ANNUAL REPORT 2011

Just and compassionate quality pharmaceutical services for all
About the Cover Image
Celebrating 30 years
During a celebration of EPN’s 30th anniversary in Nairobi, some of EPN’s members cut the cake together.
Nairobi, October 27th 2011

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www.epnetwork.org
ABBREVIATIONS

AACC  All Africa Council of Churches
ACHA  Africa Christian Health Associations Platform
AEFJN  Africa Europe Faith and Justice Network
AMFA  Affordable Medicines for Africa
AMR  Antimicrobial Resistance
ARV  Antiretroviral
ASSOMESCA  Association des Œuvres Médicales des Églises pour la Santé en Centrafrique
BUPHAR  Bureau des Formations Médecinales Agréées du Rwanda
CADIMEBU  Centrale d’approvisionnement et de distribution des médicaments essentiels de Bunia
CBC  Cameroon Baptist Convention
CBCA  Communauté Baptiste au Centre de l’Afrique
CBCHB  Cameroon Baptist Convention Health Board
CDDEP  Center for Disease Dynamics, Economics & Policy
CDMU  Community Development Medicinal Unit
CHA  Christian Health Association
CHAI  Christian Health Association of India
CHAK  Christian Health Association of Kenya
CHAN  Christian Health Association of Nigeria
CHAZ  Christian Health Association of Zambia
CMAI  Christian Medical Association of India
CMC  Christian Medical College
CME  Centre Medical Evangélique
CoRSUM  Coalition for Rational and Safe Use of Medicines Moldova
CSO  Civil Society Organization
CSSC  Christian Social Services Commission
DIFAEM  German Institute for Medical Mission
DOM  Disciples of Mercy
DRC  Democratic Republic of Congo
DSO  Drug Supply Organization
ECS  Ethiopian Catholic Secretariat
EECMY  Ethiopian Evangelical Church Mekane Yesus Development and Social Services Commission
EED  German Church Development Service
EHA  Emmanuel Hospital Association
EHAIA  Ecumenical HIV and AIDS Initiative in Africa
ELCT  Evangelical Lutheran Church of Tanzania
EPF  Essentials of Pharmacy Practice
FBO  Faith-based Organization
GARP  Global Antibiotic Resistance Partnership
ICJIM  International Conference for Improving Use of Medicines
ICSA  Inter-Church Service Association
JMS  Joint Medical Store
KEMRI/CDC  Kenya Medical Research Institute/Centers for Disease Control
MEDS  Mission for Essential Drugs and Supplies
MEMS  Mission for Essential Medicines and Supply
MMI  Medicus Mundi International
MOMS  Ministry of Medical Services
MSH  Management Sciences for Health
MTCS  Medicines and Therapeutics Committee
OAIC  Organization of African Instituted Churches
OSEELC  Œuvre de Santé de l’Église Evangélique Luthérienne au Cameroun
PPB  Pharmacy and Poisons Board
PSC  Patient Support Centre
ReAct  Action on Antibiotic Resistance
SACC  South African Council of Churches
SARPAM  Southern African Regional Programme on Access to Medicines and Diagnostics
SPS  Strengthening Pharmaceutical Systems
TOT  Training of trainers
UNAD  Union Nationale des Associations Diocésaines de secours et développement Caritas
USAID  United States Agency for International Development
VCT  Voluntary Counselling and Testing
WCC  World Council of Churches
WHO  World Health Organization
FROM THE BOARD CHAIRMAN

On behalf of the EPN board I would like to send best wishes for a happy, beautiful, peaceful and blessed New Year.

I assume some of you know about the Daily Watchwords (Losungen) provided by the Moravian Church. These exist for a year as well, the one for 2012 can be found in 2 Corinthians 12:9: “My grace is sufficient for you, for my power is made perfect in weakness.” I felt this could become a guiding word for EPN as well: identifying the people living in weakness as the main target and strengthening the activities and projects supporting especially their health. What would that be concretely if we are talking about pharmaceuticals? Where are the “lost” ones in the slums, in the far rural area, the little villages? What is needed in terms of access to quality medicines or awareness for these people and for the ones working beside the existing infrastructures in these rural health posts? This is only one of different responses to this watchword – maybe together we could identify others relating to EPN and pharmaceuticals. I would like you all to contribute your ideas, own activities, and stories.

Looking back at 2011, EPN can be proud. Ongoing projects were continued and new projects were carried out successfully. The annual report shows this total spectrum of different activities. But we have to continue. All of us know that we have to combine and strengthen all our efforts to reach some of our objectives agreed on in the EPN strategy that will support reaching the MDG’s. For both, the target year 2015 is fast approaching. Several members have been active, the EPN secretariat has been very active and on behalf of the EPN board, I say Danke, Asante, Thank you all. Especially for the secretariat it has been a challenging year. Working on all the different “old” and new projects (parallel), communicating with new members, identifying new partners, donors and lots more. And of course celebrating 30 years of EPN. One could say that’s enough for such a small secretariat. But then the secretariat also needed to move offices. I would invite all of you to go and see this new EPN location in Kileleshwa, Nairobi. Of course we cannot forget to say a big thank you to CHAK and Dr Samuel Mwenda for all the years that EPN was able to have a budget-friendly office in the CHAK complex.

The board is very grateful to the ED and the staff that the budget could be secured until the end of 2012. But from 2013 on the situation will be difficult. Your ideas are still important and very much needed.

2012 will be an important year for EPN in view of the staff and a very great challenge for all of us. We are glad and thankful to EED for supporting an additional pharmacist to join the Secretariat. Andreas Wiegand will start early February as EPN staff member. In addition to all this moving, I have to inform you that the ED of EPN, Donna Kusemererwa, asked the board to allow her to step down at the end of 2012. This is sad news because she is doing a good job. But we have to accept her decision and have to start the process of identifying the ones that most easily come to mind – it might be worthwhile to pause for a moment longer and reflect on what 12 might mean for us. The twelve disciples of Jesus were specially commissioned at the start of their ministry. Their task was quite explicit and the terms under which they were to serve were also clearly specified. Drawing from this at the start of 2012, which not only signals a new year for EPN but also marks the last year of the first half of our current strategic planning period, why not reflect on our own special commissioning to serve the people of God through the strengthening of pharmaceutical systems? The challenge of ensuring access to medicines for people across the entire geographical space that EPN members work in, remains immense. The need for competent and qualified pharmaceutical human resources continues to be underscored as populations increase, people’s health needs evolve and health care delivery becomes more complex. Feedback from health professionals in different spheres of practice is that the availability of current and relevant information to support practice can still not be taken for granted.

And therefore whether 2012 indeed provides a special opportunity or not, we at the EPN secretariat still have our work cut out for us and therefore the need to be clear about the task, the tools, the terms and the targets. We plan to keep a sharp focus on the strategic objectives that we defined three years ago and work towards ensuring that all our projects and activities are indeed in line with these objectives. Our work plan will be available for members and partners to contribute to and provide guidance upon. Furthermore we are looking to the external evaluation commissioned late last year and scheduled for completion in the first half of the year to provide additional insights on what still needs to be done and more importantly what strategies are most effective in getting us there. We are thankful that for the first time, we will have almost the entire complement of staff as envisaged in the strategic plan when we are joined by Andreas Wiegand (seconded by EED) in February who becomes the Programme Officer Product Development, and Mercy Naitore who is expected at the end of January in the position of Administrative Assistant. I will highlight only what is, for all intents and purposes, our key activity of the year - the EPN Forum in Addis Ababa to be held March 21-23. At this year’s forum we are hoping to define clear critical paths that we in the church sector can use to work towards achieving that somewhat elusive goal of guaranteeing access of quality medicines to all who need them. We trust that all our members and partners will join us to share current thinking in this respect.

Apparently human nature being what it is, many of us make resolutions about our health, our spirituality, our work and start out with lots of energy and resolve but by less than four weeks into the year, enthusiasm has waned and we are back to the same old, same old. We pray that with your support, 2012 will indeed be a year of new beginnings, new energy, new horizons, new memberships, new partnerships and that going forward we will indeed experience the grace of God leading us ever nearer to our goal of just and compassionate quality pharmaceutical services for all.

God bless you and the Network.

Albert Petersen

January 2012

FROM THE EXECUTIVE DIRECTOR

At the start of 2012 a friend said to me “this is a special year because the number 12 is significant biblically, take advantage”. I lay no claim to having more than a rudimentary understanding of biblical theology but seeing that a year ending in 12 is a 1 in 100 year occurrence and there are indeed some obvious significant 12s in the bible - the 12 disciples, the 12 tribes of Israel to name the ones that most easily come to mind – it might be worthwhile to pause for a moment longer and reflect on what 12 might mean for us. The twelve disciples of Jesus were specially commissioned at the start of their ministry. Their task was quite explicit and the terms under which they were to serve were also clearly specified. Drawing from this at the start of 2012, which not only signals a new year for EPN but also marks the last year of the first half of our current strategic planning period, why not reflect on our own special commissioning to serve the people of God through the strengthening of pharmaceutical systems? The challenge of ensuring access to medicines for people across the entire geographical space that EPN members work in, remains immense. The need for competent and qualified pharmaceutical human resources continues to be underscored as populations increase, people’s health needs evolve and health care delivery becomes more complex. Feedback from health professionals in different spheres of practice is that the availability of current and relevant information to support practice can still not be taken for granted.

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Donna Kusemererwa

January 2012
EPN CELEBRATES 30 YEARS OF EXISTENCE

In 2011, EPN celebrated 30 years of strengthening pharmaceutical services in church health systems. This was a time to look back on the service and dedication of EPN and reflect on the work of the last 30 years.

In 1981, just a few years after the declaration of Alma Ata, the World Council of Churches decided to act on the need for access to essential medicines in developing countries. The Christian Medical Commission of the WCC set up a pharmaceutical programme to function as an advisory unit to assist church health programmes in management and rational use of medicines. In the year 2000, the programme evolved into the Ecumenical Pharmaceutical Network, now an international network of Christian Health Associations, church health institutions, faith-based pharmaceutical supply organizations, NGOs and individuals, working to ensure that pharmaceutical services are just, compassionate and of good quality.

First in Geneva, then in Nairobi, hosted by Community Initiative Support Services for several years, and briefly also with a liaison office in Burkina Faso, the pharmaceutical programme and the network that was born out of it have adapted and changed. But from the beginning, increasing access to health care and medicines, especially for the poor, vulnerable and disadvantaged, has been one of the main objectives.

Through the work of EPN, pharmacy staff, prescribers, procurement managers, health facility managers, directors and other professionals have learnt what it takes to improve their services. Patients and caregivers have not been left behind either. Gains have been made in reducing the stigma around HIV, more patients have access to both basic and lifesaving treatments, health institutions have been empowered to increase efficiency, reduce cost and transfer these benefits to their patients. The work is not done... but it is on track.

And still, after 30 years, EPN members, board members, secretariat staff, partners and stakeholders remain confident that EPN’s vision of just and compassionate quality pharmaceutical services for all, will one day be a reality.

During the course of the year 2011, EPN gave its members an opportunity to be involved in the 30 years celebrations. Members were able to apply for grants to undertake innovative activities or ask for supporting materials to hold their activities under the umbrella of celebrating 30 years. They were also invited to share their stories about EPN.

Looking back, we can say that EPN’s work in the last 30 years has had a great impact on ASSOMESCA and the individuals within our association that have benefited from EPN’s support. We have gained knowledge and our institution has learnt a lot through the newsletters of the EPN secretariat.

ASSOMESCA
Bangui, Central African Republic

We remember our first participation in the workshop for religious leaders, about HIV and AIDS treatment literacy, in Nairobi in November 2006. We were brand new then and we had a lot to learn. The action plan that we developed has been an eye-opener to such an extent that in the Democratic Republic of Congo, and most of all in North and South Kivu, the other member churches of the Eglise du Christ au Congo said – ironically – that we had brought HIV and AIDS to the church.

CBCA
Goma, DRC

On October 27th 2011, the Secretariat and Board invited partners, members and friends of the Network for a breakfast celebration in Nairobi. This was an opportunity to meet and share stories, look back on the service and dedication of EPN and reflect on the work of the last 30 years. The celebration was opened with a prayer by new board member Dr Sujith Chandy. A short service was led by Pastor Nicta Lubaale of OAIC. While Dr Francis Kimani (MOMS) officiated, several guests such as Dr Jayesh Pandit (PPB) made inspiring remarks on the past, present and future of EPN. EPN also paid tribute to a number of people who have contributed significantly to EPN’s work. The ceremony was ended with a joyous cake cutting by EPN members.

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ACCESS TO AND RATIONAL USE OF MEDICINES

Campaign against antimicrobial resistance

World Health Day
World Health Day, an annual initiative of the WHO, this year had as its theme Antimicrobial Resistance. EPN actively took part in the events of the day in Nairobi, as a partner of the national organizing committee in Kenya, together with the WHO, the Government of Kenya and other partners. A 16-page booklet with comic strips on Antimicrobial Resistance and other messages related to correct use of medicines, infection control and hygiene was developed and launched during this event.

Product development
In 2009, EPN developed a series of 10 comic strips to communicate various messages on containment of antimicrobial resistance, through graphic art. In the course of 2011, EPN continued to develop more comic strips and packaged them in 2 booklets. The first booklet contains messages mostly targeted to patients and the general public. A second booklet targets health professionals but also contains interesting messages for community awareness. Among the topics addressed are the availability of antibiotics, good hygiene, rational use of medicines, and infection prevention and control.

The Call to Action Document and the Infection Control Advocacy tool, both developed in 2009, were revised and reprinted in English and French.

International meetings
EPN’s ED Donna Kusemererwa participated in the 3-day global forum on bacterial infections held in New Delhi, India in October 2011. She had a number of opportunities to present the work that the network has done to contain AMR. As a member of the GARP Kenya working group, she also made a presentation of the Kenya situation analysis report. Together with Mohan Joshi of MSH/SPS, she facilitated a hands-on session on “how to build local coalitions for containing drug resistance”.

Prior to the forum, ReAct also held a couple of networking meetings to share experiences on activities in the ReAct Network and to discuss innovative ways to address antimicrobial resistance containment.

Members in action

Cameroon activities
In Cameroon, Baptist Hospital B内分泌 organized continuous education sessions on antimicrobial resistance to antibiotics. The hospital is an institution of the Cameroon Baptist Convention Health Board (CBCHB). Trainer Vanessa Emmanuel Non used the first sheet developed by EPN and rated the training as very successful. The sessions also included dramas on some of the causes of antibiotic resistance.

Zambia activities
Christian Health Association of Zambia (CHAZ) organized a big event to raise awareness about the threat, the causes and ways to combat antimicrobial resistance. In collaboration with EPN, CHAZ distributed many AMR materials during the event. They observed that women were more attracted to the AMR poster than men. The comic strips were extremely popular.

CHAZ is now looking for funding to translate them in local languages.
**Promoting pharmaceutical services**

**EPN’s guidelines for pharmaceutical services**
Towards the end of 2011, EPN undertook to validate the guidelines which were first developed in 2004. A cross section of experts in various spheres of pharmacy practice in Africa, Europe and Australia were involved in carrying out a face validity exercise. The experts concluded that the guidelines were appropriate, relevant and comprehensive for use in strengthening pharmaceutical services across different levels of care. A number of recommendations were made including to consolidate some of the guidelines so that they would be easier to use. The secretariat expects to release early in 2012 a consolidated booklet bringing together the guidelines, their explanatory notes and indicators.

**Support to MTCs**

Over the last few years, EPN has undertaken baseline studies on access to medicines in 8 countries. These studies clearly showed some of the gaps and barriers affecting access. The lack of Medicines and Therapeutics Committees (MTC) is one of those gaps. Every hospital should have such a multi-disciplinary team that can authoritatively decide on issues of medicine policy, enforce compliance with policies and guidelines on medicines use issues and oversee medicine use practices in the hospital. In 2011, 3 EPN members from DRC (Hopital Bon Berger, CBCA and CME Nyankunde) were supported by SPS/MSH to send participants to a local training of trainers on MTCs, organised by SPS in Kinshasa. The workshop was very valuable and participants have developed work plans and interventions to either set up MTCs in their respective hospitals or support existing ones. In 2012, EPN will support those organisations to implement their work plans.

**Training of community monitors**

In November 2011, EPN together with EPN member Centre Médical Evangélique (CME) Nyankunde and EPN partner Southern African Regional Programme on Access to Medicines and Diagnostics (SARPAM) ran a community monitors training course in East DRC. The objective of the course named ‘Tendai’ was to train 20 members of the community to use mobile phones to collect information on access and availability of medicines in local institutions as well as collect community stories, and send the information to the website InfoHub which is managed by SARPAM. It is hoped that the data collected in several countries will aid the Southern African region to reinforce its advocacy for better access to medicines.

**Procurement and availability of medicines**

**Pooled procurement meeting**

After a first meeting in October 2010, a second meeting with the East African pooled procurement group was held in Nairobi in September 2011. The Chief Executive Officers of MEMS (Tanzania), MEDS (Kenya) and JMS (Uganda) who attended, reaffirmed their commitment to joint buying of medicines as a means to increase access. Priority activities identified included sharing of price information on each organization’s top 20 medicines, medical supplies and medical equipment; undertaking a joint audit using harmonized tools as a step towards mutual recognition of manufacturer audits and holding a workshop in Tanzania to encourage church leaders to support the use of the church drug supply organizations. A closed information sharing platform set up through WHO’s MedNet is part of the pooled procurement initiative.

**During the Tendai project in DRC, we faced a number of practical and technical challenges. It made me realize even more the value of working with EPN members in country. We could not have done it without the help of our friends from CME Nyankunde.**

EPN Communications Officer Elisabeth Goffin reporting on the Tendai project in DRC

**Training of trainers**

From October 31st to November 4th 2011, EPN programme officer Anke Meiburg participated in the Training of Trainers on Pharmaceutical Procurement for Civil Society Organizations (CSO), organized by the World Bank Institute in Dar es Salaam, Tanzania. The training was intended to equip CSOs with knowledge about pharmaceutical procurement to assess transparency and accountability in this sector in the respective countries. Among approximately 30 participants from different CSOs (grassroot and national level) from Uganda, Tanzania and Kenya, Ms Meiburg represented the FBO sector.
Surveys on availability
The summarized results from the Kenya, Chad and Uganda study on the availability of paediatric medicines and factors impacting availability in faith-based health facilities, done in 2010, have been developed in a paper-format. These papers termed as EPN’s From the Shelf Series are an accessible format to disseminate the survey results among stakeholders and other interested parties. In 2011, the survey was done in Ghana. Results are currently being analyzed.
Following the completion of the study in Chad, EPN member UNAD embarked to undertake advocacy for generic medicines for children and subsidizing of all medicines for children in Chad. The approach includes a meeting with the Ministry of Public Health to create awareness on government level about the worrying situation of unavailability of paediatric formulations included in the National Essential Medicines List and a workshop on children’s medicines for a group of journalists/media, in order to facilitate continuous coverage of the topic in the media. Most activities will be taking place in early 2012.

Pooled sampling
In 2009, MEDS (Kenya) in cooperation with Difam (Germany) started sampling medicines from DSOs as a Network-Project of EPN. In the first 3 rounds of the quality control measures project, 15 of the most commonly used essential medicines were tested. 16 DSOs and partners (EPN members) from 11 African countries sent a total of 140 samples to the quality control lab of MEDS in Kenya. 88% passed conforming to the US and BP respective pharmaceutical monographs. Of the 17 samples that failed, most did not comply on dissolution.

Antibiotic test kit project Ubora wa Dawa
Following the positive findings of the feasibility study carried out in 2009 on the market potential for a simple kit to test the quality of antibiotics, DSM (a Dutch pharmaceutical company) and ICCO have continued to invest in the process of development of the kit. A steering team comprising representatives from ICCO, DSM and EPN was set up to move the process forward. The consortium managed to receive financial support from the Dutch government and works under the aegis of the Dutch BoP Innovation Center.
In January 2011, Nelleke van der Vleuten from ICCO and Tim de Graaf from DSM Netherlands visited Kenya as part of the process to co-create the test kit with local users and explore the business feasibility of the antibiotic test kit. They visited pharmacies in both uptown and downtown Nairobi, and met with representatives from the Pharmacy and Poisons Board Kenya, the Dutch embassy and other potential stakeholders in Kenya. Meetings were also held with consultants doing the general business feasibility study.
In collaboration with EPN, research and lab-based development work is ongoing. So far one antibiotic can be tested (Amoxicillin). A follow up visit to meet different stakeholders and prepare for deeper market insights took place in November 2011. This was led by the DSM team project manager Kees de Glopper. Key stakeholders in government, the church and private sector expressed interest and support for the concept and the necessary field testing.

Medicines for children

Multi-country study of children’s medicines in Africa and India
This study done by Birger Fels of the University of Tubingen in collaboration with Difam and EPN investigated the availability and prices of a number of essential medicines at faith-based Pharmaceutical Supply Organizations. 20 suppliers in 15 different sub-Saharan African countries and India were contacted. 12 of them (all EPN members) completed the study questionnaire. The study findings were discussed at a workshop for participating members in Nairobi in October 2011. The study analysed 19 medicines in 31 different dosage forms used for treatment of pneumonia, malaria and diarrhoea in infants and children. The study demonstrated that the analysed suppliers provide a satisfying number of essential medicines at often competitive prices.

Members in action

Children’s medicines in India
Community Development Medicinal Unit (COMU) in India was awarded a small grant to collect data on children’s medicines availability in 3 health facilities as well as undertake corrective action based on the findings. The focus was on medicines for five major diseases: pneumonia, diarrhoea, malaria, neonatal sepsis and Vitamin A deficiency.

Quality of medicines

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HIV AND AIDS TREATMENT

HIV and AIDS treatment literacy guide

EPN’s HIV and AIDS Treatment Literacy Guide is available for sale at a subsidized price of 10 USD. In 2011, copies of the guide were sold to the South African Council of Churches (SACC), to Disciples of Mercy, Kenya and to one individual.

Impact evaluation

In September 2011, EPN programme officer Anke Meiburg travelled to Cameroon to assess the impact of the HIV and AIDS Treatment Literacy trainings that had been conducted in the East Province following the TOT workshop in Yaoundé in 2009. She also evaluated the training materials. From the discussions it was clear that the workshops were effective at changing attitudes and behaviour in the congregations.

We enjoyed the times of fellowship as well as lessons. We look forward to a continued working relationship in future for capacity building for our members.

Natalie Odipo
Disciples of Mercy
Kisumu, Kenya

Trainings on HIV and AIDS treatment literacy

In April 2011, EPN organized a training of trainers on HIV and AIDS Treatment Literacy for Church Leaders, in Nairobi, Kenya. 23 church leaders (women and men) from mainstream churches and African independent churches, from diverse regions in Kenya attended the course. The Church leaders from 17 denominations were equipped with skills to increase the availability and use of the life prolonging medicines (ARVs) within their immediate community and to mobilize communities to seek both HIV preventive and testing services. The EHAIA regional coordinator presided over the training.

EPN member Communauté Baptiste au Centre de l’Afrique (CBCA) with funding from EPN carried out a TL course in May 2011 in their catchment area for 25 church leaders, 20% of whom were women. The training in Goma, DRC, was coordinated by one of their staff, Isaac Kakule Muyonga, who had earlier attended the Nairobi Training of Trainers course.

HIV treatment literacy trainers manual

This manual, published in March, is a companion document to the HIV and AIDS Treatment Literacy Guide for Church Leaders to use with their congregations. The trainers manual guides trainers and facilitators on how to run an HIV and AIDS Treatment Literacy Workshop for Church Leaders. It gives guidance on course details such as presentations and exercises, as well as on steps to take before and after the workshop.

Before, I made fun of people living with HIV, but today I feel a responsibility to save lives and I am ready to listen to the problems and challenges they face in their daily lives.

A participant after one of the HIV TL trainings, Cameroon
BUILDING PHARMACEUTICAL CAPACITY

Essentials of pharmacy practice

Curriculum development

In 2011, the EPN Secretariat invested a lot in the development of the curriculum for its course on Essentials of Pharmacy Practice (EPP). This three-month course is intended to empower hospital pharmacy staff with relevant practical knowledge and skills to provide a reasonable level of quality pharmaceutical services. The curriculum is built on 480 contact hours including examination time that can be undertaken in a block or modular format. The intensive course, focusing both on theory and practice, covers Medicines supply management, Fundamentals of pharmaceutics, Hospital pharmacy practice, Rational medicine use, Basic therapeutics, and Pharmacy and health care.

EPP pilot course and roll-out

EPN partnered with MEDS to run a pilot of the 12-week programme on Essentials of Pharmacy Practice in Nairobi, Kenya. 26 candidates from Kenya, Uganda and Tanzania participated in this pilot course from August to October 2011. On October 28th, the milestone course was successfully concluded. The group had a graduation ceremony on December 6th at which all 26 candidates were awarded a certificate. All were proud and positive about their learning experience and determined to serve their patients better. After this pilot run, the course will be rolled out in three countries starting in 2012, potential candidates are DRC, Cameroon, Sierra Leone and South Sudan. The secretariat has applied to the Pharmacy and Poisons Board of Kenya to be accredited as a provider of continuous professional development courses in pharmacy.

Scholarships and grants

Scholarships for hospital pharmacy staff

EPN received funds from the Ecumenical Scholarship Programme of Bread for the World to support professionalization of pharmaceutical services by allocating scholarships for pharmacy training to hospital staff in the member countries. In March 2011, a scholarship committee to oversee the awarding of the grants was put in place, comprising of Ruth Njoroge (Catholic Relief Services), Rev. Dr Simon Dossou (AACC), Justus Marete (Bethany Kids Africa) and Anke Melburg and Beatrice Mwangi of EPN. The target is to have 16 candidates enroll for a pharmacy course recognized in their country or region and finish successfully by 2013. The scholarship committee held several meetings during the course of the year to deliberate and decide on the applications. Ten scholarships have been awarded to students in South Sudan (6), Tanzania (2) and DRC (2). Five scholarships for Cameroon students and one for Niger are under consideration.

WHO Pharmacoeconomics

The opportunity of sharing ideas with knowledgeable people of diverse orientations from different parts of the globe is one thing I will continuously miss.

Paul Amedzi, NCHS Ghana reporting on the Pharmacoeconomics course

Advances in pharmaceutical care

EPN and member and partner Difaem offered 3 scholarships for members to attend the WHO Pharmacoeconomics training in Ghana, in June 2011. The course aimed to build capacities of participants to make evidence-based decisions on selection of medicines for their essential medicines lists which are used for procurement, re-imbursements under health insurance programmes and promote cost-effective use of medicines. Etimiri Babatunde Olukoya of CHAN Medi-Pharm (Nigeria), Elise Uwineza of Bufmar (Rwanda) and Paul Amedzi of National Catholic Health Service (Ghana) attended the 10-day training.

Rational management of medicines

As they did in 2009 and 2010, our member and partner organization in Germany, Difaem, once again awarded 2 scholarships to EPN members to attend the Swiss Tropical Institute course on Rational Management of Medicines held in Pretoria South Africa, from October 30th to November 11th 2011. Dr Kenneth Kabali of Uganda Protestant Medical Bureau, and Chivese Panganayi nominated by Zimbabwe Association of Church-related Hospitals attended the course.

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Standards development
Many hospitals around the world, and particularly in sub-Saharan Africa, do not have pharmacists. The services provided then tend to be limited to the most basic and most routine. Especially where there are no pharmacists, it is important for the hospital managers and for those working in the pharmacy to have a sense of what a reasonable level of pharmacy service entails. The nature of pharmacy practice in hospitals with or without pharmacists needs to be defined and guidance provided on all the possibilities that exist so that these can be exploited fully. For this reason, EPN has developed its own minimum standards for pharmacy practice in hospitals. These standards should help hospital managers and those working in the pharmacy to know what needs to be done to meet minimum standards. The standards cover premises, facilities and equipment; pharmacy practice; and governance and management. The books are available in English and French. The standards have been distributed to a few members in Kenya, Uganda, Zambia and India. Distribution of the francophone issue is expected to take place in 2012.

Books for hospital pharmacies
Difaem (German Institute for Medical Mission) in Germany, the EPN secretariat in Kenya, and the World Health Organization came together in 2011 to offer hospitals in Africa two copies each of three important publications. The WHO Model Formulary 2008, the WHO Model Formulary for Children 2010 and the book ‘Where there are no pharmacists’ (a guide intended to help health workers entrusted with the responsibility of managing medicines without any pharmacy education) were sent to government and church-based hospitals. 1275 health facilities in more than 20 countries and in addition 7 church-based pharmaceutical training facilities were reached by this project. The books are intended for use in the outpatient department, on the wards, in special clinics, the pharmacy and wherever patients are receiving care.

Desirable characteristics
The tool “Desirable characteristics of a faith-based pharmaceutical supply organization” is now available as a one page pictorial. The tool was first developed at the EPN conference of drug supply organizations in 2004.

Corporate governance
The corporate governance manual for faith-based pharmaceutical service providers, developed in 2010, was reworked in an attractive layout and printed.

In September 2011, a corporate governance session was organized for EPN members MEMS, CSSC and other members of the Evangelical Lutheran church of Tanzania who are charged with transforming MEMS (Tanzania) from a project to an institution. The session was useful in crystallizing the role that ELCT will play in any new organization and how its position as the founder of MEMS will be recognized.

Depot evaluation
In September 2011, EPN programme officer Anke Meiburg travelled to Cameroon to evaluate the Service Pharmaceutique of EPN member OSEELC in Ngaoundéré. The Service Pharmaceutique is a depot which serves the three hospitals and 15 health centres run by the Lutheran Church of Cameroon. The evaluation was based on the ‘Desirable characteristics of a faith-based pharmaceutical supply organization’, developed by EPN. The head of the pharmaceutical service at OSEELC has already developed an action plan to address the recommendations.
Human resource mapping

After mapping studies had been undertaken in Cameroon, Chad, Kenya, Malawi, Nigeria, Rwanda and Tanzania, a last mapping of pharmaceutical human resources within church health services was done in Ghana. The survey was done in collaboration with Christian Health Association of Ghana and covered 45 facilities in all 10 regions in Ghana. It was very encouraging to see that in more than 70% of the health institutions the pharmacy department was headed by a pharmacist and more than two-thirds of employees in the pharmacies had received pharmaceutical training. However, while nearly all institutions offered medicine dispensing services, other crucial services like counselling, medicine information, stock management, and ART or HIV services were only offered by a limited number of facilities. All mapping reports for the 8 countries are now completed and were shared with country stakeholders.

Advocacy for pharmaceutical issues

How to manual
The “How to manual” on Advocacy for Drug Supply Organizations and Church Health Institutions, developed in 2008, has been updated and is available in English and French. This practical manual has been prepared with the aim to simplify the concept and practice of advocacy for persons and organizations that are required to engage in advocacy in their work.

Members in action
In country advocacy
In February 2011, EPN launched a call for Expressions of Interest for advocacy activities on pharmaceutical issues. Seven member organizations replied to the call. One grant of US$1500 was given out to Cameroon Baptist Convention Health Board. CBC HB runs a private training school for health personnel and is using the grant to advocate with the Pharmacy Council and the Ministry of Health for accreditation of their pharmacy training courses. The accreditation is important for the course, which contributes to alleviating the shortage of pharmacy personnel in Church Health Institutions.

INFORMATION SHARING

e-pharmalink: e-Pharmalink is an electronic EPN newsletter that aims at providing health professionals with current information that could support them in their efforts to provide effective and efficient services. In 2011, 6 issues were distributed (in English and French) to all Network contacts and pharmaceutical professionals who subscribe to it, totalling over 1000 recipients.

Pharmalink: in November, the 2011 edition on Effective pharmaceutical supply chains was developed in English and French with contributions from EPN members, John Snow Incorporation and MSH Kenya. 500 bilingual prints are being distributed to members.

Contact magazine: issue no. 191 on Access to Children’s Medicines was released in April 2011. 1000 copies in English and 500 copies in French were distributed mainly to EPN members and network contacts in 37 countries. A second issue number 193 was released in September 2011 under the theme “FBO’s on a mission: 30 years of supporting pharmaceutical services”. This celebratory edition marked the 30 years since the WCC started its Pharmaceutical Programme which later evolved into the Ecumenical Pharmaceutical Network.

New website host and platform
In 2011, the EPN website was transferred to a new host, providing a cheaper and more responsive and efficient service. Because of problems with the website set-up, a rebuilding process was started at the end of 2011. This process is expected to come with only minor visible changes to the look and feel of the website but significant improvements for its use by the Secretariat and visitors.

Online payment
EPN signed with Alert Pay to offer members and partners the option to make payments to EPN online. The secure online payment service can be used to make donations to EPN or to pay for membership fees. Users need to follow a few short steps to set up an account with Alert Pay. Payment by credit card is currently not possible.
**NETWORKING**

**Netlink**
Netlink is EPN’s e-mail newsletter aimed at keeping EPN members in touch and updated on what is going on within the Network. In 2011, 6 issues were distributed (in English and French) to all member contacts and participants of EPN activities, totalling approximately 450 recipients.

**Visits by members to the secretariat**
In the course of the year, the following members visited EPN office: Valentin Basolanduma-Pondu and Jean Rugenyi of CADIMEBU; Isaac Mayonga of CBCCA, DRC; Orgenes Lema of MEMS, Tanzania; Dr. Adeline Kimambo of CSSC, Tanzania; and Elias Bongmba from the US, who soon after became a member.

**Visits by partners to the secretariat**
Natasha Affemann of the Bread for the World Ecumenical Scholarship Programme visited EPN to discuss the scholarship project that EPN is undertaking. Nelleke van der Vleuten from ICCCO and Kees de Glopper; Tim de Graaf and Ingrid van Egmond from DSM visited the office as part of the antibiotic test kit project.

**Tribute to Dr Hans Hogerzeil**
In May 2011, Dr. Hans Hogerzeil retired as director of the WHO Department of Essential Medicines and Pharmaceutical Policies. The Secretariat collected reflections from EPN members and presented them to Dr. Hogerzeil in the form of a booklet.

**Visits to EPN members**

**Belgium**
In July 2011, EPN communications officer Elisabeth Goffin met with Begoña Iñarra, executive secretary of AE-FJN and some of her colleagues at their offices in Brussels, Belgium. Africa Europe Faith and Justice Network became an EPN member earlier in 2011. AE-FJN is a faith-based international network, established in 1988, which promotes economic justice between the European Union and sub-Saharan Africa. Ms. Iñarra, Missionary of Our Lady of Africa, is in charge of the Health-Medicines and Arms dossier. She was positive about EPN membership and said her office looks forward to increasing the collaboration with EPN.

**South Africa**
In April 2011, EPN Executive Director met with AMFA (Affordable Medicines for Africa) directors Ursula and Richard Wagner in South Africa.

**Ethiopia**
In November 2011, EPN Support Services Officer Beatrice Mwangi visited Addis Ababa to prepare the logistics of the EPN Forum. She also took the opportunity to meet with EPN members Ethiopian Catholic Secretariat (ECS) and Ethiopian Evangelical Church Mekane Yesus Development and Social Services Commission (EECMY).

**DRC**
In November 2011, EPN communications officer Elisabeth Goffin was in the Democratic Republic of Congo for the SARPAM training. During that week, pharmacist Valentin Basolanduma-Pondu of CADIMEBU (Centrale d’approvisionnement et de distribution des médicaments essentiels de Bunia) and pharmacist Maronga Samson from CBCCA, both made a special effort to meet with Ms. Goffin. Unfortunately, due to the fact that DRC members are located all over the country, meeting with other EPN members was not possible.

**South Sudan**
In December 2011, EPN accountant James Mireri was in South Sudan. He visited Christian Health Association of South Sudan, as well as the South Sudan office of IMA World Health.

**Zambia**
In December 2011, EPN Executive Director Donna Kusenererwa travelled to Zambia to discuss the EPN hospital standards with various stakeholders, including Christian Health Association of Zambia.

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**Supporting member relations**
In December 2011, 2 staff from EPN member CADIMEBU in DRC, visited Nairobi. CADIMEBU is a regional pharmaceutical supply organization in DRC. Pharmacist Valentin Basolanduma-Pondu and accountant Jean Rugenyi had travelled to Uganda to order medicines from EPN member JMS, after which they travelled to Nairobi to finalize the procedure of becoming a MEDS client and place their order. The CADIMEBU staff contacted EPN with some concerns following their discussion with MEDS. EPN’s bilingual staff Anke Meiburg and Elisabeth Goffin were able to clear up the confusion, probably caused by the language barrier, by contacting MEDS. They then helped CADIMEBU staff complete the application procedure, after which CADIMEBU was able to place their first order with MEDS. CADIMEBU staff were very grateful for the assistance given.

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**National member meetings**

**Cameroon members meeting**
In September 2011, EPN programme officer Anke Melburg travelled to Cameroon. While there, she organised a members meeting which was attended by all but one of the Cameroon members. The different products and services of EPN were discussed to obtain feedback on relevance and usefulness. Critical Network questions, for example the linkage to the secretariat and other members and the expectations towards the secretariat were explored.

**India members meeting**
In October 2011, EPN Executive Director Donna Kusenererwa organized a member meeting with EPN members and possible partners or future members in India. Discussions with individual members and institutions such as Christian Medical Association of India (CMAI), Catholic Health Association of India (CHAI), Inter-Church Service Association (ICSA), Christian Medical College (CMC) Vellore, Emmanuel Hospitals Association (EHA) and Community Development Medical Union (CDMU) made it clear that while Christian Health Institutions in India may be few in number, their potential for impact is great given their credibility. The meeting was constructive and the affirmation that EPN is not just for Africa but also for India provided a lot of hope and encouragement.
Meetings and conferences

ACHA biennial conference
In February 2011, the Africa CHA Platform held its 5th Biennial Conference in Accra, Ghana. The theme was “Improving women’s and children’s health in Africa: FBOs response towards attainment of MDG targets”. EPN was invited as an ACHA partner. Elisabeth Goffin, Donna Kusenererwa and James Mirei attended 3 days of the conference and were able to meet with many EPN members. EPN also gave a presentation on its recent studies on the availability of children’s medicines in 3 African countries.

SARPAM InfoHub
In May 2011, EPN communications officer Elisabeth Goffin attended the Southern African Access to Medicines InfoHub Unconference, representing the interests of FBOs. The plan for the InfoHub is to provide a collection of information services that will help improve access to health-related information. Stakeholders from member states, private sector, research institutions and civil society met during this consultation meeting organized by SARPAM, to map out the information requirements and develop a road-map for the next few years.

MMI assembly and technical workshop
Medicus Mundi International organised its board meeting and extraordinary Assembly in Brescia, Italy in October 2011, followed by an open technical workshop on mother and child health. Dr Berlinda Nganga, Chief Pharmacist at EPN member institution Gertrude’s Children’s Hospital Nairobi represented EPN at the meeting and also gave a presentation about the network’s efforts and activities on children’s medicines. The conclusion of the conference was for member organizations to get involved in advocacy, keeping MDG 4 & 5 high on the global agenda beyond 2015.

ICIUM
In November 2011, EPN programme officer Anke Meiburg attended the 3rd International Conference for Improving Use of Medicines (ICIUM) in Antalya, Turkey. The conference brought together over 600 delegates from governments, international organizations, research institutions, health institutions and NGOs in 80 countries. Ms Meiburg moderated a session on Child Health and presented 2 of EPN’s research papers, on children’s medicines in Chad and on antimicrobial resistance in Kenya. During the conference, she also met with a number of EPN members: Dr Guru Prasad Mohanta, Natalia Cebotarencu (CoRSUM), Sujith Chandy (CMC Vellore), Dr Swain (CDMU Orissa), Aris Widyatry and Karin Wiedenmayer.

As at 31/12/2011, EPN had registered 80 members, both individuals and institutions, in 33 countries.

- action medeor International Healthcare Tanzania Ltd
- Affordable Medicines for Africa
- Africa Europe Faith and Justice Network
- AIC Kijabe Mission Hospital
- Alpvane Esther Nyomi
- Aris Widyatry
- Association des Œuvres Médicales des Églises pour la Santé en Centrafrique
- Association Évangélique d’Appui au Développement
- Association Protestante des Œuvres Médico-sociales et Humanitaires du Togo
- Bethesda
- Bureau d’Appui Conseil
- Bureau de la coordination medicale Synode Urbain/ECC de Kinshasa
- Bureau des Formations Médicales Agrées au Rwanda
- Cameroon Baptist Convention Health Department
- Catholic Health Services
- Centrale d’approvisionnement et de distribution des médicaments essentiels de Bunia
- Centre hospitalier de bebalem
- Centre Medical Evangetique de Nyankunde
- Centre Médico Social ALOMAR
- Œuvre de Santé de l’Église Évangélique Luthérienne au Cameroun
- CHAN Medi-Pharm Ltd/Gee
- Christian Health And Remedial Training Centre
- Christian Health Association of Ghana
- Christian Health Association of Kenya
- Christian Health Association of Lesotho
- Christian Health Association of Liberia
- Christian Health Association of Malawi
- Christian Health Association of Nigeria
- Christian Health Association of Sierra Leone
- Christian Health Association of Sudan
- Christian Medical College Vellore
- Christian Social Services Commission
- Churches Health Association of Zambia
- Coalition for Rational and safe Use of Medicines
- Communauté Baptiste au Centre de l’Afrique
- Community Development Medicinal Unit West Bengal
- Community Development Medicinal Unit Orissa
- Conseil des Eglises Protestantes du Cameroun
- Dr Christa Gonnermann
- Dzimado Kounavi Kounetsron
- ECWA Central Pharmacy
- Eglise du Christ du Congo/Direcition des Œuvres Medicales
- Emmanuel Hospital Association
- Ethiopian Catholic Secretariat
- Ethiopian Evangelical Church Mekane Yesus Development and Social Services Commission
- German Institute for Medical Mission
- German medical aid organization action medeor e.V.
- Gertrude’s Children’s Hospital
- Guru Prasad Mohanta
- Hope Services Clinic and Maternity
- Hospital Bon Berger Tsikai
- Hopial Evangélique de Koyom
- IPMA world health
- Jasmine Bora Makuta
- Jean-Claude Lya Masumubko
- John James Carrol
- Joint Medical Store
- Karin Wiedenmayer
- Lecordon Cameroun
- Masa Methodist Hospital
- Medical Assistance Programs International
- Mission for Essential Drugs and Supplies
- Mission for Essential Medical Supplies
- National Catholic Health Service
- Office de Développement des Eglises Evangéliques
- Organisation Catholique pour la Santé au Cameroun
- Pharmacie Centrale de l’Eglise Evangélique
- Presbyterian Church in Cameroon Health Services
- Central Pharmacy
- Servicio de Medicinas Pro-Vida
- St. Luke Foundation
- Stells Bongwa Zekeng
- Uganda Catholic Medical Bureau
- Uganda Joint Christian Council
- Uganda Protestant Medical Bureau
- Union Chrétienne Méicale et Para-médicale Burkiné Faso
- Union des Eglises Evangéliques Protestantes au Niger
- Union Nationale des Associations Diocésanes de secours et développement Caritas
- Vipya Roy
- Worldwide Export Management
- Zimbabwe Association of Church-related Hospitals

www.epnetwork.org
New EPN office
For many years, the EPN Secretariat has been housed by EPN member Christian Health Association of Kenya (CHA) at CHAK Complex in Nairobi. In December 2011, EPN relocated to new premises in Kileleshwa, Nairobi. The office is located in Gatundu Villas, on Gatundu Road in Kileleshwa. The new building offers EPN more office space, as well as a garden.

Consultancy services for sustainability
In 2011, the EPN Secretariat was contracted by MEDS to develop a publication for their 25-year anniversary. While MEDS was satisfied with the result, the EPN secretariat concluded that it could offer similar consultancy services to EPN members in the future as a way of increasing the organization’s sustainability.

EPN database
EPN’s database which had not been in use due to technical problems has been upgraded and improved so that it can be used efficiently. The secretariat is now working on the database content. It is expected that the new database will allow the secretariat to better manage contact details of the network’s members, partners and other stakeholders, as well as mailing lists for publications.

Board members
EPN Board members as at 31/12/2011:
• Albert Petersen – Chairman
• Jane Masiga – Treasurer
• Karen Sichinga – Member
• Matthew Azoji – Member
• Manoj Kurian – Member
• Ndilta Djékadoum – Member
• Sujith Chandy – Member
• Donna Kusemererwa (Ex-Officio)

Farewell Dr Sarah Bhattacharji
In February 2011, Dr Sarah Bhattacharji stepped down from her position on the EPN Board. She had been the Secretary of the Board since 2005. After a call for nominations to the EPN Board was published at the end of 2010, Dr Sujith Chandy was nominated to replace Dr Bhattacharji. His nomination is expected to be endorsed during EPN’s General Meeting in March 2012.

Staff members
EPN staff as at 31/12/2011:
• Anke Meiburg – Programme Officer Pharmaceutical Services
• Beatrice Mwangi – Support Services Officer
• Donna Kusemererwa – Executive Director
• Elisabeth Goffin – Communications Officer
• Irene Tindi – Office Assistant
• James Mireri – Accountant
• Tom Ojeya – Driver

New staff 2012
The EPN secretariat has completed the process of recruiting an administrative assistant, to strengthen the front desk. Mercy Naitore is expected to start work in January 2012.

EPN donor EED has identified a pharmacist to be seconded to EPN in response to an application made in 2008. Mr Andreas Wiegand who is due to commence his employment early 2012 is an experienced pharmacist whose background is mainly in the pharma industry. He also worked as a hospital pharmacist in Namibia.
FINANCE

Audit
Erastus and Company of Nairobi were appointed as auditors for the year 2011. The company will conduct its 2011 audit in February 2012.

Operating statement. Year ended 31 December 2011.

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INCOME</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grants received</td>
<td>52,523,954</td>
<td>555,456</td>
<td>554,198</td>
</tr>
<tr>
<td>Other incomes</td>
<td>2,484,639</td>
<td>26,276</td>
<td>22,589</td>
</tr>
<tr>
<td>Total Income</td>
<td>55,008,593</td>
<td>581,732</td>
<td>576,787</td>
</tr>
</tbody>
</table>

**EXPENDITURE**

| Programme 1 - Access to and Rational Use of Medicines | 15,467,091 | 163,569 | 195,619 |
| Programme 2 - HIV and AIDS Treatment                 | 2,448,972  | 25,899  | 29,458  |
| Programme 3 - Professionalization                    | 9,405,676  | 99,468  | 32,617  |
| Programme 4 - Pharmaceutical Information Sharing      | 2,467,955  | 26,099  | 70,367  |
| Programme 5 - Institutional Strengthening            | 4,731,905  | 50,041  | -       |
| Establishment expenses (overhead expenditure)         | 11,237,141 | 118,836 | 146,656 |
| Total expenditure                                     | 45,758,740 | 483,912 | 474,717 |

**DEFICIT / BALANCE FOR THE YEAR**

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>9,249,853</td>
<td>97,820</td>
<td>102,070</td>
</tr>
</tbody>
</table>

* Year 2011 figures based on unaudited accounts

Financial position as at 31 December 2011.

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NON CURRENT ASSETS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Property and equipment</td>
<td>1,142,216</td>
<td>13,427</td>
<td>20,131</td>
</tr>
<tr>
<td>Intangible assets</td>
<td>-</td>
<td>-</td>
<td>735</td>
</tr>
<tr>
<td>Total non current assets</td>
<td>1,142,216</td>
<td>13,427</td>
<td>20,866</td>
</tr>
</tbody>
</table>

**CURRENT ASSETS**

| Cash and bank balances | 25,913,727 | 304,617 | 143,771 |
| Receivables and prepayments | 1,625,381 | 19,106  | 5,164   |
| Treasury bills - held to maturity | 3,600,002 | 42,318  | 98,549  |
| Total current assets | 31,139,110 | 366,041 | 247,484 |

**LESS: CURRENT LIABILITIES**

| Payables and accruals | 3,462,170 | 40,698  | 27,400  |

**NET CURRENT ASSETS**

| 27,676,939 | 325,343 | 220,084 |

**TOTAL ASSETS**

| 28,819,155 | 338,770 | 240,950 |

**FINANCED BY**

| Property & equipment fund | 1,145,127 | 13,461 | 20,866 |
| Sustainability fund       | 4,634,103 | 54,474 | 43,937 |
| Restricted fund           | 23,039,925 | 210,835 | 176,147 |
| TOTAL FUNDS               | 28,819,155 | 338,770 | 240,950 |

* Year 2011 figures based on unaudited accounts
ACKNOWLEDGEMENTS

Key partners

EPN wishes to thank its partners for their financial and technical support for the activities carried out in 2011:
• Bread for the World
• Bftw Ecumenical Scholarship Programme
• CDDEP
• Difaem
• EED
• ICCO
• MISEREOR
• ReAct
• USAID supported SPS programme of MSH
• Wemos Foundation
• WHO AFRO
• WHO Headquarters
• WHO Cameroon
• World Council of Churches

In kind contributions

Apart from the main funding agencies, the following individuals and organizations deserve special mention for their contribution to the work of the period:

Ann Varghese
Ashraf Islam
ASSOMESCA
Baptist Hospital Banyo
Barnaba K Kirui
Benoi Ngorsi
Beryl Amollo
Birger Fels
CBCA
CBCHB
Christian Health Association of Kenya
Christian Health Association of Zambia
Chris Luzinda Bbewusa
CME Nyankunde
Community Development Medicinal Unit Orissa
Daniel Tumwine
Deirdre Dimancesco
Difaem
Dr Berlinda Ng’ang’a
Dr Dana Witmer
Dr Eman Maksimos
Dr Jean-Pierre Tsafack
Dr Mike Upio
Dr Ngoma Kintaudi
Emily Esworthy
Eveline Wessangula
Florence Nderitu
Geraldine Olenbo
Hans Hogerzeil
Isaac Kakule Muyonga
Jacinta Nthambi Mukonzo
James Mwenda Riungu
Jill Olivier
Jonathan Kiliko
Jonathan Mbului
Josephine Waiko Muiruri
Justus Marete
Manoj Kurian
Marasi Mwencha
Meds
Mike Frost
Mimi Whitehouse
Naomi Printz
Natalia Cebotarencs
Ndilta Djekadoum
Noel Ningalao
Père Serge Patrick
Phoebe Kigundu
Prof. Mungai Mbugua
Rev. Baraka Kabudi
Rev. Dr Simon Dossou
Rev. Paul Mbone Ngando
Richard Kolute
Richard Wagner
Rose Wainaina
Rush Njoroge
Sarah Hiller
Sujith Chandy
Valence Ndip

ABOUT EPN

Ecumenical Pharmaceutical Network (EPN) is an independent non-profit Christian organization that works to increase access to medicines and pharmaceutical services through the church health systems.

Origin

EPN started in 1982 when a consultation was convened by the Christian Medical Commission (CMC) of the World Council of Churches (WCC) to provide technical advice and support to church agencies providing pharmaceutical services. In 1997, the pharmaceutical programme as it was known, shifted from Geneva to Nairobi and in 2004 the Ecumenical Pharmaceutical Network was registered as a non governmental membership organization to carry the work forward.

Network

Membership is open to any institution, organization or individual interested in promoting the objectives of EPN. Currently, EPN has over 70 members from over 30 countries from all around the world but mainly in sub-Saharan Africa.

Vision

A valued global partner for just and compassionate quality pharmaceutical services for all.

Mission

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

Values

EPN values have their basis in the teachings of Christ and the desire to uphold virtues that enhance the dignity of humankind: integrity, compassion, respect for others, conscientiousness, continuous learning, professionalism and fairness.
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