



COMMONWEALTH
PHARMACISTS
ASSOCIATION

**Report of the Trustees and
Financial Statement
for the Year Ended 30 June 2025 for**

**Commonwealth Pharmacists Association
Registered Charity 1176132**

1 July 2024 to 30 June 2025

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The trustees submit their report together with the financial statements of the charity for the year ended 30th June 2025.

Chair's Foreword

What a pleasure to write another Chair's Foreword for the Commonwealth Pharmacists Association Annual Report. I am delighted to report a further very successful year, led by our excellent Chief Executive Victoria Rutter. My thanks to all the staff and volunteers and trustees both here in the UK and especially working in-country for their contributions to the work of the CPA.

In the course of the year we said goodbye to trustees Zaheer Babar and Claire Thompson (to whom thanks and best wishes for the future). Former President Rao Vadlamudi stepped down after the Council elections. Rao has been a long-standing and faithful supporter of the Association, and has given excellent support to the CEO and to other trustees. In the course of the year we were joined by James Davies, Phyllis Ocran Mattila and Andrea Shirtcliffe. It was good to see the Council holding an election for the trustees to represent it.

This Report reveals a continuing excellent range of programmes, and a strong financial base. The CPA Academy increases in strength and visibility as the home for our continuing education and leadership training programmes. I am happy to acknowledge here the generous financial support we receive from our backers (all listed elsewhere in the Report), and the continuing support of the Commonwealth and the Royal Pharmaceutical Society in facilitating our work.

Looking beyond FY 2025-26 there are some clouds on the horizon. The significant reduction in the UK's overseas aid budget, and consequent ending of funding from which we have previously benefited, means that we may in the short term have to operate in a more limited way, and in the longer term identify different strategies and sources of funding to continue and expand the important work we do. The Chief Executive and her team continue to work identifying and winning grants, and the trustees are supporting them in this effort.

Objectives and Activities

The CPA's charitable objectives are:

- To advance health for the public benefit by collaborating with other health-related organisations and institutions within and outside the Commonwealth and providing administrative and financial support where possible.
- To advance education for the public benefit (and particularly amongst pharmaceutical staff) by facilitating the dissemination of knowledge about the pharmaceutical sciences and the professional practice of pharmacy through meetings, literature distribution, electronic media and fellowship or exchange programme.
- To advance health for the public benefit through quality improvement of pharmacy practice, particularly in relation to the promotion of safe and effective systems of medicines management, the promotion of healthier lifestyles and supporting measures to reduce health inequalities.

1. Summary of Main Activities

An accredited organisation of the Commonwealth, the CPA is a registered charity, leading and developing the pharmacy profession for the benefit of the people of the Commonwealth. The CPA works collaboratively across the Commonwealth to empower pharmacists to improve health and well-being of the communities they serve. The CPA has a growing collaboration plan with WHO and is in 'official' relations, ensuring the strategic alignment of the CPA's work to delivering the Sustainable Development Goals (SDGs).

For the year ended 30th June 2025, CPA's strategy has been delivered across three key areas of work:

1. **Workforce Capability Building:** Expansion of CPD delivery through online learning modules, webinars, face to face workshops and specialist training; Preparation for the launch of the CPA Academy; Collaboration with FIP around workforce data collection for WHO.
2. **Health Systems Strengthening:** Continuation of our two award winning flagship AMR programmes (CwPAMS and SPARC; launch of a second cohort of African Leadership Fellows in AMS, the establishment of the first joint UK - African cohort and a mentorship scheme; Transition of the Voluntary Information Sharing Database work into the Heads of Procurement Network.
3. **Advocacy, Campaigns and Events:** Outputs from the 2024 Commonwealth Civil Society Forum (CCSPF) and inputs in to the 2025 CCSPF, Heads of Government Meeting in Samoa, Annual Health Ministers meeting; Campaigns around Commonwealth Pharmacists Day and World Antimicrobial Awareness Week; Multiple publications and presence at key events and conferences; Drafting of Pandemic Preparedness report for WHO.

The details of activities delivered in each of these areas are outlined in section 3. For additional information visit www.commonwealthpharmacy.org

2. Public Benefit

Upon appointment, all trustees are required to sign a Code of Conduct that outlines the commitment to CPA's charitable objectives and working for the benefit of the public. Trustees are formally briefed on and sent the constitution and links to the Charities Commission Guide on the Responsibilities of Trustees on appointment and asked to familiarise themselves with these documents, as part of the trustee induction process.

As the charity has grown significantly over the last few years, trustee training has been introduced - this included further emphasis on all Charities Commission's Guidance, including that relating to public benefit.

3. Contribution made by Volunteers

A volunteer governance/risk advisor continued to support the work of the charity.

Several volunteers also work for the CPA, including seven individuals who contributed their skills and expertise as an extension of our research and programmes teams.

Major activities carried out in the reporting period - 1st July 2024 - 30th June 2025

1. Workforce Capability Building

1.1 PharmAid

Background and Aim

The primary aim of PharmAid is to provide essential medicines information resources to pharmacists and healthcare professionals throughout the Commonwealth. This initiative has been a cornerstone of the CPA's commitment to fostering professional development and knowledge-sharing among its members for nearly five decades.

Countries

Although this is an initiative for the whole Commonwealth, 10 countries have so far more actively engaged with PharmAid: Lesotho, Malawi, Nigeria, Papua New Guinea, Uganda, Rwanda, Sierra Leone, Sri Lanka, St Vincent and The Grenadines, and Tanzania.

Start and End date

Start Date: PharmAid launched in the 1970s

End date: Ongoing

This is an update for the reporting period: 1 July 2024 to 30 June 2025.

Transition to Digital Access, including current and future partnerships

The CPA has worked with the Royal Pharmaceutical Society to secure access to paper copies of the British National Formulary since the 1970s. With the publishing landscape shifting from print to digital, CPA has been actively scoping options to ensure continued access to high-quality medicines information. This work includes exploring digital delivery models, partnerships, and sustainable approaches to ensure that healthcare professionals across the Commonwealth are not left behind in the transition.

1.2 Continuing Professional Development – Online CPD platform

Background

The Continuing Professional Development (CPD) platform continues to provide pharmacists with free, high-quality training to advance their professional skills and improve patient outcomes. Developed in partnership with National Pharmacy Associations (NPAs), the platform delivers courses that align with global health priorities set by the Commonwealth and WHO. Where possible, accreditation is secured through NPAs, allowing pharmacists to use their learning towards national CPD requirements.

Aim

To strengthen the global pharmacy workforce by equipping pharmacists with knowledge and skills to address priority health challenges, thereby improving health systems and patient outcomes.

New Guinea, Rwanda, Saint Lucia, Samoa, Sierra Leone, South Africa, Sri Lanka, Saint Vincent & The Grenadines, Tanzania, Uganda, Zambia, and Zimbabwe.

Start and end date

Start date: 1 February 2021. Launched in February 2021, the CPD platform delivers new modules, resources, and webinars on a quarterly basis, supported by both Novartis-funded and wider CPA-led initiatives

End date: Ongoing

This is an update for the reporting period: 1 July 2024 to 30 June 2025.

New Courses

- Supply Chain and Substandard & Falsified Medicines (Sept 2024) – training pharmacists to identify, prevent, and report unsafe medicines, with embedded video case studies.
- Diabetes Overview (Dec 2024) – introduced case-based learning on diabetes management, counselling, and early complication detection.

Webinars and Workshops

- CVD & Diabetes Complications (Nov 2024, 604 attendees from 48 countries).
- World AIDS Day: Pharmacists in HIV Care (Nov 2024, 263 attendees from 45 countries).
- Young Pharmacists & Students Webinar Series (Sept 2024 – Mar 2025, 6 sessions, 1,800+ registrants overall, equipping early-career pharmacists with leadership, research, digital, and project management skills).
- Clinical Consultation Skills Workshops, India (Jan 2025, 500 pharmacists trained, co-accredited by the Indian Pharmaceutical Association).
- Unlocking the Future of Pharmacy in the Commonwealth, Sri Lanka (Jan 2025, 450 attendees exploring pharmacy's role in UHC).
- Sickle Cell Disease Webinar (June 2025, 140 attendees from 48 countries, strong feedback on equitable access to hydroxyurea and pain management).

Engagement and Growth

- Record-breaking webinar engagement: CVD & Diabetes Complications webinar achieved 1,109 registrations, 604 attendees and 25,587 participant minutes.
- Global CPD Learner Survey (Dec 2024 – Jan 2025): provided actionable insights on barriers (internet access, time, navigation), guiding improvements such as mobile optimisation and simplified user journeys.

Accreditation and Recognition

- In collaboration with the Pharmaceutical Society of Kenya, the CPA has secured formal CPD accreditation for its courses with the Pharmacy and Poisons Board. This ensures CPA courses are now formally recognised for in-country CPD points.

Outcomes and Impact

- Expanded access to CPD for over 8,000 pharmacists worldwide.
- Significant improvement in learner engagement, especially in webinars and accredited workshops.
- Strengthened NPAs through collaboration, in-country training, and accreditation recognition.

- Broadened CPD content to cover priority areas: diabetes, CVD, HIV, sickle cell disease, AMS, quality improvement, and consultation skills.
- Developed a more sustainable and interactive learning model, integrating case-based studies, patient perspectives, and leadership training.

1.3 Critical Care Course (with UCLH)

Background

Since 2022, the CPA has partnered with University College London Hospitals (UCLH) to widen access to the “*Fundamentals of Critical Care*” 12-month training programme for pharmacists in low- and middle-income countries (LMICs). The course combines structured teaching with practical application, enabling participants to put their learning directly into practice. By building critical care expertise, pharmacists are better equipped to support the management of seriously ill patients, improve therapeutic outcomes, and strengthen the resilience of healthcare systems. The initiative continues to bridge a major training gap in LMICs while promoting sustainable improvements in patient care.

Aims of the CPA/UCLH collaboration

- Broaden access to high-quality critical care education for pharmacists across LMICs.
- Equip pharmacists with both foundational and advanced skills in critical care.
- Strengthen local healthcare delivery by embedding improved critical care practices.
- Create lasting impact through ongoing professional development and support networks.

Countries (2025 cohort)

This year, 40 pharmacists from 11 countries are participating in the course:

Country	Number of Learners
Cameroon	3
Eswatini	1
Gambia, The	3
Ghana	1
Kenya	1
Malawi	3
Papua New Guinea	1
Sri Lanka	2
Tanzania	11
Uganda	8
Zambia	6
Grand Total	40

Start and end date

Start Date: 1 Jan 2022 (Course first launched in 2022)

End Date: Ongoing

This is an update for the reporting period: 1 July 2024 to 30 June 2025.

Programme Description

The “*Fundamentals of Critical Care*” course is a year-long, fully virtual programme designed for pharmacists already practising in, or newly entering, critical care settings. Delivered via Microsoft Teams, it offers a structured learning pathway across 12–14 intensive care topics, giving participants both foundational knowledge and practical insights to apply directly in their clinical work.

Course Structure

- Monthly Live Seminars: Interactive sessions on Microsoft Teams covering core ICU themes such as sepsis, respiratory care, renal therapy, and pain management.
- Pre-seminar Preparation: Recorded lectures and reading resources to support active participation in live sessions.
- Post-seminar Tasks: Optional case discussions and clinical assignments, leading to a Certificate of Competence for those who complete them.
- Knowledge Assessments: Baseline and end-of-course tests used to track progress and learning impact.
- Community Engagement: Peer-to-peer support and knowledge exchange through WhatsApp groups and Google Classroom.

Expected Outcomes

- Strengthened critical care skills for pharmacists working in LMICs.
- Improved patient management and outcomes in intensive care settings.
- Growth of an international community of trained critical care pharmacists.
- A sustainable education model adaptable for diverse healthcare systems.

1.4 Pharmacy Workforce Data

Background

The CPA continues to work collaboratively with the WHO National Health Workforce Accounts (NHWA) and the International Federation of Pharmacists (FIP) to collate pharmacy workforce data to enhance its utilisation. This data can then be used for effective pharmacy workforce planning, quality assurance (ensuring pharmacists are suitably qualified and maintaining professional standards), to identify gaps in pharmacy access, and to advocate for the importance of pharmacists in healthcare systems.

Aims

- To collect relevant, up-to-date, data on the pharmacy workforce within the Commonwealth member states (e.g. workforce registration, demographics, education and training, etc.).
- To work closely with member organisations to explore how best we can:
 - support pharmacy workforce data collection;
 - support the pharmacy workforce in-country e.g. addressing specific training/development needs;
 - further understand the issues affecting the pharmacy workforce;
 - work together to overcome challenges e.g. regulation, migration, cultural issues.
- To report findings to WHO NHWA and FIP.

Countries

The project targets all Commonwealth member countries since data can be used for workforce planning; data collection is mostly active in CPA member organisations.

Start and End date

Start date: 1 Jan 2021 (Scoping initiated in 2021. Survey developed during Q1 2024 and launched in April 2024. Data collection and analysis conducted during this reporting period.

End Date: Ongoing (Report to be completed in the next reporting period in September 2025)

This is an update for the reporting period: 1 July 2024 to 30 June 2025.

Key outcomes and impact

- A comprehensive workforce survey was developed, incorporating questions to meet the needs of WHO NHWA, FIP, and CPA.
- Survey launched in April 2024 with data collection carried out in the subsequent months.
- Continuous engagement and reminders were sent to maximise participation and ensure comprehensive data coverage.
- Data will provide insights for workforce planning, quality assurance, gap analysis, and advocacy efforts.

2. Health Systems Strengthening

2.1 CwPAMS - Commonwealth Partnerships for Antimicrobial Stewardship

Background

The Commonwealth Partnerships for Antimicrobial Stewardship (CwPAMS) programme aims to tackle antimicrobial resistance (AMR) by supporting low- and middle-income countries (LMICs) to generate, share and use data to improve antimicrobial use and clinical practice, and encourage further investment in AMR. The programme is managed by CPA in partnership with the Global HealthPartnerships (GHP, formerly THET) and is funded by the UK Department of Health and Social Care's Fleming Fund.

Aim

CwPAMS aims to leverage the expertise, particularly in pharmacy, of UK health institutions, volunteers and technical experts to strengthen the capacity of the national health workforce and institutions in Commonwealth countries around the following focus areas:

- Improving antimicrobial stewardship (AMS), including surveillance through the use of a point prevalence survey (PPS), data collection and analysis
- Building antimicrobial pharmacy expertise and capacity
- Enhancing infection prevention and control (IPC)
- Improving the use of clinical microbiology and antimicrobial prescribing data to inform clinical decisions
- Enhancing the detection and reporting of substandard and falsified antimicrobial medicines
- Supporting community pharmacy
- One Health

Countries

Eight countries across the African continent: Ghana, Kenya, Malawi, Nigeria, Sierra Leone, Tanzania, Uganda, Zambia. In partnership with the United Kingdom.

Start and End date

Start date: 1 April 2023 (launch of CwPAMS 2)

End date: Ongoing (CwPAMS 2 to conclude in March 2026 with final evaluation subsequently conducted)

Phase 2 of CwPAMS (CwPAMS 2.0) started in April 2023 and concluded in March 2025. A new extension phase, CwPAMS 2.5, commenced in April 2025 and will run for one year until 31 March 2026.

Key outcomes and impact

The outcomes and impact of this reporting period are being presented in two parts, covering the completion of CwPAMS 2.0 and commencement of CwPAMS 2.5.

Over the two years of implementing CwPAMS 2.0 (April 2023 - March 2025), the following achievements were observed by the end of the implementation period:

2.1.1 Completion of CwPAMS 2.0

Achievements in numbers by end of March 2025:

- 24 health partnerships supported 74 health facilities across 8 sub-Saharan African countries developing and implementing interventions
- 8 hubs supported 39 spokes across 7 sub-Saharan African countries – 6 of these hubs established structures, leadership and action plans to support activities/interventions amongst spokes
- Over 17,172 healthcare professionals have been trained
- Over 2,671 combined volunteering days contributed by UK healthcare professionals to strengthen AMS in LMIC healthcare institutions.
- 67 Awareness raising interventions amongst One Health groups and community pharmacies
- 70 AMS committees were established and are fully operational
- 73 AMS Action Plans have been implemented
- 52 Institutions updated and/or developed new AMS/IPC guidelines, tools or protocols
- 73 Institutions conducted Point Prevalence Surveys (128 PPS conducted in total),
- 70 Institutions used generated data to plan for improvements to antimicrobial prescribing practices
- 49 Institutions shared data with clinical teams, AMS/IPC programmes or guideline development groups
- 23 Antibiograms have been produced which were informed by local and up-to-date surveillance/microbiology data
- 64 Institutions were aware of detection and/or reporting mechanisms for substandard and falsified medicines, with 56 reporting data using established mechanisms

Achievements in Narrative (July 2024-March 2025)

Advancement of Antimicrobial Stewardship (AMS) Workforce and Technical Capacity:

Workforce Training: Data from initial scoping exercises was used to develop targeted resources and advocacy documents, specifically within the microbiology and Substandard & Falsified Medicines (SFMedS) workstreams. These were presented at global advocacy meetings like CHOGM.

Shared Learning: Multiple shared learning opportunities were created, including successful face-to-face hub and spoke strengthening meetings that facilitated peer-to-peer knowledge transfer between partner sites.

Country led substandard and falsified medicines (SFMs) webinars: The In-country Consultants and their respective national authorities created awareness on SFMs. CwPAMS and other national teams participated actively, in each of the webinars across the 8 countries.

Extensive microbiology report produced: Using data collected iteratively through CwPAMS 2, the CPA microbiology team developed a comprehensive report outlining critical findings and actionable recommendations to bolster laboratory capacity, optimise diagnostics, and integrate microbiology data into clinical practice. The report was disseminated to key stakeholders including DHSC and Mott MacDonald.

Strengthened Governance, Leadership, and Country Ownership:

Launch of the Uganda AMR Parliamentary Forum: In November 2024, The Ugandan Speaker of Parliament launched the Uganda AMR Parliamentary Forum. This significant milestone was achieved through collaborative efforts between CwPAMS In-Country Coordinators (ICCs), Fleming Fund country grantees, and key partners. During the launch, Members of Parliament pledged their commitment to advocating for increased funding to combat AMR.

Integration into National Systems: Demonstrating sustainability, findings from the programme's data management workstream are now being used to inform national advocacy efforts during key stakeholder meetings, ensuring evidence-based policy discussions.

Strategic Engagement and Collaboration for Sustainability:

United Nations General Assembly High-Level Meeting (HLM) on AMR: The CPA and GHP developed and disseminated policy briefs outlining actionable recommendations for the HLM. These briefs were widely disseminated through our network and media channels to key national and international stakeholders. The significant impact of the CwPAMS programme was recognised at the HLM, with the Director of Pharmaceutical Services in Ghana specifically praising its contribution to enhancing antimicrobial stewardship within the country.

World AMR Awareness Week November 2024: CwPAMS actively participated in WAAW activities across the 8 countries, as well as awareness creation on GHP and CPA social media platforms with over 15,000 engaged in our posts. In-country, CwPAMS provided support to various WAAW activities, including engagement with national stakeholders, producing a song to promote AMR awareness (HP in Kenya), participating in AMR awareness walks (Kenya), and liaising with ZNPHI on implementation of celebratory activities (Zambia).

Presenting at Conferences: The CPA actively showcased the impact of the CwPAMS programme through extensive conference engagement. A total of 20 abstracts were submitted, with 12 accepted to date, and 10 published in peer-reviewed journals or conference proceedings. In addition, the programme was represented through 20 poster presentations and 5 oral presentations at major international forums. These included events such as the International Congress on Infectious Diseases (ICID), the Ecumenical Pharmaceutical Network Forum and the annual conferences of the International Pharmaceutical Federation and the Royal Pharmaceutical Society. This high level of dissemination not only highlighted key project successes but also strengthened CPA's visibility and partnerships across a diverse range of global stakeholders.

Publications: The CwPAMS 1 (including also phase 1.5) [Impact Report](#) was developed and published on 31 October 2024. A scoping review on the application of the hub and spoke model in AMS programmes was published in the [Journal of Biomedical Sciences](#).

CwPAMS 2.0 concluded with several valuable lessons learned and a suite of practical resources including data, which were directly transferred to inform and accelerate the start of the CwPAMS 2.5 phase.

Sharing & Learning Events and ALF-A Fellowship Graduation sessions were held in each of the 8 CwPAMS countries during February and March 2025. Each event attracted high level national stakeholders and partners and was an opportunity to celebrate the successes of CwPAMS HPs, showcase the achievements of the ALF-A Fellows, and reflect on future priorities within AMR and the national context.

2.1.2 Commencement of CwPAMS 2.5 (April 2025-June 2025)

- The successful conclusion of CwPAMS 2.0 paved the way for the inception of CwPAMS 2.5, which commenced in April 2025. The CwPAMS programme received notable recognition at the UKHSA 2025 Antibiotic Guardian Awards in June, the CPA was honoured with a win in the Diagnostic Stewardship category for its work on developing diagnostic resources for low- and middle-income countries. Additionally, Nakaseke General Hospital, a Ugandan spoke site, was recognised for its efforts, winning in the Infection Prevention and Control (IPC) category.
- 20 out of 24 Health Partnerships (HPs) from CwPAMS 2 successfully transitioned to the new phase, with inception meetings completed, grant variation agreements signed, and initial funds disbursed to support continued implementation.
- In this phase, a new Community Pharmacy workstream was launched and implementation of AMS in the Community Pharmacy setting is being piloted.

Key CwPAMS 2.5 Achievements to Date:

AMR Workforce and Technical Capacity Development:

- A significant milestone was achieved with the successful enrolment of 25 Substandard and Falsified Medicines (SFM) leads, including 5 from the community pharmacy sector, into a dedicated training programme.
- An induction webinar was delivered, a community of practice established, and a full schedule of training webinars developed to ensure continuous learning.
- New reporting tools were created and shared with HPs to improve data tracking. Impact reports were initiated following successful microbiology visits to Uganda.
- A pilot diagnostic Point Prevalence Survey (PPS) was successfully conducted by one HP, with feedback being used to refine the tool for distribution to all HPs.

Strengthening AMR Leadership:

- The UK-Africa Leadership Fellowship Programme (UK-ALF-A) was launched, with a cohort of 20 UK and 20 African pharmacists successfully identified, recruited, and are currently enrolled on the programme.
- The ALF-A Alumni Mentorship Programme was developed and became operational, with alumni actively mentoring current fellows and other participants in AMS leadership.

Advancing Community Engagement:

- The Community AMS Toolkit was finalised.
- Five Community Champions were recruited and will undertake SFM training.
- Five HPs across Malawi, Ghana, Uganda, Kenya, and Nigeria were identified to pilot the AMS Toolkit in community pharmacies.

Enhancing Sustainability and Country Ownership:

- In-Country Coordinators (ICCs) developed comprehensive work plans for national-level engagement throughout CwPAMS 2.5.
- National Ownership Mechanisms (NOMs) were re-engaged, with quarterly meetings scheduled and many already held. NOM members were encouraged to join monitoring visits for deeper engagement.
- UK Sharing and learning Event on 10th June: The event successfully convened, for the first time since CwPAMS 1, all UK-based HPs under CwPAMS 2.5, directly contributing to the overarching programme goal of NHS institutions benefiting through improved knowledge and capability of UK volunteers. The day's sessions, which included discussions on the CwPAMS journey, bi-directional learning, inspiring new UK-ALFA fellows, and integrating partnership principles into the NHS, effectively fostered collaboration and highlighted the advantages of the programme, ultimately strengthening the value these partnerships bring back to the UK and to the fight of AMR as a global issue without borders.

Monitoring, Evaluation, Research and Learning:

- A MEL workshop was delivered in April 2025 to strengthen HPs' capacity in monitoring, evaluation, and learning.
- Key MEL templates and updated publication guidance were finalised and shared with all HPs to standardise and improve reporting.
- The independent evaluation is on track, with the inception report completed and secondary data analysis underway.

2.2 Africa Leadership Fellowship for AMS (ALF-A)

Background

Based on the success of the UK's Chief Pharmaceutical Officers Global Health Fellows programme, a similar fellowship programme, the Africa Leadership Fellowship-AMS (ALF-A), has been developed for mid-career pharmacists in Africa who were part of health partnerships CwPAMS phase 2. Thirty pharmacists from across 8 African CwPAMS2 countries were selected following a very competitive selection process and started the fellowship in October 2023. Since many eligible pharmacists who applied for ALF-A could not be offered a fellowship place, CPA applied for further funding for another cohort. The second cohort of 15 pharmacists commenced in January 2024 for the year-long fellowship.

Aims

ALF-A aimed to:

- Support AMS capacity building nationally and being key to sustainability
- Provide mentorship and leadership skills to pharmacists who are part of a CwPAMS partnership in each delivery country
- Empower and develop country leaders to continue the mission of tackling AMR in the long term
- Leverage training materials developed during CwPAMS extension phase.

Countries

Eight countries: Ghana, Kenya, Malawi, Nigeria, Tanzania, Uganda, United Kingdom, and Zambia.

Start and End date

Start date: October 2023

End date: Ongoing (final evaluation currently being conducted and anticipated to be concluded in Dec 2025)

This is an update for the reporting period: 1 July 2024 to 30 June 2025.

Key outcomes and impact

Graduation and recognition: Of the 45 pharmacists enrolled, 43 successfully completed the fellowship and were awarded the Fellowship certificate.

Dissemination of learning: Graduation events were held integrated into *CwPAMS 2.0 Learning and Sharing Events*. Fellows presented their projects as poster displays, with a winning poster recognised in each country.

Capacity building: Fellows implemented AMS projects within hospitals and community settings, contributing to local stewardship interventions and policy influence.

Leadership development: Through mentorship and training, fellows have taken on new leadership roles, becoming AMS champions within their institutions and at national level.

Monitoring, Evaluation and Communication of impact

- A comprehensive evaluation framework was applied, tracking fellows' progress against defined leadership and AMS capacity indicators.
- Data collected included self-assessed leadership skills, number and scope of AMS initiatives implemented, and evidence of institutional or national policy engagement.
- Preliminary evaluation findings demonstrate measurable increases in leadership confidence, project delivery skills, and visibility of AMS initiatives across participating countries.
- A consolidated evaluation report is being finalised, with plans to submit findings for publication in a peer-reviewed journal in late 2025, ensuring wider dissemination of lessons and impact.
- The CPA actively showcased the impact of the ALF-A through conference engagement with a total of 5 abstracts were submitted, with 3 accepted to date, and 4 published in peer-reviewed journals or conference proceedings. In addition, the programme was represented through 5 poster presentations and 1 oral presentation at major international forums. These included events such as the International Social Pharmacy Workshop Ecumenical Pharmaceutical Network Forum, the East of England Global Health Conference and the annual conferences of the International Pharmaceutical Federation and the Royal Pharmaceutical Society. This high level of dissemination not only highlighted key project successes but also strengthened CPA's visibility and partnerships across a diverse range of global stakeholders.

2.3 UK-Africa Leadership Fellowship for AMS (UK-ALF-A)

Background

In 2024, CPA secured funding to deliver a combined UK-ALF-A Fellowship under the CwPAMS 2.5 extension, starting in April 2025. Forty Fellows, 20 UK-based and 20 from Ghana, Kenya, Malawi, Nigeria, Tanzania, Uganda, and Zambia, enrolled.

In parallel, 31 ALF-A alumni joined the CwPAMS Alumni Programme. Through the Alumni Mentoring Programme, they provide structured, peer-led support to new UK-ALF-A Fellows while strengthening their own leadership growth. Alumni also facilitate breakout sessions during online action learning, and selected 10 are serving as tutors, giving feedback on project plans and reports submitted by current Fellows.

This creates a sustained, intergenerational community of practice that strengthens antimicrobial stewardship leadership across the UK and Africa.

Aims

UK-ALF-A aims to:

- Bring together pharmacists from the UK and Africa for joint learning and networking in AMS.
- Strengthen leadership capabilities to address gaps in AMS and improve healthcare delivery.
- Drive sustainable healthcare improvement through stronger AMS initiatives.
- Expand learning from CwPAMS while supporting personal growth, leadership, and global health experience.
- Develop a cadre of pharmacy leaders in the UK and Africa with quality improvement expertise for use within and beyond CwPAMS.

Countries

Nine countries: Ghana, Kenya, Malawi, Nigeria, Sierra Leone, Tanzania, Uganda, United Kingdom, and Zambia.

Start and End date

Start date: 1 April 2025 (launch of fellowship)

End date: Ongoing (Fellowships will end in March 2026 with final evaluation to be subsequently conducted).

This is an update for the reporting period: 1 July 2024 to 30 June 2025.

Key outcomes and impact

- 60 applications were received for the UK-ALF-A Fellowship in February 2025
- 40 successful candidates enrolled on the UK-ALF-A programme in April 2025
- All 40 are on track to achieve at least 80% of live webinar attendance and are progressing with online learning.
- 38 of the 40 have submitted their Project plans for the key Health Partnership deliverables they are leading on.
- The Fellows completed a leadership self-assessment and received 360-degree feedback. This helped them identify areas for improvement and set their leadership development goals and plan.
- All 40 Fellows have been assigned two mentors and are engaging with them at least once a month.
- The UK CwPAMS Sharing and Learning event in May 2025 was a valuable networking opportunity. It brought all UK-based Fellows together and provided a forum to inspire them with alumni success stories.
- Following their 1-day leadership induction, they have had 1 webinar focusing on what leadership means to me and enrolled in the Edward Jenner Leadership Programme levels 0-4.
- Live webinar learning sessions so far in Antimicrobial Stewardship x2 and Project Management.

2.4 CwPAMS Alumni Mentoring Programme

Background

The CwPAMS Alumni Mentoring Programme was established to sustain and amplify the impact of the CwPAMS initiative. Recognising the wealth of expertise built through successive phases of CwPAMS, the programme connects experienced alumni with new and emerging leaders in AMS. By fostering peer-to-peer learning, professional development, and leadership support, the mentoring programme strengthens a growing network of AMS champions across the Commonwealth, ensuring that the skills, knowledge, and innovations developed through CwPAMS continue to shape practice and policy long after formal project cycles end.

Aims

The structured mentoring programme will:

- Sustain the leadership pipeline by equipping CwPAMS Alumni with mentoring skills.
- Support new Fellows as they undertake the Fellowship in real time.
- Strengthen the CwPAMS network by fostering cross-country and intergenerational collaboration.
- Further embed a culture of leadership and knowledge sharing, ensuring sustainability.

Countries

Nine countries: Ghana, Kenya, Malawi, Nigeria, Sierra Leone, Tanzania, Uganda, United Kingdom and Zambia.

Start and End date

Start date: 1 May 2025 (launch of the mentorship scheme)

End date: Ongoing (mentoring of UK-ALF-A fellows will be completed in March 2026 but mentorship scheme will continue).

Key outcomes and impact

- 31 of 32 applicants were awarded a place on the Alumni Mentoring Programme. One applicant was not selected due to limited engagement with mentors during their Fellowship.
- Alumni will facilitate at least three breakout sessions during the year to strengthen their leadership skills, AMS expertise, and role modelling capacity.
- Impact of these sessions will be assessed through participant feedback, post-session evaluations, and reflective reports.
- Monthly drop-in sessions for alumni mentors and the wider mentor network have been well received, creating a regular forum for learning and sharing strategies for effective mentoring.
- A learning exchange on “Building trust and impact through constructive and meaningful feedback” supported alumni, particularly those new to mentoring, to strengthen their feedback skills.

2.5 SPARC - Surveillance and Prescribing Support for Antimicrobial Stewardship Resource Capacity Building

Background

The Surveillance and Prescribing Support for Antimicrobial Stewardship Resource Capacity Building (SPARC) programme delivers innovative solutions to improve antimicrobial surveillance and prescribing in partner countries with a geographic focus in LMICs in Africa and Asia, to build workforce capability, capacity and resilience in health systems, in the drive for better global antimicrobial stewardship.

Aim

The SPARC programme has expanded from three workstreams to six:

- **Prescribing Companion:** a mobile application and website designed to support prudent antimicrobial prescribing in human and animal health in line with the global one health approach.
- **Data for Action:** Support antimicrobial use and surveillance in human health through curated training modules supporting countries in data use to inform policy and practice for better AMS.
- **Malawi electronic medicines management system (eMMS):** Pilot to improve the pharmaceutical supply chain in Malawi by addressing critical gaps in monitoring antimicrobial consumption and usage.

New workstreams

- Strengthening the capacity of national and site-level laboratories to detect AMR – Zambia
- Improving AMR surveillance data collation and presentation across One Health sectors – Kenya, Zambia
- Strengthening antimicrobial stewardship (AMS) capacity to support clinical decision-making – Kenya

Countries

18 countries across two continents in Africa and Asia: Bangladesh, Eswatini, Ghana, Indonesia, Kenya, Malawi, Nepal, Nigeria, Pakistan, Papua New Guinea, Senegal, Sierra Leone, Sri Lanka, Tanzania, Timor Leste, Uganda, Zambia, Zimbabwe.

Start and End date

Start date: 1 Mar 2024 (launch on SPARC 2)

End date: Ongoing (SPARC 2 will close in March 2026 with final evaluation subsequently conducted)

SPARC phase 2 is currently underway and has been running since March 2024 set to conclude in March 2026 with final evaluation to be conducted after programme completion. Phase I was delivered from January 2022 to June 2023, with an interim extension between July 2023 to February 2024.

Key outcomes and impact

SPARC 2 Expansion

- **Additional Funding:** Following a successful programme review in October 2024 by the Fleming Fund Management Agent (Mott MacDonald), SPARC was awarded an additional £1million investment, enabling SPARC to expand from three to six workstreams. This marked a pivotal step in broadening our technical footprint and strengthening interventions across digital health, surveillance, training, and One Health. A further £172,000 was mobilised specifically to support in-person training delivery of the Data for Action training, in response to stakeholder feedback on the limitations of virtual workshops. This investment significantly enhanced the quality, reach, and engagement of training.
- **Increased Scope:** New workstreams: As part of this expansion, CPA is supporting Kenya and Zambia to strengthen national AMR capacity through three additional workstreams, see above. We have welcomed new members on the team to support the delivery.
- **Extended delivery timeline (January to March 2026):** Initially scheduled to conclude in December 2025, DHSC has confirmed a No-Cost Extension for the period January to March 2026 intended to provide additional time to complete Phase 2 implementation to achieve intended outcomes and support consolidation of existing investments with a focus on sustainability.

Strengthening AMS through Capacity Building - Data for action workshops delivered in 11 countries

- In the core SPARC Data for Action countries; Malawi, Nigeria, Zimbabwe, Timor-Leste, and Nepal, two-day workshops were successfully delivered, focused on CPA's four flagship modules: Module 1: Leadership and Accountability, Module 2: Data Collection, Module 3: Data Analysis (aligned with WHO PPS methodology), Module 4: Data Use and Behaviour Change.
- The workshops were co-delivered by the CPA's core technical team — comprising the AMS Technical Lead, Technical Advisor for Human Health, and Technical Officer — supported by in-country Technical Consultants, AMS Champions trained through the ALF-A programme, UK-based AMS Technical Volunteers, and commissioned Behavioural Change experts.
- Participating professionals enhanced their competencies in data-driven decision-making for antimicrobial stewardship, equipping them to implement evidence-based policy and practice changes.

- The scope of the Data for Action workstream was strategically expanded to six additional countries in the CwPAMS programme: Tanzania, Uganda, Kenya, Zambia, Ghana, and Sierra Leone. In each country, a half-day Data for Action training session was conducted, led by Behavioural Change Psychologists and ALF-A Fellows.
- Overall reach of the SPARC Data for Action training was 11 countries, training 286 healthcare workers across 119 health facilities, almost quadrupling the initial target.
- Communities of Practice (CoPs) have been established to provide ongoing technical support and peer exchange.

Digital Innovation: Malawi eMMS Pilot

- The technical development and handover of Malawi's electronic Medicines Management System (eMMS) was successfully completed. Integration efforts are underway into local systems.
- Pre-implementation data collection completed at four pilot sites; including: Queen Elizabeth Central Hospital – Emergency Department (Blantyre) and Three facilities in Ntcheu District: Bilira, Nsiyaluzu, and Kandeu Health Centres with evaluation protocols designed to assess impact.
- High-level advocacy at the Commonwealth Health Ministers' Meeting (CHMM) secured government endorsement and technical alignment.
- Upon completion of integration with local systems, the pilot will stand as a proof of concept for sustainable digital stewardship addressing gaps in pharmaceutical supply chain.

Prescribing Companion App – Scaling Access and Impact

- Recognised internationally, the App was highly commended at the UK Antibiotic Guardian Awards (2025) for the Antibiotic Guardian Award in the category of *Animal Health, Agriculture and Food Supply*
- Now active in 18 countries, previously 13, we have onboarded new countries; Senegal, Pakistan, Papua New Guinea, Eswatini and Sri Lanka in this phase.
- Nine live national human health Standard treatment guidelines and two others in the final stages of approval.
- Expansion into animal health is advancing rapidly, with live national resources in four countries: Tanzania, Timor-Leste, Uganda, and Nigeria.
- Updated International AMS/IPC resource for both human and animal health on the App.
- The app's user base has surged to over 70,000 professionals, up from 25,000 at the start of the year.
- Our annual evaluation survey showed 95% of surveyed users recommend the app, citing relevance and ease of use.
- Delivered over 40 awareness campaigns across countries, reaching thousands of health professionals and policymakers. Key global platforms include the Nepal Pharmacists Association conference where the App was recognised.
- National launch events (e.g. Ghana, Zimbabwe, Zambia, Nigeria) attracted over 700 stakeholders, securing high-level government buy-in.

One Health initiatives and Multisectoral Engagement

- SPARC team engages in quarterly Fleming Fund Country Coordination meetings which provides an opportunity for collaboration, alignment without duplicating efforts. We have presented and contributed to over 15 meetings across Africa and Asia.
- In the kick-off planning for the expansion work, we have further established strong national ownership in Kenya and Zambia through multisectoral engagement with ministries of health, agriculture, and national public health institutes, having Director generals and other high-level stakeholders officiating key engagements.

- Validated Prudent Use Guidelines for Animal Health in Kenya, with a train the trainer (ToT) delivery planned for July 2025.
- SPARC is now strengthening diagnostic stewardship in Zambia by supporting reference laboratories - Zambia National Public Health Reference Laboratory (ZNPRL) and Levy Mwanasa Teaching Hospital with planned site assessments and mentorship.
- At a national level, a microbiology mentorship Guide has been developed, and a TOT is planned in August 2025.
- Technical Assistance is underway for the development of the one health (OH) platforms in Zambia and Kenya to be completed by end of phase 2.

Conference Dissemination

The CPA continues to actively showcase the impact of the SPARC through conference engagement. A total of 3 abstracts were submitted, with 2 accepted to date and published in peer-reviewed journals or conference proceedings. In addition, the programme was represented through 4 poster presentations and 2 oral presentations at major international forums. These included events such as the East of England Global Health Conference, International Social Pharmacy Workshop and the annual conferences of the International Pharmaceutical Federation and the Royal Pharmaceutical Society. This high level of dissemination not only highlighted key project successes but also strengthened CPA's visibility and partnerships across a diverse range of global stakeholders.

2.6 VIPSD - Commonwealth Voluntary Information and Price Sharing Database

Background

The Commonwealth Voluntary Information and Price Sharing Database (VIPSD) was established in response to the 2018 deliberations of the Commonwealth Health Ministers, who identified the need for a robust information-sharing mechanism among member states. The Commonwealth Secretariat spearheaded the development of VIPSD, an electronic database designed to promote equitable access to essential medicines and health commodities by providing critical procurement data. This initiative aims to support informed decision-making in the procurement of essential medicines. Despite being endorsed by Commonwealth Health Ministers in May 2021, the database's uptake and deployment have been limited.

Aim

In collaboration with the Commonwealth Secretariat, the CPA was commissioned to support a six-month project (June–November 2023) with the following objectives:

- To explore the procurement and pricing landscape of medical products and evaluate how VIPSD can enhance procurement systems in select Commonwealth member states.
- To establish a network of Heads of Procurement and form expert groups to facilitate information sharing.
- To deliver engagement and information sessions to procurement stakeholders in selected member states.

Countries

The project targeted up to 20 of the 56 Commonwealth member states, spanning five regions: the Eastern Caribbean, Southern African Development Community, Association of Southeast Asian Nations, Malta/Europe, and the Pacific.

Start and End date

Start date: 15 October 2021 (Launched of VIPSD)

End date: Ongoing (paper to be published in July 2025)

Key outcomes and impact

- An abstract was submitted for the Royal Pharmaceutical Society Annual Conference 2024 titled: “Voluntary Information and Price Sharing Database: A Scoping Review of the Pricing and Procurement Landscape across Eight Commonwealth Member States”. The abstract was accepted, successfully presented at the conference in November 2024 and published in the International Journal of Pharmacy Practice (IJPP).
- A peer-reviewed article is being written and will be published in the Journal of Pharmaceutical Policy and Practice in the next reporting period, titled “*Piloting a voluntary information and price sharing database (VIPSD) for Commonwealth countries: lessons for improving transparency in medicines procurement*”. The paper will highlight that transparent procurement data can improve negotiation power, reduce inefficiencies, and promote fairer pricing across member states.
- The paper led to the establishment of the Heads of Procurement Network (HOPN), creating an online forum to discuss access to medicines issues and better understand the key issues from a Commonwealth wide, regional and country perspective. Three webinars were held during this reporting period, with CPA taking a leading role in chairing and provision of technical expertise.
- The project enhanced CPA’s role as a technical partner in medicines access and positioned CPA as a trusted intermediary between the Commonwealth Secretariat, governments, and procurement leaders.

3. Advocacy, campaigns and events

3.1 Commonwealth Civil Society Policy Forum (CCSPF) 2024

Background

The CCSPF 2024 was convened by the Commonwealth Health Professions and Partners Alliance (CHPA) under the theme “Actionable Solutions to Building Resilience in Healthcare Systems within the Commonwealth, with an Emphasis on Small and Vulnerable States.” The forum fed recommendations into the 36th Commonwealth Health Ministers’ Meeting (36CHMM) which met in late May 2024 in Geneva alongside the 77th World Health Assembly. The resulting consensus paper from the forum was later prepared for peer review and published in May 2025.

Aims

- To identify and propose concrete, civil-society-led solutions to strengthen health system resilience in Commonwealth countries, especially small and vulnerable states.
- To ensure recommendations are evidence-based, actionable, and aligned with the pressing challenges of workforce shortages, climate change, health emergencies, and inequalities.

Countries

All Commonwealth member countries.

Start and End Date

Start Date: 1 Jan 2024 (planning, followed by CCSPF, CHMM and CHOGM and associated outputs)

End Date: 30 May 2025 (final paper published)

Key Outcomes and Impact

- A peer-reviewed paper (Grange et al. 2025) synthesising the forum’s evidence and recommendations was published 30 May 2025 under the title “*Building resilience together: actionable solutions to tackle workforce challenges and the climate crisis’ impact on health systems within the Commonwealth.*” This provides a citable, academic record of the forum’s recommendations.

- The paper and CCSPF recommendations distilled key actions: strengthen workforce capacity and planning; integrate climate-health considerations into policy; improve emergency preparedness and response; and adopt ethical frameworks on international recruitment and workforce exchanges.
- Forum outputs were fed into the 36CHMM agenda in May 2024 and influenced multiple ministerial resolutions on resilience, workforce strengthening, cross-sector partnerships and climate-health integration. These links boosted the visibility and influence of CPA and CHPA as civil-society advocates.

3.2 UN High Level Meeting on AMR 2024

Background

The United Nations convened its second High-Level Meeting on Antimicrobial Resistance (AMR) in September 2024 in New York. The meeting brought together Heads of State, Ministers, civil society organisations, and technical agencies to take stock of progress since the 2016 political declaration and to galvanise global action to address AMR as a critical threat to health, food security, and sustainable development.

Aims

CPA's engagement aimed to:

- Ensure that the critical role of pharmacists in AMR was recognised in global policy commitments.
- Showcase evidence and learning from CPA programmes, particularly CwPAMS, SPARC, Global Health Fellowships and related initiatives, as practical models of impactful and scalable stewardship and pharmacist-led solutions.
- Advocate for stronger focus on workforce, health system strengthening, equitable access, and leadership capacity within the HLM political declaration.

Countries

All Commonwealth member countries.

Start and End Date

Start Date: 1 June 2024 (preparatory advocacy and paper drafting)

End Date: 30 September 2024 (meeting and dissemination)

Key Outcomes and Impact

CPA produced and disseminated two policy papers in advance of the meeting:

- Commonwealth Partnership for AMS (in collaboration with Global Health Partnerships) – drawing on lessons from CwPAMS, this brief highlighted the central role of health professionals, including pharmacists, in AMS and influencing policy at all levels. It offered concrete recommendations for sustainably improving practices and tackling AMR, including: Investing in health system strengthening and multidisciplinary workforce models; Ensuring reliable resourcing for AMS interventions; Establishing sustainable mechanisms for data sharing and awareness; Scaling the Health Partnership approach to support delivery of the political declaration; Investing in public and patient engagement to shift behaviours.
- Recommendations to the UN General Assembly's High-Level Meeting on AMR – outlining CPA's broader AMR programme contributions across >20 LMICs and offering 10 priority recommendations for governments, including: Enhancing access to high-quality medicines and pharmacy services; Strengthening regulation and governance to tackle substandard and falsified medicines; Building AMS leadership capacity and embedding pharmacy roles in multidisciplinary teams; Promoting One Health approaches, equitable resourcing, and international collaboration.

Both papers were shared with Commonwealth delegations and UN agencies and fed into the wider CPA advocacy coordinated for the HLM. CPA's contributions amplified the visibility of pharmacists as central to combating AMR, positioning pharmacy-led initiatives as scalable models for LMICs. Through its work with CHPA, CPA also helped ensure that references to health workforce strengthening, access to quality-assured antimicrobials, and stewardship were reflected in the HLM discussions and in draft commitments.

3.3 Commonwealth Heads of Government Meeting (CHOGM) 2024

Background

The 27th Commonwealth Heads of Government Meeting (CHOGM 2024) was hosted by Samoa in Apia (with retreat activities at Mulifanua). The summit took place in late October 2024, with leaders' sessions held on 25–26 October 2024 (ministerial meetings and fora preceded the summit). CHOGM 2024 brought together Heads of Government from the 56 Commonwealth member countries to agree shared priorities and communiqués on cross-cutting issues including climate, oceans, health and economic resilience.

Aims

- Position pharmacists and pharmacy networks as critical enablers of health systems strengthening.
- Showcase evidence and impact from CPA programmes such as CwPAMS, SPARC and ALF-A in relation to antimicrobial resistance (AMR) and medicines quality.
- Contribute actionable recommendations for governments, building on CPA's advocacy work at the 2024 CCSPF, CHMM and UN HLM on AMR.
- Secure high-level commitments from Commonwealth Heads of Government on resilience, climate and sustainable development priorities that affect health and wellbeing.

Countries

All Commonwealth member countries.

Start and End Date

Start Date: 1 May 2024 (planning)

End Date: 31 October 2024 (CHOGM held and output completed)

Key Outcomes and Impact

CPA produced and disseminated three policy papers in advance of the meeting:

- Outcomes and Recommendations from the Commonwealth Civil Society Policy Forum (CCSPF) 2024 – synthesising priorities identified by civil society actors across the Commonwealth, with emphasis on health workforce, equity, access to medicines, and patient safety.
- A Call to Action on Antimicrobial Resistance – echoing CPA's submission to the UN HLM on AMR, this brief highlighted lessons learnt from CwPAMS and SPARC, and called for investment in workforce, multidisciplinary AMS capacity, sustainable funding, and stronger integration of the Health Partnership approach into national action plans.
- A Call to Action on Substandard and Falsified Medicines (SFMs) – this paper urged a Commonwealth-wide partnership to address the growing threat of SFMs, with strategic actions underpinned by the pillars of Education, Regulation, Equity, Research and Innovation.

A “Road to CHOGM24” narrative was published on CPA's website documenting that many of the six recommendations from CCSPF 2024 were aligned with CHOGM documents/resolutions.

CHOGM 2024 produced a number of high-level commitments and communiqués on climate resilience, oceans (the Apia Commonwealth Ocean Declaration), and sustainable development priorities which have relevance for health systems, particularly for small island and vulnerable states. These commitments provide leverage for downstream action on climate-health, health systems resilience and cross-sectoral partnership.

CPA's "Road to CHOGM24" advocacy and CCSPF inputs helped ensure that health priorities - workforce resilience, climate-health action and equitable access to services - were visible in ministerial and Heads-level discussions, strengthening the case for health-sensitive implementation at national level.

3.4 Commonwealth Civil Society Policy Forum (CCSPF) 2025

Background

The CCSPF 2025 was convened by CHPA under the theme *"Fit for our Commonwealth ... toward a resilient and sufficient health and wellbeing workforce"*. The online forum was held on 28 February 2025 building on prior CCSPF outputs. The three themes for the CCSPF 2025 Forum were:

- Sustainable financing for a sufficient health and care workforce
- Planning for a sufficient health and care workforce for the future
- Return on investment from a resilient and sufficient health and social care workforce

Similarly to previous years, CPA was actively involved in the development and delivery of the CCSPF 2025.

Aims

- To build on prior recommendations, assess progress, highlight new or emerging issues, and refine what is needed to strengthen health systems, especially concerning sustainable financing, workforce, equity, etc.
- To raise awareness of the need for a resilient and sufficient health and wellbeing workforce across Commonwealth countries.
- To emphasise the necessity for adequate financing, forward planning, and effective retention strategies for the health and wellbeing workforce, to ensure a healthy and economically productive and socially stable population.
- To optimise civil society interaction with Commonwealth Health Ministers; to ensure that civil society's insights are reflected in health policy decisions at CHMM 2025.
- To propose actionable recommendations for Commonwealth Health Ministers on effective strategies to address the three themes of the Forum: adequate financing, forward planning, and effective retention strategies.

Countries

All Commonwealth member countries.

Start and End Date

Start Date: 1 Jan 2025 (planning)

End Date: 28 February 2025 (Forum held and report published)

Key Outcomes & Impact

- CHPA published the CCSPF 2025 report (28 Feb 2025) which emphasised sustainable financing, workforce planning and retention, cross-sector partnerships and digital tools, and climate resilience. The report was submitted as civil society input to CHMM 2025, helping to inform ministerial discussion under the theme *“Investing in Health: Sustainable Financing for an Equitable Commonwealth.”*
- The forum reinforced civil society’s role in shaping CHMM dialogue and strengthened the evidence base for calls on investment in workforce planning and retention strategies across Commonwealth countries.

3.5 Commonwealth Health Ministers Meeting (CHMM) 2025

Background

The 37th Commonwealth Health Ministers Meeting (37CHMM) was held in Geneva, Switzerland, on 17 May 2025, on the margins of the World Health Assembly. The meeting brought together Commonwealth Health Ministers, senior officials and global health partners to consider civil society inputs (including CCSPF 2025) and to agree ministerial statements and ministerial priorities under the theme *“Investing in Health: Sustainable Financing for an Equitable Commonwealth”*.

Aims

- Forge ministerial consensus and commitments on sustainable financing models for health and on measures to strengthen the health and wellbeing workforce across Commonwealth countries.
- Ensure civil-society evidence and recommendations (CCSPF 2025 report) inform ministerial deliberations and outcome statements, and to secure concrete operational actions and follow-up.

Countries

All Commonwealth member countries.

Start and End Date

Start date: 1 Jan 2025 (planning)

End date: 17 May 2025. The CHMM meeting in Geneva was held immediately before the World Health Assembly (WHA) sessions that year.

Key Outcomes and Impact

- Ministers adopted a Ministerial Statement at 37CHMM (17 May 2025) that reaffirmed the urgent need for innovative and sustainable financing to strengthen health systems, committed to actions to build workforce resilience, and emphasised equity and cross-sectoral partnerships. The Ministerial Statement is an official Commonwealth outcome that provides an advocacy and accountability anchor for national action.
- CHMM 2025 foregrounded topics central to CCSPF 2025 inputs - sustainable financing for workforce sufficiency, workforce planning and retention, digital tools, and climate-resilient health systems - strengthening the link between civil society recommendations and ministerial priorities. WHO and other global partners contributed statements supporting the meeting’s objectives and calling for urgent investment and partnership.
- In the runup to CHMM 2025, we collaborated with the Commonwealth Secretariat on a feature for the CwPAMS programme and CPA’s work to tackle antimicrobial resistance which generated over 260,000 impressions, making it CPA’s most widely disseminated content piece to date.

3.6 The role of Pharmacists in Pandemic Preparedness and Response

Background

In collaboration with the WHO, this project examines the critical role pharmacists play in pandemic preparedness and response. Drawing on evidence from the COVID-19 pandemic, the project aims to highlight the essential contributions of pharmacists in medicine access, vaccine delivery, supply chain management, public health education, countering misinformation, and supporting vulnerable communities, despite often being underrepresented in national emergency and health policy frameworks.

Aims

- To compile evidence demonstrating the impact of pharmacists during pandemics, with a focus on real-world case studies from Commonwealth countries.
- To identify gaps in preparedness and the structural integration of pharmacists within emergency response frameworks.
- To provide actionable recommendations for policy reform, workforce development, and investment to strengthen future pandemic preparedness.

Countries

The project targets and has the potential to benefit all Commonwealth member countries since the outputs can be used for future planning; data collection is mostly active in CPA member organisations.

Start and End Date

Start Date: 1 Jan 2024

End Date: Ongoing (Final report to be completed in the next reporting period in October 2025).

This is an update for the reporting period: 1 July 2024 to 30 June 2025.

Key Outcomes and Impact

- Comprehensive literature search gathering global and Commonwealth-specific evidence.
- Worked with Councillors from National Pharmacy Associations to collect examples of best practice and real-life case studies showcasing the vital role of pharmacists during the COVID-19 pandemic.
- Initiated drafting of the report, which will include compelling evidence and actionable recommendations to enhance the integration of pharmacists into health emergency preparedness plans.

3.7 World AMR Awareness Week 2024

Background

Every year as a condition of our agreement with the World Health Organisation, we participate in a range of global health campaigns to represent the voice of Commonwealth Pharmacy and advocate for shared health goals. Our flagship campaign from the range of WHO activities is World Antimicrobial Resistance Awareness Week, due to the volume of work CPA has done in this area over the last half decade.

Aims

- Raise awareness of the threat posed by AMR around the world, especially in the lower- and middle-income countries of the Commonwealth.
- Promote CPA's impactful work and the uptake of our programme outputs like the Prescribing Companion App.

Countries

All Commonwealth member countries.

Start and End Date

Start date: 18 Nov 2024

End date: 24 Nov 2024

Key Outcomes and Impact

- We launched a WAAW Digital Hub that provides a comprehensive overview of AMR, showcases survivor stories from the Commonwealth and links to a range of resources. This is a year-round resource that continues to be available to pharmacists across the Commonwealth and attracts several hundred viewers per month.
- Users in 35 countries were reached according to our available monitoring data, with strong engagement from India, Nigeria, Uganda, Zambia, Kenya and the United Kingdom.
- An estimated 16,000 people saw digital campaign materials between social media and the CPA website, the vast majority believed to be healthcare professionals in LMICs around the Commonwealth.

3.8 Commonwealth Pharmacists Day 2025

Background

Commonwealth Pharmacists Day is celebrated every year on June 16th as a triple celebration: to honour the convening of the first ever Commonwealth Pharmaceutical Conference in London in 1969 (which led to the formal institution of CPA on 1 January 1970 and is taken as our founding date), to remember our first President Albert Howells whose birthday happened to be on the same day, and to celebrate the pharmacy profession across the Commonwealth. The 2025 theme was chosen as a follow on from the theme of Commonwealth Day: “Six Continents. One Profession. Together, we thrive.”

Aims

- Celebrate the role of pharmacists as leaders and drivers in the development of resilient healthcare systems.
- Soft launch the new CPA Academy brand.

Countries

All Commonwealth member countries.

Start and End Date

Start date: 1 May 2025 (planning)

End date: 16 June 2025 (the day)

Key Outcomes and Impact

- Around 25,000 impressions between CPA, CPA staff and CPA member or partner channels, representing significant growth on the 2024 campaign.

3.9 Communication highlights

Background

Throughout the year CPA undertakes a range of communication activities aimed at raising the organisation's profile, celebrating the impact of its work and position itself as the authoritative voice of the pharmacy profession within the Commonwealth.

Aims

- Promote CPA's brand awareness and identity.
- Increase awareness of and engagement with CPA's diverse work streams.
- Celebrate CPA's achievements and broaden CPA's reach.

Countries

All Commonwealth member countries.

Start and End Date

Start date: 1 July 2024

End date: 31 June 2025

Key Outcomes and Impact

- 503,530 visits to the CPA website (+70%).
- 250,127 impressions on social media (+38%), and approx. 600,000 including partner channels.
- 2,325 new LinkedIn followers (+63% in numbers and growing 53% faster than 2023/2024).
- 63,505 email opens (+8%), despite discontinuation of Quarterly Newsletter and a transition period in which only technical mailers were sent.
- Mailing list growth from 11,000 to 14,000 users despite a revalidation exercise, with a sustained average opening rate of 36.1%, comfortably above the average for a UK nonprofit. The rate at which our contact list grew more than doubled between 2023/24 and 2024/25.
- Mainstream media coverage in Nigeria, Kenya, Ghana, New Zealand, Jamaica, Papua New Guinea, Guyana, India, Malta, Nepal and Sri Lanka.

Future Activities

CPA is currently drafting a new Strategic Plan, creating a bold, pragmatic direction in response to a rapidly evolving global health and funding landscape. A key driver is the impending discontinuation of funding for CPA's flagship antimicrobial resistance (AMR) programmes following the closure of the Fleming Fund in April 2026.

In terms of CPA's ongoing programmes of work, future plans are outlined below.

4. Practice and Educational Resources

4.1 PharmAid

Next steps and Future Work

Survey work was initiated to understand member needs and preferred formats for accessing information. Further analysis and follow-up are required to finalise a model that balances accessibility, cost-effectiveness, and quality.

4.2 Continuing Professional Development – Online CPD platform

Next steps and Future Work

Looking ahead, the CPA will deliver a strong pipeline of courses with the launch of Sickle Cell Disease (July 2025), Introduction to Quality Improvement (August 2025), Heart Failure (September 2025), Quality Improvement in Practice (October 2025), and the Cardiovascular Disease course (December 2025) supported by thematic webinars to strengthen clinical application and peer learning.

At the same time, the CPD platform is transforming into the CPA Academy in July 2025, with improved navigation, interactive discussion boards, and streamlined user access, creating a more dynamic and accurate learning environment. Alongside these upgrades, accreditation processes are advancing in Ghana, Tanzania, and Uganda to ensure local recognition of learning and support integration into national CPD systems. Together, these developments will establish the CPA Academy as a comprehensive hub for education, collaboration, and professional growth across the Commonwealth.

4.3 Critical Care Course (with UCLH)

Next steps and Future Work

We are currently seeking funding to expand access to a larger number of pharmacists in LMICs in the next cohort, commencing in April 2026.

4.4 Pharmacy Workforce Data

Next steps and Future Work

- Final analysis of collected data.
- Preparation and publication of a final report in the next reporting period.
- Continued collaboration with member states to refine data collection processes and address emerging workforce issues.

5. Health Systems Strengthening

5.1 CwPAMS - Commonwealth Partnerships for Antimicrobial Stewardship

Next steps and Future Work

Over the next year, CwPAMS 2.5 will focus on consolidating gains and embedding sustainable practices:

- **Implementation Support:** Continue providing ongoing support to all 20 HPs to ensure activities are delivered as per their workplans, with a focus on face-to-face engagement where possible.
- **SFM Training Programme:** Deliver the full schedule of training webinars for the 25 enrolled SFM leads and support the establishment of their roles within their health systems.
- **Community AMS Toolkit Piloting:** Support the five identified HPs to pilot the Toolkit and gather feedback for refinement.
- **Leadership Development:** Continue the rollout of the UK-ALF-A and Alumni Mentorship programmes to build a lasting network of AMS leaders.
- **Strategic Scoping:** Complete the scoping protocol informed by data from previous sharing & learning events. This will focus strategically on sustaining programme gains and embedding AMS within country systems long-term.
- **Evaluation and Learning:** Complete the independent end-of-programme evaluation to capture case studies, successes, and generate critical programmatic and technical learnings to inform future AMS programming.
- **Coordination:** Actively participate in regional coordination and country grantee meetings to align AMS planning and share learning across Fleming Fund programmes

5.2 Africa Leadership Fellowship for AMS (ALF-A)

Next Steps and Future Work

- Support ALF-A alumni through the development of a *pan-African AMS Leadership Alumni Network* to continue peer support, advocacy, and knowledge exchange.
- Advocate for integration of the fellowship model into sustainable regional or national leadership development schemes.
- Secure additional funding to scale the fellowship across other Commonwealth African countries and beyond pharmacy, potentially expanding to other cadres of healthcare professionals engaged in AMS.
- Use the published evaluation findings to inform funders, policymakers, and regional AMR coordination bodies of the fellowship's contribution to long-term AMS sustainability.

5.3 UK-Africa Leadership Fellowship for AMS (UK-ALF-A)

Next steps and Future Work

- Deliver planned live webinar learning sessions between August 2025 and March 2026: Quality Improvement (3), Global Health (3), Research Dissemination (1), Leadership (3)
- Fellows' projects are in progress, with reports due by 1 March 2026.
- Deploy the ALF-A Fellowship Impact and Storytelling Survey on 1 September 2025 to assess Fellows' perspectives on their journey so far. Analyse data and report findings in October 2025.
- Conduct an end-of-programme evaluation, including case studies, to assess impact and inform the design of future programmes.

5.4 CwPAMS Alumni Mentoring Programme

Next steps and Future Work

- Continue monthly drop-in sessions for mentors.
- Deliver upcoming learning exchanges:
 - Overcoming challenging situations in mentoring relationships (October 2025).
 - Supporting mentees to achieve leadership development goals (January 2026).
- Alumni continue to facilitate breakout rooms during the remaining UK-ALF-A webinar learning sessions.
- Alumni tutors to review and provide feedback on Fellows' reports (January–February 2026).
- Conduct an end-of-programme evaluation, including case studies, to assess impact and inform future programme design.

5.5 SPARC - Surveillance and Prescribing Support for Antimicrobial Stewardship Resource Capacity Building

Next steps and Future Work

Given recent news about the close of the Fleming Fund, as we conclude SPARC 2 in March 2026, our focus is on sustaining impact and executing a responsible exit. This involves completing ongoing workstreams, embedding tools and processes within local systems, and supporting national partner institutions to sustain AMS gains beyond SPARC.

- In the Data for Action efforts, we are continuing support via the established AMS Communities of Practice WhatsApp groups to enable local coordination of trained local AMS champions in 5 countries: Malawi, Nigeria, Zimbabwe, Timor Leste and Nepal. A series of AMS webinars/refresher trainings will be conducted based on country needs.
- Finalise the quality assurance processes of the Data for Action training materials engaging CPA education team, packaging them for wider use.

- Continue local customization and rollout of the Prescribing Companion App in-country, working with local app champions.
- Integration of eMMS as part of existing local systems. Protocol has been developed, and the team is working towards collecting proof of concept data.
- In the expansion workstreams for Kenya and Zambia:
- Support the review and finalisation of AMU Module in collaboration with Kenya National Public Health Institute (KNPHI)
- Support with national dissemination of developed AMS resources including: the AMS Modules for Kenya, Prudent Use Guidelines for Animal Health for Kenya and the Microbiology mentorship guide for Zambia through the train the trainer (ToT) model.
- At site level in Kenya, Kajiado county hospital will be supported with setting up an AMS programme coupled with ongoing mentorship and training for clinicians.
- SOPs and protocols are under development for two reference laboratories in Zambia; Zambia National Public Health Reference Laboratory (ZNPHRL) and Levy Mwanasa Teaching Hospital. There is planned mentorship and technical assistance for laboratory technicians using the materials.
- CPA will close gaps identified at baseline assessment, thereby supporting these laboratories closer to accreditation.
- With regards to the Dashboard work, working with Zambia National Public Health Institute (ZNPHI), the One Health platform development is ongoing, technical assistance for data use to AMRCC and surveillance sites will be extended.
- Similarly in Kenya, Technical assistance is being provided to National Antimicrobial Stewardship Interagency Committee (NASIC) and surveillance sites in linking AMR data to the One Health platform.
- Impact Evaluation of Phase 2 and Funding Exploration: Overall across all workstreams, we are working to consolidate impact by strengthening monitoring, evaluation, and evidence dissemination while exploring funding opportunities.

5.6 VIPSD - Commonwealth Voluntary Information and Price Sharing Database

Next steps and Future Work

- Expand participation in HOPN by engaging additional member states, especially those with limited procurement transparency, and address barriers to data sharing.
- Advocate for stronger political and institutional commitment from Commonwealth Health Ministers to mandate and sustain HOPN participation.
- Explore partnerships with regional economic communities, WHO, and global health financing institutions and the private sector to strengthen data harmonisation and support pooled procurement initiatives.
- Continue to publish and disseminate learnings, case studies, and impact assessments to drive adoption and demonstrate value.

6. Advocacy, campaigns and other events

6.1 Commonwealth Civil Society Policy Forum (CCSPF) 2024

Next Steps and Future Work

- Continue to monitor and support national implementation of CCSPF 2024 recommendations, prioritising small and vulnerable states.
- Use the peer-reviewed publication to support advocacy and funding proposals, and to present evidence to ministries and development partners.
- Consider targeted follow-up evaluations or case studies to assess adoption of recommendations and to generate country-level examples for wider dissemination.

6.2 UN High Level Meeting on AMR 2024

Next Steps and Future Work

- Monitor the follow-up to the AMR HLM political declaration and identify opportunities to hold governments accountable for their commitments.
- Continue to leverage the two CPA policy papers in advocacy with national governments, regional bodies, and donors.
- Integrate HLM 2024 outcomes into future CPA programming and advocacy, ensuring alignment with Commonwealth and UN-level commitments.
- Prepare to contribute to the next CHOGM and CHMM cycles by showcasing how pharmacists are driving delivery of the global AMR agenda.

6.3 Commonwealth Heads of Government Meeting (CHOGM) 2024

Next Steps and Future Work

- Track CHOGM 2024 commitments for relevance to health (e.g., climate and ocean declarations) and support national partners to translate commitments into actionable policy and financing at country level.
- Use CHOGM outcomes as a basis for partner engagement and funding proposals that explicitly connect climate-resilient policy and health systems strengthening.
- Continue to amplify pharmacy and allied health priorities in follow-up ministerial and sectoral dialogues to secure integration of CHOGM commitments into national health plans and budgets.

6.4 Commonwealth Civil Society Policy Forum (CCSPF) 2025

Next Steps and Future Work

- Track which CHMM 2025 resolutions or commitments explicitly reference CCSPF 2025 recommendations and support member associations to localise and implement the recommendations.
- Build civil society capacity for monitoring and accountability against ministerial commitments, including evidence-based tracking and case studies from member countries.
- Use the CCSPF 2025 report to shape further policy engagement, funding proposals and technical support offers focused on workforce financing, planning and retention.

6.5 Commonwealth Health Ministers Meeting (CHMM) 2025

Next Steps and Future Work

- Map CHMM 2025 ministerial commitments against national policy priorities in member states and support CPA member associations to localise recommendations on financing, workforce planning and retention.

- Establish a monitoring and accountability approach (through CPA and CHPA networks) to track implementation of CHMM commitments and report progress back to Commonwealth fora.
- Translate CHMM commitments into concrete funding proposals and technical assistance packages targeting workforce capacity, retention incentives, and climate-smart health system interventions. Engage WHO and other partners already aligned to CHMM priorities to co-design follow-up actions.

6.6 The role of Pharmacists in Pandemic Preparedness and Response

Next Steps and Future Work

- Completion and finalisation of the report in the next reporting period.
- Dissemination of findings to key stakeholders, including policymakers, to support strategic integration of pharmacists into future emergency response frameworks.
- Development of advocacy materials to promote the recommendations and drive policy reform across Commonwealth member states.

6.7 World AMR Awareness Week 2024

Next Steps and Future Work

We plan to scale up our WAAW campaign in 2025 to take a bolder, more dynamic approach to the campaign, engaging more national stakeholders and international collaborators from within the Commonwealth family.

Financial Review

1. Financial Review

The Charity has continued to grow after a stable income over the last two years preceded by a particularly rapid growth trajectory, reflected in total income for the year of £1.72m (2024: £1.19m).

The Charity's core unrestricted fund stands at £243k (2024: £150k).

Designated funds are £43k (2024: £Nil) and restricted funds are £193k (2024: £167k) which reflect the unspent funds for project activity that extends over the next financial year.

The Charity begins the new financial year in a good financial position. The total funds carried forward are £479k (2024: £316k).

2. Reserves Policy

Reserves are held to help the charity operate efficiently. The unrestricted reserves are that part of the charity's funds that are freely available to spend on the charity's purposes. Whilst ensuring that the charity holds at least three months of unrestricted funds to cover running costs, the reserves policy also looks at building up reserves for unforeseen expenditure which will strengthen the resilience of the charity. Unforeseen expenditure can include a shortfall in income, temporary cash flow issues, uncontrolled costs, trustee liability, sudden closure. A decision to carry c. £100k in unrestricted reserves was deemed prudent and will be reviewed quarterly in light of a growing team of employed staff. This cost relates to three months of salaries and relevant redundancy costs.

3. Principal sources of funds:

- £549,868 (2024: £521,149) from the Department of Health and Social Care's (DHSC) Fleming Fund to provide the technical input and oversight to the Commonwealth Partnerships for Antimicrobial Stewardship (CwPAMS) programme
- £865,955 for the SPARC 2 programme (2024: 343,502 for the SPARC Extension programme completed March 2024 and £217,468 for the SPARC 2 programme).
- £25,000 (2024: £23,211) from the Royal Pharmaceutical Society to support staffing costs.
- £35,903 (2024: £27,435) from membership fees and donations.
- £6,819 (2024: £22,350) from Reckitt to run an educational programme, including, but not limited to a train the trainer workshop covering Clinical Consultation Skills and expanding pharmacists' scope of practice.
- £214,000 from Novartis Pharma AG for the Continuing Professional Development (CPD) platform providing pharmacists with free, high-quality training to advance their professional skills and improve patient outcomes as well as focusing on the Pharmacists Leadership Programme.
- £15,000 from Gilead, one off funding to deliver the webinar - World AIDS Day: The Role of Pharmacists in Advancing HIV Care.

4. Principal Risks

The CPA has a strategic risk register in addition to those relating to individual projects. The risks to the charity have been categorised as operational, financial, regulatory, governance and external. The response and mitigations relating to these risks are detailed in the strategic risk register and are reviewed at least quarterly by the senior management team and more formally every quarter in liaison with the Board of Trustees. A further in-depth review of the risk register took place in May 2024, resulting in a much more comprehensive list of risks and a more standardised way of defining these.

Structure, Governance and Management

The charity is governed by the constitution accepted in December 2017 and adopted in July 2018 when the CPA officially began functioning as a Charitable Incorporated Organisation (CIO). This replaced the original constitution that related to the establishment of the unincorporated charity that was adopted in Dec 2015.

The charity is a CIO consisting of 31 (2024: 28) member organisations and over 8k (2024: 11k) individual members to date. Traditionally, the CPA has been an association of member organisations. Individual reach is expected to continue to grow in line with the relationships and collaborative working opportunities developed.

Trustees

In accordance with the constitution, there are:

- 2 ex-officio Trustees (the President and immediate past President) who remain in office for the duration of their service (up to 2 terms of 2 years)
- Up to 4 nominated Trustees that serve a 3-year term (currently our Treasurer and Chair)
- Between 4 and 12 elected Trustees that are appointed or reappointed annually in accordance with the constitution (1/3 must step down each year) at the AGM

The Trustees can fill any casual vacancy in their number and may co-opt not more than three additional trustees, any person so appointed being entitled to hold office until the next AGM.

Any new trustees appointed are briefed by the board of Trustees of their legal obligation under charity and company law and the contents of the Memorandum and Articles of Association. They are given copies of the Memorandum and Articles of Association, recent Trustee meeting minutes and the latest financial information.

They are also directed towards the Charity Commission website, especially to booklets CC3 “The Essential Trustee” and CC3a, “Charity Trustee: what’s involved?”. Trustees are encouraged to attend appropriate training events which will help them know their responsibilities.

Organisational Structure

The CPA is governed by the board of Trustees.

The Chief Executive Officer reports to the board of trustees and manages the day to day running of the organisation, working with the CPA team of staff, consultants, and volunteers.

The Trustees consider the Board of Trustees, the Chief Executive and the senior leadership team as comprising the key management personnel of the charity in charge of directing and controlling the charity and running and operating the charity on a day-to-day basis. All Trustees give their time freely and no trustee remuneration was paid in the year. Details of Trustee expenses and related party transactions are disclosed in notes 9 and 18 to the accounts.

Trustees are required to disclose all relevant interests and in accordance with the Trusts' policy withdraw from decisions where a conflict of interest arises.

The pay of the Chief Executive and senior leadership team is reviewed annually and is normally increased in accordance with average earnings. The remuneration is reviewed to ensure that it is commensurate with similar roles.

The CPA's council and regional assembly (previously referred to as 'executive') consist of representatives from the national pharmacy associations (NPAs) of the Commonwealth, from which the President and Vice president are elected. These bodies serve as an advisory board to the CPA, helping to set and deliver the strategy.

The CPA is in a unique position in terms of the organisation's established and potential relationships, particularly in terms of:

- The heritage and close working established with the six global regions of the Commonwealth over the years and the national pharmacy associations (NPAs) in Commonwealth member states.
- The space the CPA owns for pharmacy, as an advocate for members at national meetings and Commonwealth forums. This includes the opportunity to work with other civil society organisations to provide input into health advisory committees and the Commonwealth Health Ministers meetings.
- The special relationship we have enjoyed with the Royal Pharmaceutical Society (RPS), having originated from this organisation in 1970.
- The relationships and memorandums of understandings with several partners who have aligned visions and common areas of work.
- The partnership and joint working that we have established with other organisations with similar aims and objectives – for example, Global Health Partnerships (GHP - formally Tropical Health and Education Trust - THET) whom CPA partners with to deliver CwPAMS.
- The relationship developed with the world health organisation (WHO), where the CPA have an evolving collaborative work plan and are in 'official relations'.

Fundraising Standards Information

The charity does not raise funds from the general public and has had no complaints or concerns raised during the period in this respect.

Reference and Administration Details

Charity name: The Commonwealth Pharmacists Association

Charity Commission registered number: 1176132

Charity principal address: 66-68 East Smithfield, London, E1W 1AW

Trustees during the year were:

Tony Downes	Chair	
Raymond Anderson	Vice Chair	
Mary Anne Ciappara	Immediate past president (Ex-officio)	
Biya Oloko	Treasurer	
Claire Anderson		
Zaheer Babar	Resigned 14th Aug 2024	
Oksana Pyzik		
David Reissner		
Claire Thompson	Resigned 19th Nov 2024	
Rao Vadlamudi	Ex-officio, Term ended 1st Oct 2025	
Annagrace Malamsha	President (Ex-officio)	Appointed 1 st Oct 2025
James Davies		Appointed 4th Mar 2025
Andrea Shirtcliffe		Appointed 4th Mar 2025
Phyllis Ocran Mattila		Appointed 4th Mar 2025

Other key personnel:

Victoria Rutter	Chief Executive Officer
Freya Liiv	Finance & Business Manager
Linda Tyler	Finance & Administration Officer
Beth Ward	Strategic Lead: Workforce Capability Building
Maxencia Nabiryo	Head of Programmes
Helena Rosado	Monitoring, Evaluation and Research Lead
Peter Gaffney	Communications Manager

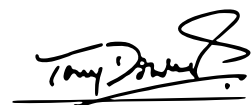
Independent Auditor:

Benjamin Hayes FCA	Wenn Townsend
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Public Benefit

When planning the activities for the year, the trustees have complied with their duty in Section 4 of the Charities Act 2011 to have due regard to guidance published by the Charity Commission, including public benefit guidance.

The trustees have approved the report above and have authorised us to sign it on their behalf.



Tony Downes – Chair



Biyi Oloko – Treasurer

Date of approval: 13th January 2026

Statement of Trustees responsibilities

The trustees are responsible for preparing the Trustees' Annual Report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

The law applicable to charities in England & Wales requires the trustees to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the charity and of the incoming resources and application of resources of the charity for that period.

In preparing these financial statements, the trustees are required to:

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Charities SORP 2019 (FRS 102);
- make judgements and estimates that are reasonable and prudent;
- state whether applicable accounting standards have been followed;
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue in operation.

The trustees are responsible for keeping proper accounting records that disclose with reasonable accuracy at any time the financial position of the charity and enable them to ensure that the financial statements comply with the Charities Act 2011, the Charities (Accounts and Reports) Regulations 2008, and the provisions of the trust deed. They are also responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

Opinion

We have audited the financial statements of The Commonwealth Pharmacists Association (the 'charity') for the year ended 30th June 2025 which comprise the Statement of Financial Activities, the Balance Sheet, the Cash Flow statement and notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- give a true and fair view of the state of the charity's affairs as at 30th June 2025, and of its incoming resources and application of resources, including its income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Charities Act 2011.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the auditor responsibilities for the audit of the financial statements section of our report. We are independent of the charity in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the trustees' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the charity's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the trustees with respect to going concern are described in the relevant sections of this report.

Other information

The other information comprises the information included in the trustees' annual report, other than the financial statements and our auditor's report thereon. The trustees are responsible for the other information. Our opinion on the financial statements does not cover the other information and we do not express any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the course of the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to a material misstatement in

the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Matters on which we are required to report by exception

We have nothing to report in respect of the following matters in relation to which the Charities (Accounts and Reports) Regulations 2008 require us to report to you if, in our opinion:

- the information given in the trustees' report is inconsistent in any material respect with the financial statements; or
- sufficient accounting records have not been kept; or
- the financial statements are not in agreement with the accounting records; or
- we have not received all the information and explanations we require for our audit.

Responsibilities of trustees

As explained more fully in the trustees' responsibilities statement, the trustees are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the trustees are responsible for assessing the charity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees either intend to liquidate the charity or to cease operations, or have no realistic alternative but to do so.

Auditor responsibilities for the audit of the financial statements

We have been appointed as auditor under section 144 of the Charities Act 2011 and report in accordance with the Act and relevant regulations made or having effect thereunder.

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below:

- Enquiry of management, those charged with governance and the entity's solicitors around actual and potential litigation claims;
- Enquiry of entity staff in accounting and HR functions to identify any instances of non-compliance with laws and regulations;
- Reviewing minutes of meetings of those charged with governance;

- Reviewing financial statement disclosures and testing to supporting documentation to assess compliance with applicable laws and regulations;
- Performing audit work over the risk of management override of controls, including testing of journal entries and other adjustments for appropriateness, evaluating the business rationale of significant transactions outside the normal course of business and reviewing accounting estimates for bias

Because of the inherent limitations of an audit, there is a risk that we will not detect all irregularities, including those leading to a material misstatement in the financial statements or non-compliance with regulation. This risk increases the more that compliance with a law or regulation is removed from the events and transactions reflected in the financial statements, as we will be less likely to become aware of instances of non-compliance. The risk is also greater regarding irregularities occurring due to fraud rather than error, as fraud involves intentional concealment, forgery, collusion, omission or misrepresentation.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Use of our report

This report is made solely to the charity's trustees, as a body, in accordance with Part 4 of the Charities (Accounts and Reports) Regulations 2008. Our audit work has been undertaken so that we might state to the charity's trustees those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charity and the charity's trustees as a body, for our audit work, for this report, or for the opinions we have formed



Wenn Townsend Chartered Accountants, Statutory Auditor

Oxford

Date: 13th January 2026

Wenn Townsend is eligible to act as auditor in terms of section 1212 of the Companies Act 2006.

Commonwealth Pharmacists Association
Statement of Financial Activities
For The Year Ended 30th June 2025

		Unrestricted funds £	Restricted funds £	2025 Total funds £	2024 Total funds £
	Note				
Income from:					
Donations and legacies	2	10,520	-	10,520	4,100
<u>Charitable activities</u>					
Grants and contracts income	3	214,000	1,462,642	1,676,642	1,159,777
Individual subscriptions		4,879	-	4,879	820
Membership fees		20,504	-	20,504	22,515
		<u>239,383</u>	<u>1,462,642</u>	<u>1,702,025</u>	<u>1,183,112</u>
Interest receivable		7,921	-	7,921	2,504
Total income		257,824	1,462,642	1,720,466	1,189,716
Expenditure on:					
Charitable activities	4	216,311	1,342,096	1,558,407	1,217,158
Total expenditure		216,311	1,342,096	1,558,407	1,217,158
Net income/(expenditure)		41,513	120,546	162,059	(27,442)
Transfers between funds	16	94,995	(94,995)	-	-
Net movement in funds		136,508	25,551	162,059	(27,442)
Reconciliation of funds:					
Total funds brought forward		<u>149,817</u>	<u>167,085</u>	<u>316,902</u>	<u>344,344</u>
Total funds carried forward		286,325	192,636	478,961	316,902

All income and expenditure have arisen from continuing activities

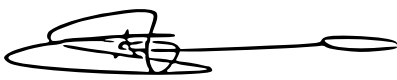
Commonwealth Pharmacists Association
Balance Sheet
For The Year Ended 30th June 2025

		2025	2024
		£	£
	Note		
Fixed assets			
Tangible assets	12	57	285
Current assets			
Debtors	13	4,567	7,545
Cash at bank in hand	14	723,803	502,311
		<u>728,370</u>	<u>509,856</u>
Creditors			
Amounts falling due within one year	15	(249,466)	(193,239)
Net current assets		478,904	316,617
Total assets less current liabilities		478,961	316,902
Net assets		<u>478,961</u>	<u>316,902</u>
Funds	16		
Unrestricted funds:			
General funds		243,101	149,817
Designated funds		43,224	-
Restricted funds		192,636	167,085
Total funds		<u>478,961</u>	<u>316,902</u>

The financial statements were approved by The Board of Trustees on 13th January 2026 and were signed on its behalf by:



Tony Downes – Chair



Biyi Oloko – Treasurer

The notes on pages 45 to 57 form part of these financial statements.

Commonwealth Pharmacists Association
Statement of Cash Flows
For The Year Ended 30th June 2025

	2025 £	2024 £
Reconciliation of net income to net cash flow from operating activities:		
Net income for the year	162,059	(27,442)
Depreciation	228	228
Interest receivable	(7,921)	(2,504)
Decrease in debtors	2,978	213,807
Increase in creditors	56,227	102,660
Cash generated from operations	213,571	286,749
Net cash from investing activities		
Interest received	7,921	2,504
Net cash used in investing activities	7,921	2,504
Net increase in cash and cash equivalents	221,492	289,253
Cash and cash equivalents at the beginning of the year	502,311	213,058
Cash and cash equivalents at the end of the year	723,803	502,311

1. ACCOUNTING POLICIES

General information and basis of preparing the financial statements

The Commonwealth Pharmacists Association is a charitable incorporated organisation. The address of the registered office is given in the charity information on page 36 of these financial statements.

The financial statements of the charity, which is a public benefit entity under FRS 102, have been prepared in accordance with the Charities SORP (FRS 102) 'Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1st January 2019)', Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland and the Charities Act 2011. The financial statements have been prepared under the historical cost convention.

The financial statements are presented in sterling which is the functional currency of the charity and rounded to the nearest £1.

Going concern

There are no material uncertainties about the charity's ability to continue so it is regarded as a going concern.

Income

All income is recognised in the Statement of Financial Activities once the charity has entitlement to the funds, it is probable that the income will be received, and the amount can be measured reliably.

Expenditure

Liabilities are recognised as expenditure as soon as there is a legal or constructive obligation committing the charity to that expenditure, it is probable that a transfer of economic benefits will be required in settlement and the amount of the obligation can be measured reliably. Expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all cost related to the category. Where costs cannot be directly attributed to particular headings, they have been allocated to activities on a basis consistent with the use of resources.

Tangible fixed assets

Depreciation is provided at the following annual rates of write off each asset over its estimated useful life.

Office Equipment	25% straight line on cost
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Fund's structure

Funds held by the charity are either:

Unrestricted funds - these are funds which can be used in accordance with the Charity's objects at the trustees' discretion.

Designated funds – included within unrestricted funds, these are funds which can be used in accordance with the Charity's objects at the trustees' discretion and have been assigned for specific areas of activity.

Restricted funds - these funds can only be used for restricted purposes within the objects of the Charity. Restrictions arise when specified by the donor or where funds are raised for restricted purposes.

Further explanations of the nature and purpose of each fund are included in the notes to the accounts.

Debtors and creditors receivable/payable within one year

Debtors and creditors with no stated interest rate and receivable or payable within one year are recorded at transaction price.

Employee benefits

When employees have rendered service to the charity, short-term employee benefits to which the employees are entitled are recognised at the undiscounted amount expected to be paid in exchange for that service.

The charity operates a defined contribution plan for the benefit of its employees. Contributions are expensed as they become payable.

2. Donations and legacies

	2025	2024
	£	£
Other donations	<u>10,520</u>	<u>4,100</u>

3. Grants and contracts income

	2025	2024
	£	£
Unrestricted:		
Novartis Pharma AG	214,000	-
Restricted:		
Fleming (SPARC)	865,955	560,970
Fleming Fund (CwPAMS)	549,868	521,149
Fleming Fund (CwPAMS Alf-A 2)	-	29,597
Royal Pharmaceutical Society	25,000	23,211
Reckitt	6,819	22,350
Commonwealth Secretariat: Year of Youth Webinar	-	2,500
Gilead	<u>15,000</u>	<u>-</u>
	<u>1,676,642</u>	<u>1,159,777</u>

4. Charitable activities expenditure

	Unrestricted funds	Restricted funds	2025 Total funds	2024 Total funds
	£	£	£	£
Direct costs	53,800	1,293,747	1,347,547	1,123,849
Support costs (note 5)	<u>162,511</u>	<u>48,349</u>	<u>210,860</u>	<u>93,309</u>
	<u>216,311</u>	<u>1,342,096</u>	<u>1,558,407</u>	<u>1,217,158</u>

5. Support costs

	Unrestricted funds	Restricted funds	2025 Total funds	2024 Total funds
	£	£	£	£
Staff costs	98,542	44,334	142,876	95,521
Travel and subsistence	10,343	3,904	14,247	15,807
Governance (note 6)	15,250	-	15,250	8,023
Information technology	250	-	250	3,723
Depreciation	228	-	228	228
Office costs	19,329	111	19,440	9,266
Bad debt	-	-	-	2,566
Other	18,569	-	18,569	7,967
Overhead contribution (note 7)	-	-	-	(49,792)
	<u>162,511</u>	<u>48,349</u>	<u>210,860</u>	<u>93,309</u>

6. Governance costs

	2025 £	2024 £
Trustee expenses	5,726	470
Auditor remuneration	7,620	7,000
Other accountancy fees	<u>1,904</u>	<u>553</u>
	<u>15,250</u>	<u>8,023</u>

7. Overhead contribution

In the prior year, overhead contributions included within grants and contracts receivable were accounted for by reallocating an amount from unrestricted support costs (as shown in note 5) to restricted direct costs. From the year ended 30th June 2025 onwards, these overhead contributions are instead accounted for as a transfer from restricted (or designated) funds to unrestricted (general) funds. The amount of overhead contributions recognised as transfers this year is £94,995. Total support costs would be £115,864 if these were accounted for in the same way as the prior year.

8. Net income for the year

Net income is stated after charging:

	2025 £	2024 £
Depreciation	<u>228</u>	<u>228</u>

9. Trustees' remuneration and benefits

There were no trustees' remuneration or other benefits for the year (2024: £Nil), except as outlined in Note 18.

One trustee (2024: no trustees) was reimbursed £84 (2024: £Nil) for travel expenses in the year. Additionally a total of £7,760 (2024: £470) was paid to third parties for trustees' travel expenses.

The total amount of employee benefits received by key management personnel was £222,846 (2024: £254,815). The charity considers its key management personnel to comprise of the CEO, the Finance & Business Manager and the Strategic Lead: Workforce Capability Building.

10. Staff costs

	2025	2024
	£	£
Wages and salaries	363,900	357,576
Pension	16,778	17,034
Employer National Insurance contributions	26,759	30,037
Overtime	-	2,705
	<u>407,437</u>	<u>407,352</u>

The average monthly number of employees during the year was as follows:

	2025	2024
Staff	<u>9</u>	<u>7</u>

The number of employees who received total employee benefits (excluding employer pension costs) of more than £60,000 is as follows:

	2025	2024
£60,001 - £70,000	<u>2</u>	<u>1</u>

The Charity has a pension scheme set up with NEST for the benefit of staff. New staff have the option of joining the NEST scheme or continuing to pay into their existing personal pensions.

The amount of pension contributions charged to the charity in the year was £16,778 (2024: £17,034).
The amount of pension contributions outstanding at the end of the year was £3,258 (2024: £2,045).

11.Comparative Statement of Financial Activities

		Unrestricted funds £	Restricted funds £	2024 Total funds £
	Notes			
Income from:				
Donations	2	4,100	-	4,100
<u>Charitable activities</u>				
Grant and contracts income	3	-	1,159,777	1,159,777
Individual subscriptions		820	-	820
Membership fees		22,515	-	22,515
		<u>23,335</u>	<u>1,159,777</u>	<u>1,183,112</u>
Interest receivable		2,504	-	2,504
Total income		<u>29,939</u>	<u>1,159,777</u>	<u>1,189,716</u>
Expenditure on:				
Charitable activities	4	43,104	1,174,054	1,217,158
Total expenditure		<u>43,104</u>	<u>1,174,054</u>	<u>1,217,158</u>
Net Income/(expenditure)		(13,165)	(14,277)	(27,442)
Transfers between funds	16	29,966	(29,966)	-
Net movement in funds		16,801	(44,243)	(27,442)
Reconciliation of funds:				
Total funds brought forward		<u>133,016</u>	<u>211,328</u>	<u>344,344</u>
TOTAL FUNDS CARRIED FORWARD		<u>149,817</u>	<u>167,085</u>	<u>316,902</u>

All income and expenditure have arisen from continuing activities

12. Tangible fixed assets

	Office Equipment £
Cost	
At 1st July 2024	898
At 30th June 2025	898
Depreciation	
At 1st July 2024	613
Charge for year	228
At 30th June 2025	841
Net book value	
At 30th June 2025	57
At 30th June 2024	285

13. Debtors

	2025 £	2024 £
Grant income	930	5,830
Subscriptions	-	250
Prepayments	1,462	930
Other debtors	2,175	535
	<u>4,567</u>	<u>7,545</u>

14. Cash at bank in hand

	2025 £	2024 £
Bank accounts	<u>723,803</u>	<u>502,311</u>

15. Creditors: amounts falling due within one year

	2025 £	2024 £
Trade creditors	102,805	46,183
Deferred income	124,500	121,275
Accruals	12,615	14,258
Pension contributions	3,258	2,045
HMRC creditor	6,288	9,478
	<u>249,466</u>	<u>193,239</u>

Deferred income is made up of contracts for services relating to the 2025/26 financial year.

16. Movements in funds

	At 1 July 2024 £	Incoming resources £	Outgoing resources £	Transfers	At 30 June 2025 £
Unrestricted funds					
General fund	149,817	257,824	(72,529)	(92,011)	243,101
Designated funds					
Novartis Pharma AG	-	-	(143,782)	187,006	43,224
Total unrestricted funds	<u>149,817</u>	<u>257,824</u>	<u>(216,311)</u>	<u>94,995</u>	<u>286,325</u>
Restricted funds					
Fleming Fund (SPARC)	107,956	865,955	(747,024)	(59,538)	167,349
Fleming Fund (CwPAMS)	18,073	549,868	(539,340)	(9,846)	18,755
Fleming Fund (CwPAMS Alf-A)	25,611	-	-	(25,611)	-
Commonwealth Secretariat	2,192	-	(2,192)	-	-
Royal Pharmaceutical Society	-	25,000	(25,000)	-	-
Reckitt	13,253	6,819	(13,540)	-	6,532
Gilead	-	15,000	(15,000)	-	-
Total restricted funds	<u>167,085</u>	<u>1,462,642</u>	<u>(1,342,096)</u>	<u>(94,995)</u>	<u>192,636</u>
Total funds	<u>316,902</u>	<u>1,720,466</u>	<u>(1,558,407)</u>	<u>-</u>	<u>478,961</u>

Designated funds:

- **Novartis**

A collaboration to work together to develop and strengthen healthcare systems in selected countries with a focus on Sub-Saharan Africa (SSA).

Focus Area 1 will be training delivered covering; Sickle Cell Disease, Malaria, Cardio Vascular Disease, Ophthalmology, Substandard and Falsified Medicines, and Leprosy.

Focus Area 2 will be the Pharmacists Leadership Programme.

The Novartis funds have been treated as designated as there is a detailed plan of activities.

Restricted funds:

- **Fleming Fund (SPARC)**

Surveillance and Prescribing support for Antimicrobial Stewardship Resource Capacity Building.
Managed by Mott Macdonald.

SPARC commenced in October 21 originally for 9 months. After 2 extensions it finally closed on 30th June 2023. The CPA was invited to apply for a second round of funding. This application was successful giving funding for an extension which ran to February 2024.

Following this we have been awarded further funding to develop and grow the SPARC project in the existing and additional territories until March 2026.

- **Fleming Fund (CwPAMS)**

CwPAMS is a health partnership scheme funded by the UK Government Department of Health and Social Care's Fleming Fund. Managed by GHP, previously THET. The CwPAMS networking platform was developed by BSAC for use by partners in the CwPAMS programme in partnership with the Commonwealth Pharmacists' Association (CPA). The forum will allow the sharing of skills and knowledge between multidisciplinary NHS teams, including or led by pharmacists with hospitals in Ghana, Tanzania, Uganda and Zambia, and expand capacity for antimicrobial stewardship. This initial programme ran until June 2022. The small amount of underspend was carried over to CwPAMS 2.0. No underspend was carried forward to CwPAMS 2.5.

The programme commenced in July 2022 as a continuation of CwPAMS 1.5 and ran to June 2024. A restricted fund with a very detailed and strictly controlled budget in collaboration with THET. The figures introduced into the budget are lifted directly from the formal agreement. This was extended to CwPAMS 2, where we were able to continue our work and legacy. We are currently working towards the end of the final phase, CwPAMS 2.5 which will run until March 2026. Funds are received partly in advance and partly in arrears.

- **Fleming Fund (CwPAMS Alf-A)**

The African Leadership Fellowship-AMS, developed for mid-career pharmacists in Africa who are part of a CwPAMS 2 partnership. This work has continued, but is now included in the CwPAMS fund.

- **Commonwealth Secretariat / VIPSD The Commonwealth Voluntary Information and Price Sharing Database**

Objectives:

- Developing an agreed work plan, in consultation with the Commonwealth Health team for successful completion of the project within the proposed timelines.
 - Develop an engagement plan for countries focused on efforts to increase uptake of the VIPSD initiative and support the Commonwealth Secretariat in implementing plans.
-

- Lead in the creation and implementation of the Heads of Procurement Network including coordination of meetings and agendas, developing minutes and reports and acting as the main point of contact for network members.
- Support the Commonwealth Secretariat in the relaunching of the VIPSD Task Force to a formalised VIPSD functioning committee.
- Support in drafting or amending the technical guiding documents including user manuals, FAQ sheets etc.
- Support other activities relating to the VIPSD where relevant.

Grant of £24K received in advance from the Commonwealth Secretariat. The programme ran for 6 months from September to Feb 2024. The final academic journal was published in December 2024.

– **RPS**

An annual grant from the Royal Pharmaceutical Society of £25K to cover core salaries for the calendar year not covered by programmes.

– **Reckitt**

To run an educational programme, including but not limited to a train the trainer workshop covering Clinical Consultation Skills and expanding pharmacists scope of practice.

– **Gilead**

Gilead Sciences Inc. approved our request for funding to support a CPA run webinar for World AIDS Day: The Role of Pharmacists in Advancing HIV Care.

Transfers:

- £59,538 from Fleming Fund (SPARC 2) Restricted fund to Unrestricted funds (general) representing the overhead contribution within the grant budget.
- £35,457 from Fleming Fund (CwPAMS) Restricted fund to Unrestricted funds (general) representing the overhead contribution within the grant budget.
- £26,994 from Novartis Pharma AG Designated fund to Unrestricted funds (general) representing the overhead contribution within the project budget.
- £25,611 from Fleming Fund (CwPAMS Alf-A) Restricted fund to Fleming Fund (CwPAMS) Restricted fund as the Alf-A project is part of the overall CwPAMS grant and therefore should be treated as one restricted fund.

Movement in funds - continued
2024

	At 1 July 2023 £	Incoming resources £	Outgoing resources £	Transfers	At 30 June 2024 £
Unrestricted funds					
General fund	107,689	29,939	(17,777)	29,966	149,817
Designated funds					
Novartis Pharma AG	25,327	-	(25,327)	-	-
Total unrestricted funds	133,016	29,939	(43,104)	29,966	149,817
Restricted funds					
Fleming Fund (SPARC)	-	217,468	(109,512)	-	107,956
Fleming Fund (SPARC Extension)	-	343,502	(343,502)	-	-
Fleming Fund (CwPAMS)	43,741	521,149	(546,817)	-	18,073
Fleming Fund (CwPAMS Alf-A 2)	-	29,597	(3,986)	-	25,611
Pfizer	116,246	-	(86,280)	(29,966)	-
Commonwealth Secretariat	23,600	2,500	(23,908)	-	2,192
Royal Pharmaceutical Society	25,000	23,211	(48,211)	-	-
Menarini AMS CPD	2,741	-	(2,741)	-	-
Reckitt	-	22,350	(9,097)	-	13,253
Total restricted funds	211,328	1,159,777	(1,174,054)	(29,966)	167,085
	344,344	1,189,716	(1,217,158)	-	316,902

Restricted funds:

– **Pfizer - Medical Education Grant Initiative**

To increase the number of Pharmacists in low/middle income countries (LMICs) accessing and completing locally relevant Continuing Professional Development (CPD) courses via an online CPD platform. The target population includes Latin America, Africa, the Middle East, Southeast Asia and beyond.

The core purpose of the CPD platform is to support in upskilling the pharmacy workforce, building capacity in health systems and ultimately improving patient care and safety. The objectives are:

- To Increase the number of learners and National Pharmacy Associations (NPAs) engaged and accessing the platform.

- Increase completion rate of courses for existing and new users.
- Develop interactive webinars supporting the CPD modules and establish communities of practice via a digital engagement platform.
- Understand impact of CPD on professional practice and how learning translates into tangible benefits for patients.

The total grant of £125,000 had been received and partially spent up to June 2023. The remaining funds of £116K have been fully spent in the current year.

– **Menarini**

The project aims to update the AMR/AMS CPD programme courses to align with international standards and incorporate behavioural change outcomes that can be assessed. In addition, other resources will be accessible to learners through the platform, transforming it into a world-class resource hub for AMR/AMS training.

Objectives:

- Update the content of the existing 4 AMR/AMS CPD courses to address the gaps and ensure it meets the WHO curricula standards for pharmacists
- Incorporate a behavioural approach, with clear behaviour outcomes that can be assessed into the AMS courses
- Upload additional resources developed through other CPA projects related to AMR/AMS and our partners, including webinars, tools, etc.

Transfers:

- £29,966 from Pfizer Restricted fund to Unrestricted funds (general) to represent the administration costs associated with the Pfizer project

17. Analysis of net assets between funds

2025	General fund £	Designated funds £	Restricted funds £	Total funds £
Tangible fixed assets	57	-	-	57
Cash at bank and in hand	271,439	163,553	288,811	723,803
Other net current liabilities	(28,395)	(120,329)	(96,175)	(244,899)
	<u>243,101</u>	<u>43,224</u>	<u>192,636</u>	<u>478,961</u>

Analysis of net assets between funds – continued
2024

	General fund £	Designated funds £	Restricted funds £	Total fund £
Tangible fixed assets	285	-	-	285
Cash at bank and in hand	176,653	107,000	218,658	502,311
Other net current liabilities	(27,121)	(107,000)	(51,573)	(185,694)
	<u>149,817</u>	<u>-</u>	<u>167,085</u>	<u>316,902</u>

18. Related party disclosures

Donations from Trustees totalled £6,690 (2024: £3,930).

An amount of £2,000 was paid to one trustee during the year, but for work performed and completed prior to their appointment as a trustee. An amount of £26 was also paid to another trustee for services provided during the year.

In both cases, the provision of services was at or below a market rate basis, and no amounts were outstanding at the year end date.

Detailed Statement of Financial Activities

	Unrestricted funds £	Restricted funds £	2025 Total funds £	2024 Total funds £
Income from:				
Donations and legacies	10,520	-	10,520	4,100
<u>Charitable activities</u>				
Grants and contracts income	214,000	1,462,642	1,676,642	1,159,777
Membership fees	4,879	-	4,879	22,515
Individual subscriptions	20,504	-	20,504	820
	239,383	1,462,642	1,702,025	1,183,112
Interest receivable	7,921	-	7,921	2,504
Total income	257,824	1,462,642	1,720,466	1,189,716
EXPENDITURE				
Charitable Activities:				
Direct costs and contractors' fees	53,800	1,293,747	1,347,547	1,074,057
Gross salaries, NI and pension	97,662	44,334	141,996	89,785
Technical support	250	-	250	3,723
Accountancy and payroll	9,524	-	9,524	7,553
Insurance	3,180	-	3,180	4,927
Consultancy fees	14,674	-	14,674	1,565
Telephone, stationery, office supplies	2,848	111	2,959	3,105
Travel and subsistence	16,069	3,904	19,973	16,277
Subscriptions	14,662	-	14,662	3,026
Bank charges and exchange differences	715	-	715	1,475
Software	1,819	-	1,819	3,135
Staff welfare and training	880	-	880	3,912
Recruitment	-	-	-	1,824
Depreciation of IT equipment	228	-	228	228
Bad debt	-	-	-	2,566
Total expenditure	216,311	1,342,096	1,558,407	1,217,158
Net income/(expenditure)	41,513	120,546	162,059	(27,442)