and mobilizing the required resources from internal and or external donors. EPN will also explore alternative sources of income beyond donor funding, including membership fees, paid training, consultancy and technical assistance, research services, events, investment income, and private-sector partnerships, to strengthen its financial sustainability.

8.2 Fundraising Plan

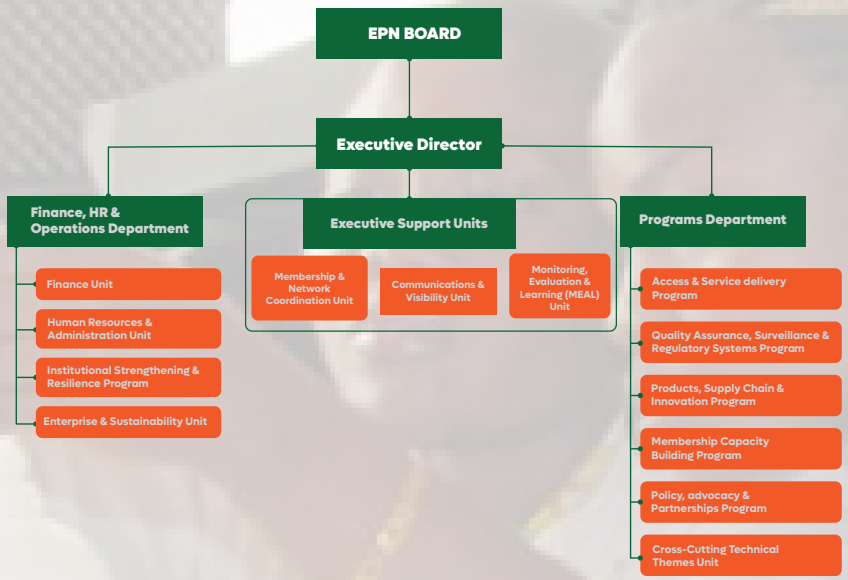
Table 8.1: Fundraising Plan

OBJECTIVE	KEY OUTCOMES	KEY ACTIONS
To increase the amount of funding available for implementation of programs	Increased partnership and funding from institutional donors and partners	Focused resource mobilization and partnership Ensure quality implementation Develop the capacity of staff in resource mobilization.
Develop and implement EPN's financial sustainability and income diversification strategy	Increased and diversified EPN-generated income and reduced reliance on donor funding	Identify feasible revenue streams; develop and cost business models for membership, paid training, consultancy, research services, events and other services; establish income targets; develop private-sector partnerships; strengthen investment of available funds; monitor income generated annually.
Expected Results		
R1: Diversified and increased funding	Effective resource mobilization and partnerships	Establish and maintain membership database Donor mapping and search for new donors Set up a fundraising team from the board Develop winning grants proposal and partnership agreement
R2. Build capacity of staff, strengthen systems and procedures to ensure sound management of grants	Support capacity enhancement and organizational strengthening.	Training of staff on resource mobilization, grant management and reporting Strengthen systems and procedures of accountability
R3. Improved quality of project implementation, grant management and donor compliance	Strengthen quality management process for projects.	Ensure quality in projects implemented Ensure compliance to donor requirements
R4. Strengthen and develop institutional partnerships for fundraising	Sustained communication and compliance to partnership agreements	Strengthen partnership with members Develop partnership guidelines Ensure effective communication with donors.

CHAPTER 10

THE ORGANOGRAM

ECUMENICAL PHARMACEUTICAL NETWORK (EPN) ORGANOGRAM



EPN BOARD

EXECUTIVE DIRECTOR

Office of the Director (3 Units)

1. Membership & Network Coordination Unit

1.1. Member recruitment & onboarding

1.2. Membership compliance & renewals

1.3. Relationship management with CHAs, DSOs, health facilities

1.4. AGM coordination & member engagement

1.5. Membership value proposition & satisfaction tracking

2. Communications & Visibility Unit

2.1. Institutional communication & branding

2.2. Publications, newsletters, policy briefs

2.3. Digital presence, media relations, visibility strategies

2.4. Support to advocacy, membership & donor communication

3. Monitoring, Evaluation & Learning (MEAL) Unit

3.1. Strategy monitoring & KPI tracking

3.2. EDMS, dashboards, digital reporting

3.3. Learning, evaluation, data quality assurance

3.4. Donor reports, organizational learning

4. Policy, Advocacy & Partnerships Program (Pillar 3) -

4.1. National & regional policy engagement

4.2. Regulatory harmonization advocacy (AMA/NMRAs)

4.3. Technical working groups (TWGs) participation

4.4. Global health partnerships (WHO, AUDA-NEPAD, ACHAP, AACC, etc.)

4.5. Evidence generation & policy briefs

Finance, HR & Operations Department (Senior Office, FHRO)

1. Finance Unit

1.1. Financial planning & reporting

1.2. Grants management & donor compliance

1.3. Procurement & financial controls

1.4. Audits & risk management

2. Human Resources & Administration Unit

2.1. HR administration & payroll

2.2. Recruitment & staff welfare

2.3. Office operations, facilities & logistics

2.4. ICT support & internal systems

3. Institutional Strengthening & Resilience Program (Pillar 4)

3.1. Governance & accountability systems

3.2. Organizational culture & leadership development

3.3. Internal policy development & SOPs

3.4. Business continuity & resilience systems

3.5. ERP & digital transformation of internal processes

4. Enterprise & Sustainability Unit (ESU)

4.2. Revenue-generating initiatives

4.2. Investments & social enterprise initiatives

4.3. Consultancy services & external partnerships

4.4. Future subsidiaries or SPVs supporting EPN sustainability

Programs Department (Senior Officer – Programs)

1. Access & Service Delivery Program (Pillar 1.1)

1.1 Last-mile access to medicines & technologies

1.2. Facility-level performance improvement

1.3. Patient safety & treatment outcomes

1.4. NCD screening & community demand generation

1.5. Rational Medicine Use (RMU) & adherence

1.6. AMR stewardship & multidisciplinary DTCs

1.7. IPC/WASH implementation in health facilities

1.8. Alignment with EPN health priorities (2026–2030)

1.9. Community Engagement and awareness (2026–2030)

2. QA, Surveillance & Regulatory Systems Program (Pillar 1.2)

2.1. Minilab and NIR screening technologies

2.2. Post-marketing surveillance (PMS) & SF reporting

2.3. Regulatory compliance, licensing & inspection readiness

2.4. Safety alert systems, quality incident reporting

2.5. QA guideline development & dissemination

2.6. AMR–IPC from safety/quality perspective

2.7. Collaboration with NMRAs, AMA, and QA partners

3. Products, Supply Chain & Innovation Program (Pillar 1.3)

3.1. Manufacturer engagement & supplier qualification

3.2. Product introduction & market insights

3.3. Support to pooled procurement product processes

3.4. Innovation scouting (digital tools, technologies, LMIS)

3.5. Pricing intelligence & supplier negotiations

3.6. Support for regulatory documentation (non-QA aspects)

3.7. Supply chain strengthening linked to product pathways

4. Membership Capacity Building Program (Pillar 2)

4.1. LMS development & e-learning

4.2. Professional training & mentorship

4.3. Exchange visits & peer learning

4.4. Capacity-building tools, guidelines, training curricula

4.5. IMPACT Public-FBO Capacity Building Project

6. Cross-Cutting Technical Themes Unit (Pillar 5)

6.1. Digital health & EDMS for pharmaceutical systems

6.2. Emergency preparedness & resilience

6.3. Climate-health & environmental sustainability

6.4. Gender, youth & inclusivity



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