



ANNUAL 2012 REPORT





About the Cover Image
During her visit in Bangui, Central African Republic, for the Essentials of Pharmacy Practice short course in August 2012, EPN programme officer Anke Meiburg discusses management of medicines with local staff at Centre Médical Padre Pio.

2012 HIGHLIGHTS

THINK ZINC

EPN's research on children's medicines in church health institutions uncovered that zinc sulphate tablets have very low availability. And yet, the use of zinc has been proven to save lives in the treatment of diarrhoea, especially for young children.

That's why EPN started a Think Zinc campaign to raise awareness and encourage health facilities to stock more zinc and save more lives.

MANAGEMENT OF DIARRHOEA

IN CHILDREN

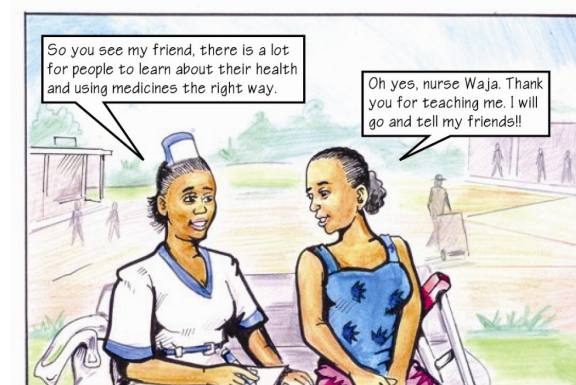
What is diarrhoea?
The stool is
• loose
• watery
• sometimes containing blood (dysentery)
• passing noisily

What is not diarrhoea?
• Soft stool (breast fed babies)
• Frequently passing normal stool

Danger
• Loss of water and salt from the body (= dehydration)
• Zinc loss is higher in diarrhoea

Zinc reduces the severity and duration of reoccurring diarrhoea!

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COMIC STRIPS FOR AWARENESS

Since the launch of its AMR campaign in 2009, EPN has been developing comic strips as a tool to raise awareness among the public, patients and health professionals about rational and correct use of medicines, the importance of hygiene and other factors impacting antimicrobial resistance. In 2012, **over 33,000 comic strips were distributed in six languages in over 35 countries!**

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IMPACT OF HIV TREATMENT LITERACY

A follow-up exercise has shown that EPN's workshops on HIV and AIDS Treatment Literacy have brought about a change of attitude and behaviour in the religious leaders trained. Many of them have become community advocates and have taken up their role as good shepherds also for those infected and affected by HIV, resulting in **more voluntary counselling and testing and more patients on antiretroviral treatment.**



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EMPOWERING PHARMACY STAFF

EPN's Essentials of Pharmacy Practice course was developed and piloted in Nairobi in 2011. In 2012, this course was rolled out in its full 3-month version and in brief 2-week courses in several countries across Africa. Through these courses, over 130 health staff who worked in hospital pharmacies but did not have any formal pharmaceutical training, obtained the **necessary knowledge and skills to provide a reasonable level of quality pharmaceutical services** in their setting of limited resources.

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"All along we have been prescribing and dispensing wrongly. Now that we have gone through this training, each and every one of us can prescribe and dispense adequately."

A participant of the Sierra Leone short course on rational use of medicines

SCHOLARSHIPS FOR PHARMACY STAFF

In 2012, EPN awarded **4 new scholarships to staff working in hospital pharmacies**, in an attempt to address the lack of pharmaceutical human resources in developing countries. The scholarships were awarded to students from Cameroon, Tanzania, South Sudan and DRC to undertake 1 to 2 year courses leading to the award of a recognized pharmacy qualification. Out of the 16 students who had started their course in 2011, already 6 have graduated successfully and returned to their work station, now recognized and much better equipped to provide quality pharmaceutical services.

EPN FORUM



The biennial EPN forum was held from 21st to 22nd March in Addis Ababa Ethiopia, under the theme *Access to quality Medicines, Priority Needs, Priority Actions for Today and Tomorrow*.

The 2-day forum was **attended by over 60 persons from 40 institutions** and enabled members and representatives of well respected international organizations to discuss insights on access, quality and medicines for non-communicable diseases, strengthen the Network and intensify cooperation. A 38-page report of the forum, with important 'take home messages' was published and made available to all participants.

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NEW OR UPDATED EPN RESOURCES IN 2012

THINK ZINC

Facts:

- 20% reduction in duration of diarrhoea
- 20% reduction in risk of acute episodes to last more than seven days
- Reduction in total stool output ranged from 18% - 59% in several studies (Ref.: WHO, UNICEF)

Zinc sulfate
Dose, oral:
Infant under 6 months: 10 mg daily for 10 – 14 days.
Infant or child over 6 months: 20 mg daily for 10 – 14 days

Ecumenical Pharmaceutical Network

Guidelines for Effective and Efficient Pharmaceutical Services

EPN

Just and compassionate quality pharmaceutical services for all

Break the silence

Susan's story
A community's response to HIV

Let's talk HIV

GOOD SAMARITAN HOSPITAL ENTRANCE

EPN

STANDARD OPERATING PROCEDURES

"HOW TO" MANUAL

For Drug Supply Organizations And Church Health Institutions

September 2007

TAKE RESPONSIBILITY FOR YOUR HEALTH

Tackling antimicrobial resistance
a story of a community playing its part

you too - can take action!

EPN From the Shelf Series
Medicines for Children

CHILDREN'S MEDICINES IN GHANA
An investigation into availability and factors impacting access

INTRODUCTION

The continuous availability of affordable medicines for children is necessary for countries to reduce infant mortality, in keeping with Millennium Development Goal (MDG) 4 (UNDP, 2010). In recognition of the importance of availability of medicines for children to the success of MDG 4, the World Health Assembly (WHA) passed Resolution WHA60.20 in 2007, titled "better medicine for children".

All the data from health facility questionnaires was analyzed using Epi Info™. Price and availability data was further analyzed using Stata.

MANAGEMENT OF DIARRHOEA IN CHILDREN

What is diarrhoea?
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What is not diarrhoea?
• Soft stool (breast fed babies)
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Danger!
• Loss of water and salt from the body (= dehydration)
• Zinc loss is higher in diarrhoea

Zinc reduces the severity and duration of recurring diarrhoea!

EPN From the Shelf Series
Antimicrobial Resistance and Antibiotic Use

ANTIMICROBIAL RESISTANCE AND ANTIBIOTIC USE
A course for doctors and pharmacists

Preliminaries

CHUKUA JKURUMU LA AFYA YAKO
Wewe pia - unaweza kuchukua ndoa!

EPN From the Shelf Series
Pharmaceutical Human Resources

PHARMACEUTICAL STAFF IN CAMEROON
Mapping of pharmaceutical human resources in church health services

INTRODUCTION

are essential tools for the treatment, or diagnosis in medicine. To handle adequate pharmaceutical professionals d. The WHO health report 2006-statistics he shortages in personnel in the medical-Saharan Africa. Between 2008 and 2010, 30 CBC Health facilities in the period August to September 2008. Obstacles have been the remoteness of some institutions, the logistical obstacles in transport, and the length of the questionnaire which may have reduced the

METHODOLOGY

The report is based on a non-systematic review of literature on issues around human resources for health in Cameroon, and synthesis of information obtained from a questionnaire survey. The questionnaires were sent to all the staff working in 30 CBC Health facilities in the period August to September 2008. Obstacles have been the remoteness of some institutions, the logistical obstacles in transport, and the length of the questionnaire which may have reduced the

Interested? Contact us!

ABBREVIATIONS

ACHA	Africa Christian Health Associations Platform
AEFJN	Africa Europe Faith and Justice Network
AMR	Antimicrobial Resistance
ARV	Antiretroviral
ART	Antiretroviral therapy
ASSOMESCA	Association des Œuvres Médicales des Eglises pour la Santé en Centrafrique
BoP	Base of the Pyramid
BUFMAR	Bureau des Formations Médicales 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
CDMU	Community Development Medicinal Unit
CEPAC	Communauté des Eglises de Pentecôte en Afrique Centrale
CEPBU	Communauté des Églises de Pentecôte au Burundi
CHAK	Christian Health Association of Kenya
CHAM	Christian Health Association of Malawi
CHAN	Christian Health Association of Nigeria
CHASL	Christian Health Association of Sierra Leone
CHAZ	Churches Health Association of Zambia
CMC	Christian Medical Commission (WCC)
CME	Centre Médical Evangélique
CoRSUM	Coalition for Rational and Safe Use of Medicines Moldova
CSSC	Christian Social Services Commission
DIFAEM	German Institute for Medical Mission
DRC	Democratic Republic of Congo
DSO	Drug Supply Organization
ECC	Eglise du Christ au Congo
EED	German Church Development Service
EHAIA	Ecumenical HIV and AIDS Initiative in Africa
EPP	Essentials of Pharmacy Practice
ESP	Ecumenical Scholarship Programme
FBO	Faith-based Organization
FEFO	First Expiry First Out
FIP	International Pharmaceutical Federation
GARP	Global Antibiotic Resistance Partnership
HBB	Hôpital Bon Berger
HR	Human Resources
ICT	Information and Communications Technology
JMS	Joint Medical Store
KENERELA+	Kenya Network of Religious leaders living with or personally affected by HIV
KEMRI	Kenya Medical Research Institute
MDG	Millennium Development Goal
MEDS	Mission for Essential Drugs and Supplies
MEMS	Mission for Essential Medicines and Supply
MMI	Medicus Mundi International
MSH	Management Sciences for Health
MTC	Medicines and Therapeutics Committee
NACC	National Aids Control Council
NCKK	National Council of Churches of Kenya
NGO	Non governmental organization
PACANET	Pan African Christian AIDS Network
PLWH	People Living with HIV
QUAMED	Quality Medicines for All
SAVE	Safer practices, Access to treatment and nutrition, Voluntary testing and counselling and Empowerment
SPS	Strengthening Pharmaceutical Systems
UCMB	Uganda Catholic Medical Bureau
UJCC	Uganda Joint Christian Council
UNAD	Union Nationale des Associations Diocésanes 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

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FROM THE BOARD CHAIRMAN

The watchword (by the Moravian Church) for 2013 is from Hebrews 13:14: “For here we have no continuing city, but we seek one to come.” (King James Bible)

The present world is not God’s final world. We are journeying to the other world, to God’s kingdom. Being on that road means one needs to be visible. Unlike some who may not care if others suffer, we do care, especially if people don’t have access to quality medicine.

God’s kingdom is already among and around us, as we change hopeless and loveless situations in and between individuals, amongst families and societies. As individuals, organizations and ultimately as a network focused on medicines

and an ecumenical approach, we are able to improve health inside and outside church health facilities. Let us not rest reflecting on the past. Instead, let us move forward together, since together we will ensure a visible movement, and a stronger EPN.

EPN is well prepared. We have packed quite a lot of luggage to support us on the way: tools for pharmaceutical training, ideas and tools for improving access to medicines for children, experiences through pooled ordering and pooled procurement, infrastructure for testing the quality of medicine, guidelines for improving the quality of pharmaceutical services in health facilities and much more. Others will be added on the way. Up to here it sounds good. BUT the challenge we are facing is that as we make this journey, very few of us are truly using our luggage. Members should make use of it, should implement these tools into their own systems to broaden this movement... in order to make it stronger and more effective.

In 2012 and early 2013 we were facing great challenges because of staff changes at the EPN office. Andreas Wiegand came into the office as an additional staff member in February and we are very glad and thankful for his quick and good start in very different areas of EPN ‘business’. We however ‘lost’ Anke Meiburg, an EED seconded staff like Andreas. She did an excellent job in her five ‘EPN-years’. To mention two of her many achievements, she succeeded in strengthening the Francophone wing of EPN and developed from vision to reality a new pharmaceutical training tool, the course on Essentials of Pharmacy Practice. Our heartfelt thanks to Anke for everything she did for our Network! The main change has been on a higher level. The executive director Donna Kusemererwa left EPN in January 2013. For four years, she supported the secretariat and the entire Network with lots of energy and skill. Yes, she has been a good director and we are sad to lose her. Thank you Donna, for all you did and my thanks for your good cooperation with me and the entire EPN Board. May our Lord keep blessing her and her family in the coming period.

I am glad to welcome the new executive director, Baraka Kabudi. He is a Tanzanian, a Reverend and a pharmacist by profession. On behalf of the Board and all the members, my best wishes. May he be blessed and supported to become a good and successful director.

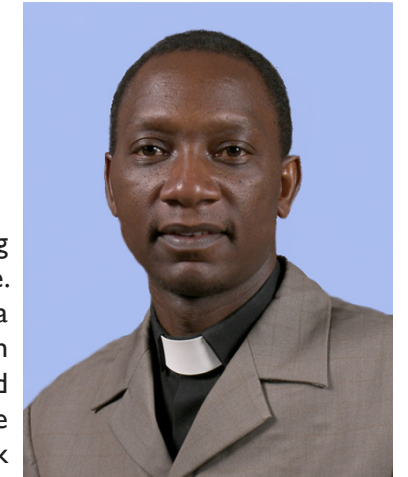
One challenge still remains. Although the result of the EPN evaluation presented in 2012 is mostly positive, till today we are still not able to identify enough new and strong partners/donors to support our pharmaceutical movement. This will remain a first priority for all of us because it is very closely linked to the sustainability and survival of EPN itself!

God bless you and the Network.

Albert Petersen

January 2013

FROM THE EXECUTIVE DIRECTOR



Welcome to our Annual Report of 2012.

The report starts with a campaign on “Think Zinc”, touching a child suffering from diarrhoea, just because of the right to play, but the dust was not safe. Meanwhile, though reading books may not be a habit for many of us, have a look at the illustrated comic strips available for awareness information on antimicrobial resistance, hygiene, health and HIV and AIDS. EPN published these comic strips in several languages. Is your language of choice there? The lack of Human Resources for Health is still a challenge with unplanned task shifts and task sharing; the tailored course on Essentials of Pharmacy Practice is an effort to respond to the needs of people suffering from wrong counselling by untrained dispensers, especially children and mothers.

For 2013, the Network shall continue to support member organization’s efforts to reduce the maternal and childhood mortality rate particularly in sub-Saharan African countries, to meet the MDGs. Building also partnerships of EPN DSO members for pooled procurement of medicines, especially children’s medicines which mostly are taken as half adult. Continued support for the provision of suitable tailored courses to equip the less trained workforce in the field already taking on pharmaceutical tasks as short term measures. We will also use the available potentials to set and provide practice-based Continued Professional Development courses in collaboration with Network members and international organizations. To ensure that EPN is climbing the ladder set on the right wall, we shall maintain the voice and championship within the churches and church health systems, increasing the advocacy effort at the global, regional and national level, as well as integrating information technology options in our activities and programmes.

Prophet Elijah sent his servant “Go and look towards the sea” (1 Kings 18:43 New International Version). The seventh time, the servant reported: “A cloud as small as a man’s hand is rising from the sea” (1 Kings 18:44 New International Version). Very optimistically I am saying, what do we want to see? Can’t we feel the rain drops on our faces? EPN is reaching the poorest of the poor through its member organization facilities, located in very remote areas. Infrastructures, technology, supply chain systems, financials and trained staff have been and still are a burden for the Network members.

“We are not half adults” and “We need safe motherhood and safe pharmaceuticals” are the challenging calls from children to you and me, to overstretch our ability, reaching them from the small cloud like a man’s hand rising from the sea. What do we want to see?

I thank God for being given the opportunity to serve at EPN as Executive Director. I thank the Board for the appointment and their confidence, and hope to receive support from the EPN secretariat team and members.

I invite you with all the passion for just and compassionate quality pharmaceutical services to see God’s work within us in 2012. Take a good reflection of all the blessings to you in 2013 and pray for us, poor servants of God.

Remain blessed.

Rev. Baraka Kabudi

January 2013

CHILDREN'S MEDICINES PROJECT

In 2012, EPN disseminated results from its research on children's medicines in church health institutions in Chad, Ghana, Kenya and Uganda. These studies, using tools developed and validated by the WHO, were the first significant attempt to collect data on the availability of children's medicines in faith-based health facilities in the targeted countries. The research showed that zinc sulphate tablets have the lowest availability. **Over 65% of the more than 200 health institutions surveyed in four countries had no zinc available.** And yet, the use of zinc has been proven to save lives in the treatment of diarrhoea, especially for young children. **That's why EPN started a Think Zinc campaign** to raise awareness and encourage health facilities to stock more zinc and save more lives. According to the Africa Christian Health Associations (ACHA) Platform, faith-based health facilities make up a large part of all health care facilities in Africa. Any improvements in the availability of children's medicines in this sector are therefore likely to positively affect national health targets, particularly MDG 4.



Photo Credit: Paul Jeffrey / Ecumenical Advocacy Alliance

"I would like to congratulate you on this important contribution to the overall discussion on access to medicines - this is the first time that I see such a study done with a specific focus on children."

Andreas Seiter | Senior Health Specialist | Pharmaceuticals Health, Nutrition, & Population | The World Bank

MTC DEVELOPMENT AND SUSTAINABILITY

Medicines and Therapeutic Committees (MTC) are an important structure for promoting more efficient and rational use of medicines in health facilities. The WHO encourages each hospital to establish an MTC to oversee selection of medicines and to set policies for that institution's local formulary. EPN members were invited to invest in supporting the development, functioning and sustainability of MTCs in their institutions.

Members **Communauté Baptiste au Centre de l'Afrique - CBCA (DRC), Hôpital Bon Berger - HBB (DRC) and Coalition for Rational and Safe Use of Medicines - CoRSUM (Moldova) received EPN grants.**

CoRSUM held a four-day course on basic pharmacoeconomics, with 79 participants representing MTCs of various health facilities in Moldova. CBCA worked towards reviving and supporting the existing MTC in its main referral hospital, which had been established in 2010 and now consists of 15 trained members. HBB strengthened its MTC by supporting the management of and revising the formulary, evaluating and improving the use of medicines in the hospital, and setting up a system for pharmacovigilance.

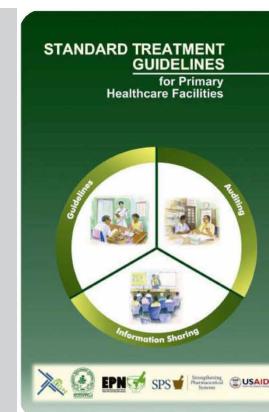


ANTIBIOTIC AND ANTIMICROBIAL RESISTANCE COURSE

Course materials for a **3-day course for doctors and pharmacists** on antibiotic use and antimicrobial resistance have been developed and are ready for use. EPN is currently seeking funding to translate the course into French. The course materials have been offered to GARP Kenya to explore accreditation possibilities with the Pharmacy and Poisons Board and adoption of the course by GARP Kenya, making it more widely available.

UBORA WA DAWA TEST SYSTEM PROJECT

In 2010, EPN embarked on a collaboration with ICCO, BoP innovation center and DSM in the Netherlands, to develop a **simple quality test system for antibiotics**. In 2012, pilot tests were performed in Kenya with volunteers from MEDS and CHAK health facilities in cooperation with KEMRI. The testing results and the feedback from the nurses, laboratory technicians, and similar health workers indicated that further technical development needs to look into the robustness, reproducibility, and possible simplifications. The latter refers to the equipment and amount to be used performing the test. EPN invited stakeholders from the Ministry, the Pharmacy and Poisons Board, and research institutions in Kenya to review the current achievements and give feedback on an endorsement process. Towards the end of the year, BoP innovation center invited EPN to be part of a workshop in Amsterdam reflecting on cooperation in three pilot projects for pro-poor innovation consortiums, among which is the test system for antibiotics.



GUIDELINES FOR PROCUREMENT OF MEDICINES

One of EPN's goals is to support the efficient running of medicines supply, so as to reduce costs and avoid stock-outs. **Member institution Community Development Medicinal Unit (CDMU) West Bengal in India received a small grant to complete the production of standard treatment guidelines** for the primary healthcare facilities they serve in the state of Jharkhand, one of the poorest states in India. 500 copies were produced and distributed to the facilities during group meetings where health staff were given guidance on how to use the book. The guidelines should help rationalize the orders from the facilities and enable CDMU to buy larger quantities at the right time, and enjoy economies of scale.

INITIATING POOLED PROCUREMENT OF MEDICINES

EPN currently has 8 members in Cameroon, who have expressed interest in launching a **pooled procurement initiative to improve availability of medicines**. In March 2012, EPN facilitated a meeting, bringing together the Cameroon members and resource persons from MEDS (Kenya), CHAN Medi-Pharm (Nigeria) and CSSC (Tanzania) who all have vast experience in large-scale procurement. The group agreed on immediate actions to be taken and a follow-up forum was organized in December 2012 to further the collaboration towards setting up a system of pooled procurement between the different networks.



AMR COMIC STRIPS PROJECT



Since the launch of its AMR campaign in 2009, EPN has been developing **comic strips as a tool to raise awareness among the public, patients and health professionals** about rational and correct use of medicines, the importance of hygiene and other factors impacting antimicrobial resistance. The 16-page booklets volume 1 and volume 2 were this year translated to Kiswahili and a large-scale distribution was done of these two booklets in English, French and Kiswahili, together with the previously developed *Call to action* sheet and *Infection control tool* to support health professionals.

In collaboration with member organizations Churches Health Association of Zambia (Zambia) and Cameroon Baptist Convention Health Board (Cameroon), the first comic strips booklet was translated and distributed in Pidgin English and two local Zambian languages.

"Oh, I have never known why Chloroquine can't cure Malaria any longer, I will stop buying it!"
A member of the public in Cameroon reading EPN's comic strips in Pidgin English

From: Nsabimana Damien
Sent: 12 April 2012 19:26
To: info@epnetwork.org
Subject: EPN comic strips

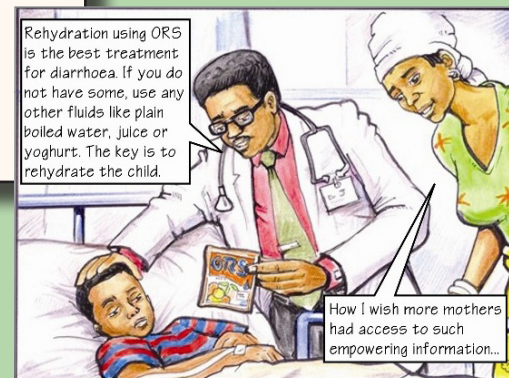
Hi!

Thank you very much for the comic strips you have sent to me by post. It's now my turn to organize a good distribution. The contents are very interesting, I really congratulate you for the initiative.

Best regards,
Dr. NSABIMANA Damien
Medical Director
Kibogora District Hospital
Free Methodist Church in Rwanda

A 3rd booklet was also developed and distributed in English, French and Kiswahili, covering topics such as childhood diarrhoea and diabetes.

A total of over 33,000 comic strips were distributed in over 35 countries!



EPN MEMBERS WORKING TOGETHER

JOINT AUDITS SAVE COSTS AND INCREASE AUTHORITY!

The EPN Forum 2012 tackled issues of quality of medicines. Christophe Luyckx of QUAMED explained that quality assurance is often delegated to procurement agencies. However, this does not mean that they assure the quality based on thorough technical evaluations. In September 2012, EPN members JMS (Uganda) and action medeor (Germany) took the initiative to conduct a joint audit of three manufactures in China. An independent senior expert was employed to enhance the quality of the audit and allow an exchange of expertise among those involved. The inspection investigated the production of tablets and capsules, but also sterile and aseptic manufacturing, among other aspects. No major problems with the quality of the medicines were identified. As for the findings concerning documentation, the manufacturer has presented an action plan.

Joint audits make it possible to reduce expenses (both finances and time). The capacity sharing and involvement of third party auditors makes for higher quality audits. The institutions involved also benefit a higher authority and purchasing capacity.

Action medeor started carrying out joint audits with faith-based Drug Supply Organizations in East Africa in 2009. The first audit was planned as part of a workshop among EPN members on 'Supplier qualification and auditing'. Together with the organizers action medeor and Difaem, participants from JMS Uganda, MEDS Kenya, CHAM Malawi and action medeor International Healthcare Tanzania met in Nairobi. Along with two internationally experienced senior auditors, three manufacturers in Kenya were inspected. The encouraging experience of these audits led to the planning of other joint audits.

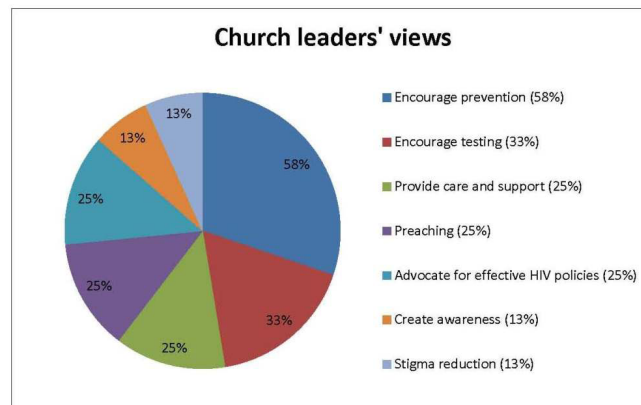


Given that only 20% of the world's regulatory agencies have the capacity to do regulatory control (WHO data), **joint inspections by members of the Network bear a great opportunity to increase quality assurance efforts.**

RESEARCH

Research papers on **paediatric ART supply, sources of ARVs in Africa and perceptions of church leaders on the churches' response to HIV** were completed. All papers were published in Pharmalink edition 2012 on HIV programming in Church institutions. The figure on the right shows church leaders' views on actions the church should take in the response to HIV & AIDS.

A paper on HIV commodity mainstreaming in Africa particularly within the FBO sector has been researched though there is not much information available in the literature.



TREATMENT LITERACY COURSE

Religious leaders have a key role to play to educate and support their communities in regards to HIV treatment issues. Since 2006, EPN has been running HIV and AIDS Treatment Literacy Courses for Church Leaders in various countries. In 2010, EPN developed its HIV & AIDS Treatment Literacy Guide for Church Leaders to support the workshops. In November 2012, a training for 26 church leaders was held in Nairobi, Kenya. **All participants established an action plan specific to their church and community.**

FOLLOW-UP ON TREATMENT LITERACY COURSES

Follow up with church leaders who had attended Kenya and DRC courses in 2011 was completed. 17 out of 24 of those who attended the Kenya course were able to show evidence of undertaking action after the course. Their efforts have gone into voluntary counselling and testing services, referring to antiretroviral collection centres, collaboration with church hospitals and health centres, home-based care, setting up support groups, creating innovative micro-enterprise schemes for income generation, and conducting HIV awareness, among others.

The church leaders trained in DRC formed an association named *Tumaini* and a Task force to combat HIV and AIDS.

Implementation of some of the action plans is underway. Some of the tangible results were awareness and sensitization activities, students taking an HIV test in a mobile clinic and better counselling of married couples.

"Before, I was afraid and ashamed to talk about HIV with people living with HIV, but now I have compassion for them and a great desire to help them to accept their status and live with others."

A participant of the HIV and AIDS Treatment Literacy Training in Cameroon

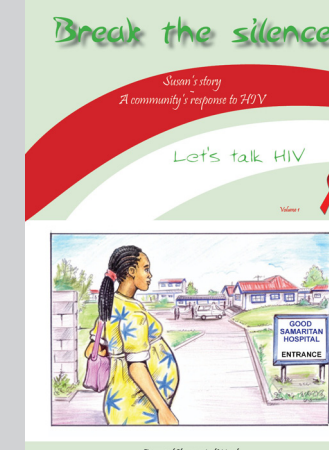
At the end of 2011, an evaluation was done of the training of trainers course and follow-up workshops on HIV and AIDS Treatment Literacy in 2009 and 2010 in Cameroon. The report was finalized in 2012 and evaluates the course, the course materials and the impact of the training. One of the findings was that the Treatment Literacy Guide, initially intended for Church Leaders, was also a useful tool for people living with HIV and for other groups and people affected by

"I have several people who are well because they followed my advice and take their medication, this gives me joy and I am happy to continue to support them."

A participant of the HIV and AIDS Treatment Literacy Training in Cameroon

also a useful tool for people living with HIV and for other groups and people affected by

HIV. Reports on the impact of the trainings have been very encouraging. The assessment showed that **the Treatment Literacy trainings in Cameroon had a lasting impact on the attitudes and behaviour of religious leaders** which was still visible more than a year after the trainings. Religious leaders reported on how their own attitude and behaviour towards people living with HIV was changed through the training and how they were now supporting HIV positive people in their congregations and communities, as illustrated by the following testimony: 'After the training I realised that as a religious leader I have a responsibility to help them (PLWH) to see a doctor and receive treatment.' The HIV treatment centre in Batouri even reported an **increase in patient numbers** due to the training of church leaders.



HIV COMIC STRIPS

Because pictures can say more than 1000 words, EPN has used graphic art to reach patients, health professionals and the general public, with a comic strips booklet on HIV containing 11 stories tackling faith healing, stigma, prevention of mother to child transmission, antiretroviral therapy and other topics. The strip tells the story of Susan who is pregnant and finds out that she is HIV-positive. **The story shows how Susan struggles but finally, with the help of her community and pastor, is able to make the right choices for her health** and even becomes a community advocate for HIV treatment. 6000 copies of the booklet entitled 'Break the silence - Let's talk HIV' were distributed in collaboration with KENERELA+ at the SAVE (the new comprehensive HIV prevention model) road show and World AIDS Day events in Kenya.

Below: campaign participants during the World AIDS Day event and rollerskating road show in Kenya



NATIONAL NETWORKING

In support of the National response to HIV in Kenya, EPN formed part of the national technical working group of faith-based organizations and faith-based communities in response to HIV, spearheaded by the National AIDS Control Council (NACC). **EPN meaningfully contributed to the development of the National Action Plan** for Faith communities and Faith-based organizations in HIV and AIDS response with an active focus on access to and adherence to HIV treatment, one of the main activities proposed in the plan. The National Action Plan was endorsed by top religious leaders and should be launched early in 2013. EPN also participated in a consultative meeting on the development of a National Policy on Faith Healing organized by KENERELA+ and NACC and a first series of HIV debates organised by NACC.

HIV ADVOCACY

A team led by Pastor Mbaïdoum Obed of Koyom hospital in Chad, an EPN member, undertook action aimed at getting Government recognition of the HIV activities being undertaken by faith-based groups. **The advocacy team obtained the support of religious and traditional leaders and of parliamentarians** and was confident to put some pressure on the Minister of Health to obtain government support for capacity building in the fight against HIV and AIDS in the department. Several awareness activities were done in local communities, in one instance even leading to 1500 people undergoing voluntary testing.

HIV + AIDS TL Guide for sale

Empowering church leaders
Religious leaders have a key role to play to educate and support their communities in regards to HIV treatment issues. The EPN Treatment Literacy Guide and courses aim to introduce church leaders to some of the skills they can use and the ways that they can influence outcomes.

EPN
Ecclesiological Pharmaceutical Network
Réseau Pharmaceutique Écclésologique

HIV & AIDS Treatment Literacy Guide for Church Leaders

HIV + AIDS TL courses on demand

HIV & AIDS Treatment Literacy for Church Leaders
Church Leaders Bridging the Gap

...acquire the knowledge then use it for the benefit of those in need!

A PASTOR IN ACTION

Deacon Violet Wainaina of the Presbyterian Kiababu Church in Kenya attended the HIV literacy training by EPN in 2011. In her action plan developed at the end of the training, she committed to start a support group for people living with HIV. She approached the church elders with this idea. **It was not an easy task in a rural church at a time when they still shied away from talking about HIV.**

When Deacon Violet shared with the elders the information and knowledge she had gained, they accepted the idea. The support group started with five women and has now grown to about 70 members including women, men and discordant couples. In the group, the members equip themselves with information on HIV and AIDS, support each other spiritually through bible-based devotions, give emotional and moral support, and benefit from income generating projects. They have also gained confidence to come out about their HIV status and access care and treatment services. Since initiating the support group and creating linkages with local health facilities, **several partners have approached Deacon Violet in support of access to health care for HIV and AIDS and empowerment of other churches.** Some of the prominent organizations that she is now working with include NCCCK, Christian AID and NACC.



Deacon Violet (3rd from the left), with EPN staff and a church member

While working with the support group, Deacon Violet realized a gap in involvement of youths. With high unemployment in Kiambu County like in many other areas in Kenya, she observed youths idling around in the nearby shopping centres and others engaging in alcohol and drug abuse. Recognizing that these engagements could put them at risk of HIV infection, she decided to act. In September 2012, EPN provided financial support for her youth-friendly project. The programme has engaged over 30 youths in HIV and AIDS edutainment through drama, mobile voluntary counselling and testing and a free ICT centre where youths can browse information on HIV and AIDS as they also acquire computer skills. In three months, the drama group has performed sketch comedy education on various issues of HIV in 10 different places including schools, churches, open air markets and during the local G-Jue Campaign. During all this, mobile VCT services were offered with **already more than 250 people tested** and more than 700 reached with HIV prevention, care and treatment messages.

During her testimony session in the treatment literacy course in 2012, Violet stressed that religious leaders have great influence on community response to HIV and AIDS. **She said that the EPN Treatment Literacy training opened up her mind to do things differently,** adding that her faith in God and her commitment have enabled her to implement more than she had stated in her action plan, even with little finances.

SUPPORT TO UPCOMING DSO'S

In April 2012, a team from EPN member ASSOMESCA in Central African Republic, led by Dr Sebastien Dackpa, visited EPN for consultations on the set up of their upcoming Drug Supply Organization. Additional **technical support** on the set up of the DSO was provided by EPN programme officer Anke Meiburg when she visited Central African Republic in August 2012. Through EPN, ASSOMESCA is also in contact with other EPN members such as Difaem and MEDS, and setting up collaborations with them.

EPP COURSE SOUTH SUDANESE STUDENTS

From 6th February to 27th April 2012, EPN in collaboration with Joint Medical Store (JMS) and Gulu University in Uganda offered a 3-months training course on the Essentials of Pharmacy Practice (EPP) in Gulu, Uganda. At the start of the course, Ugandan newspaper *New Vision* ran an article on the initiative. The course was attended by 25 students from South Sudan and 4 students from Gulu. Majority of the participants were pharmacy staff from health institutions that had not had any pharmaceutical training before. The feedback from the course participants, after they had gone back to their work stations, was very positive. **People felt empowered and confident to do their daily work**, which was one of the goals of the EPP training course. Improvements were especially reported in the area of communication skills and dispensing, and inventory management. Some students reported on **increased patient numbers**.

"I am a changed person. I was not confident before about the work I do, but now I am."
A participant of the EPP course in Uganda



EPP COURSE DRC

In 2012, the course materials of the EPP course, consisting of six modules, were translated to French, so as to facilitate the **first EPP course for 25 Francophone students** held from 11th June to 31st August in the Democratic Republic of Congo. The course was run in close collaboration with EPN member CBCA (Communauté Baptiste au Centre de l'Afrique), who in turn called on another EPN member, Centre Médical Evangélique de Nyankunde, to work together. 25 participants were trained, majority coming from the province of North Kivu.

EPP COURSE MALAWI

The third course for the year was held in Malawi, from 26th August to 16th November, in collaboration with Christian Health Association of Malawi. 25 students were recruited from CHAM health facilities which have no pharmacist or pharmaceutical technician on staff.

The health facilities involved reported that they highly appreciated one of their staff being trained as there is evident lack of knowledge on pharmaceuticals at CHAM facilities and regular trainings are not possible due to limited resources.

The 12-week course on 'essentials of pharmacy practice' is intended to empower hospital pharmacy staff with relevant practical knowledge and skills to provide a reasonable level of quality pharmaceutical services. After a pilot run in Nairobi in 2011, EPN has been and continues to run the course in various countries in Anglophone and Francophone Africa.



DIRECT IMPACT

After the courses on the Essentials of Pharmacy Practice that ran in several countries this year, many of the more than 130 pharmacy staff trained have reported **immediate action and improvement in their work environment**. Students have for example taken the initiative to

- start using stock cards where they were not
- adopt the FEFO system where they were not
- keep the right medicines refrigerated
- re-organize the pharmaceutical stock and improve procurement procedures
- improve selection of suppliers
- calculate average monthly consumption of medicines
- improve communication towards patients and with clinicians

Several students also report of having received full support from their health institutions to take the lead in improving pharmaceutical services in the institution, and a number of the students have been given a position with more responsibility based on their newly acquired pharmaceutical knowledge.



HR MAPPING

At the basis of EPN's programme on professionalization of pharmaceutical services and more specifically its efforts to train pharmacy staff is the research indicating a **lack of pharmaceutical human resources in developing countries**. In the course of recent years, EPN has undertaken such research in eight African countries. The results have been summarized in country fact sheets and a brief multi-country summary report.

SHORT PHARMACY COURSES

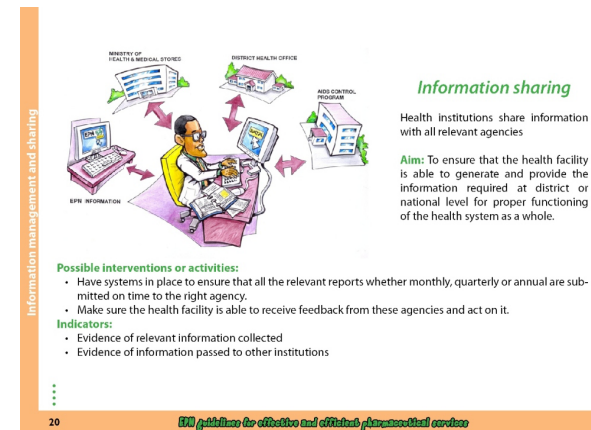
A two week course covering module 5 of the EPN Essentials of Pharmacy Practice course on dispensing and rational use of medicines was run for staff from church health facilities in the Central African Republic in August. Since funding was limited, additional resources were provided by ASSOMESCA, EPN member and partner in this project. 29 staff from hospitals and health centres attended the training.

A similar two week course covering the same module was run in Freetown, Sierra Leone in September, for staff from facilities under the Christian Health Association of Sierra Leone (CHASL), an EPN member. 25 participants were trained. Additional funding was secured for this course from action medeor and the NGO German Doctors. In both cases, EPN staff were actively involved in ensuring that the courses were well facilitated and properly run. These courses represent the **first efforts to run single modules of the course** and provided a good way of testing the premise that each of the modules can be beneficial on its own.



HOSPITAL PHARMACY MANAGERS COURSE

A syllabus to run a hospital pharmacy managers course is available in draft. The syllabus focuses on equipping pharmacy managers with skills in leadership and management, pharmaceutical care, health commodity logistics and medicines management as well as medicines policy, pharmacy law and ethics.



GUIDELINES FOR BETTER SERVICES

A booklet presenting the EPN guidelines for effective and efficient pharmaceutical services, originally developed several years ago, as a compilation of text and image was distributed to all members. 1000 copies in English and 500 French were distributed. The guidelines are intended to **support health facility managers, pharmaceutical personnel** and all those involved in pharmaceutical service delivery with a tool to guide them on the areas they need to pay particular attention to, in order to provide a high level of service.

SCHOLARSHIPS IN PHARMACY

Since January 2011, EPN has been running a scholarships project, providing study grants to staff working in the pharmacies of church hospitals to undertake 1-2 year courses leading to the award of a recognized pharmacy qualification. The project is an attempt to address the lack of pharmaceutical human resources in developing countries. In 2012, **4 scholarships were awarded** to students from Cameroon, Tanzania, South Sudan and DRC. 6 of the 16 students who started their course in 2011 have already graduated successfully and returned to their work station, now recognized and much better equipped to provide quality pharmaceutical services.

BOOK PROJECT

In 2012, EPN was able to continue the book project launched in 2011, with the objective of increasing the knowledge of health care providers, particularly pharmacists and clinicians in health facilities, by distributing three important books: the WHO Model Formulary for Adults, the WHO Model Formulary for Children and the book *Where there are no pharmacists*. **Over 700 copies of each book were distributed.** The beneficiaries in phase two of the project included training institutions, EPN member organizations and countries where the EPP course was rolled out.



The 3 books were donated in September 2012 and have been distributed to CSSC supported health facilities via Tanzania Christian Medical Association and the ART project of CSSC between September and November 2012. The health facilities in-charges and pharmaceutical personnel were very happy to receive these reference materials and promised to use them in their daily practice since they would equip them with sufficient skills to improve the services rendered to the patients.

CSSC will forever remain grateful to EPN for its continuous support in improving pharmaceutical supply chains and also clinical management of patients especially paediatrics.

Long Live EPN

Wema Kamuzora
Pharmacist
Christian Social Services Commission (CSSC), Tanzania

MANUALS

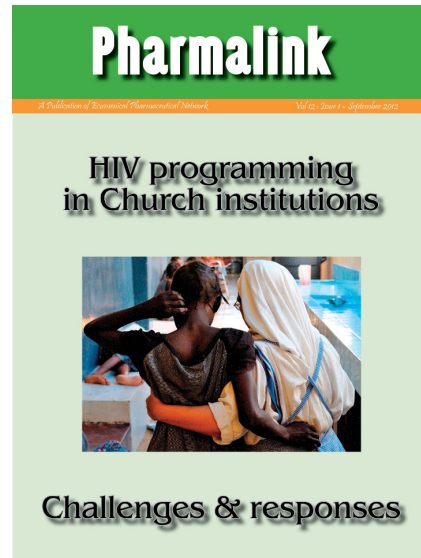
The *corporate governance manual for faith-based pharmaceutical service providers*, previously developed in English, was finalized in French. The *Standard Operating Procedures Manual for drug supply organizations and church health institutions*, previously developed in French, was finalized in English. Both are available for members.

E-PHARMALINK

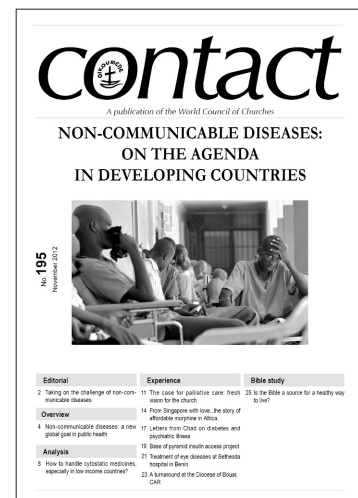
e-Pharmalink is an electronic EPN newsletter that aims at providing health professionals with current information and news on pharmaceutical issues, to support them in their efforts to provide effective and efficient services. In 2012, 6 issues were distributed (in English and French) to all Network contacts and pharmaceutical professionals who subscribe to it. **The list of recipients has grown from over 1000 recipients in 2011, to over 2000 recipients at the end of 2012.**

PHARMALINK

The 2012 edition of Pharmalink, an annual thematic publication by EPN, focused on HIV programming in Church Institutions, challenges and responses. The edition includes several contributions from EPN members from across the world. It offers **an inspiring look on HIV programming in church institutions** in Kenya, Uganda and Zambia, but also insights on the supply of ARVs, the burden of the disease in African countries, the challenges with regard to patient adherence and last but not least, an interesting view on church leaders' opinions about the church's response to HIV in the congregation and the community.



"The Pharmalink edition on HIV programming is a great piece of work. The article by CHAZ and the emphasis on community participation in dealing with the underlying cause of HIV is great."
 Fredrick Kimemia, friend of EPN and reader of Pharmalink



CONTACT MAGAZINE

Contact magazine is a publication of the World Council of Churches. Uneven numbers of the magazine are published by EPN. The November 2012 issue looked at the **rise of non-communicable diseases in the world and particularly in developing countries** where infectious diseases are no longer the lead killers. The issue contains several inspiring stories from EPN members and other organizations. 1000 copies in English and 500 copies in French were distributed to EPN members and Network contacts in over 45 countries.

CONTRIBUTION TO EXTERNAL PUBLICATIONS

- Andreas Wiegand wrote an article for CHAK-Times (human resources), Medicus Mundi (annual report article on human resources) and two articles for the website of EED.
- Elisabeth Goffin contributed to the ACHAP bulletin, as a member of the editorial committee.
- An EPN contribution was published in the Ecumenical Advocacy Alliance Devotional Advent Calendar in December.

A TURN-AROUND AT THE DIOCESE OF BOUAR, CAR

The term non-communicable diseases sounds foreign to us in Africa, at least in our country, Central African Republic, where maternal deaths are the highest of all the countries in central Africa (850 deaths for 100 000 live births¹) and where one in five children go to heaven before the age of 5.

How can we find the time to think about cardiac disease, diabetes, cancer? For years, the world has been talking about non-communicable diseases, but our ears were deaf, our eyes too busy observing the suffering in front of us, if not more painful, definitely much more frequent. The situation in Africa can always be summarized in two words: limited resources. The golden rule is to select the priorities from the priorities.

CHAZ HIV programmes: Supporting humanity's resilience

Josephat Kakoma

Back in the mid/late 1980s, HIV and AIDS was a ravaging monster; a deadly disease the very mention of which elicited debilitating fear of inevitable death coupled with the shame of contracting a disease largely associated with illicit sexual activity. The ghostly appearance of its victims sent cold shivers along the spines of even the strongest of men and women. Being diagnosed with HIV back then meant slow but certain death, but perhaps the worst bit was the social death - stigma and discrimination - that a person with AIDS experienced. HIV simply became to mean death - shameful death - and even the men and women of collar were caught off balance in their initial response to this deadly disease. Because HIV was widely associated with immorality, many, including the clergy, responded with condemnation of its victims - hence the widespread stigma and discrimination. HIV and AIDS was not just a medical condition but it also ravaged entire communities economically by claiming the health and lives of many breadwinners. Stigma...

and AIDS related cases. This situation became acute around 1987/1988 and most health facilities were failing to cope with the ever rising number of HIV and AIDS related admissions particularly as they also did not have medication to manage AIDS at the time. Eventually, most health facilities began discharging AIDS patients, feeling helpless and hopeless as they could do little to keep the patients alive.

Given this situation, Churches, out of their compassion for the sick, began making visits at the homes of their members who were sick but could not be admitted at the health facilities. These visits gained momentum as time went by and increasingly came to be known as home-based care (HBC). With increasing HBC visits, CHAZ member facilities began to coordinate their efforts to replicate these services where not yet introduced. A referral system linking these "community health services" to the nearest health facility...

CHAZ's experience with HIV and AIDS programming has seen the organization transition from relatively isolated and unorganized efforts in remote areas to well-coordinated efforts spread throughout the country.

these services where not yet introduced. A referral system linking these "community health services" to the nearest health facility...

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 addition to news from the secretariat, the Network and the members, every edition of Netlink puts the spotlight on one EPN member organization and its activities. In 2012, 6 issues were distributed in English and French to all member contacts and participants of EPN activities, totalling over 400 recipients.

"Thank you for the newsletter. At every bulletin, I am delighted at the news, achievements and plans of EPN."
Valentin Dingamwal, of EPN member Centre hospitalier de bebaïem, (Chad)

VISITS TO MEMBERS AND POTENTIAL MEMBERS

In 2012, the following visits to members were done.

- Kijabe hospital (Kenya) and BUFMAR (Rwanda) were visited by EPN staff in February.
- Ms Vivian Ochollah, a volunteer pharmacist at EPN, visited CHASL in Sierra Leone in September.
- During her visit to Central African Republic, Ms Anke Meiburg met the members of the ASSOMESCA board and staff.
- During her visit to South Sudan, Ms Anke Meiburg met with Christian Health Association of Sudan, and IMA Health South Sudan, as well as possible partners or members such as Sudan Catholic Bishop Conference and Caritas Sudan.
- Donna Kusemererwa and Andreas Wiegand were privileged to attend the official opening of the new MEDS which was combined with the celebration of 25 years of MEDS in March.
- While in Malawi, Andreas Wiegand met with several staff of Christian Health Association of Malawi (CHAM).
- Andreas Wiegand attended the CHAK annual conference in April and paid a courtesy call on Dr Kiplangat.
- Apart from the members who attended the forum, members met by secretariat staff at other events include Dr Ndilta of Koyom Hospital, Felix Mbete of UNAD, Nicolas Wacan and Elisée Undehoseo of CME, Emmanuel Higenyi of JMS and Samson Kamuha of CBCA.
- Potential members in Burundi, CEPBU, Caritas-Burundi and the Anglican Church of Burundi, were visited in March.
- Donna Kusemererwa participated in a stakeholder meeting and was at the launch of the new MEMS in Tanzania.

MEMBER VISITS TO THE SECRETARIAT

The secretariat was visited by Sr Begoña Iñarra (AEFJN) and a team from ASSOMESCA, as well as by Dr Elias Bongmba, and Christoph Bonsmann of action medeor. Staff from ECC South Kivu (Dépôt central médico-pharmaceutique - 8^{ième} CEPAC) visited the secretariat and applied for membership to EPN.

MEMBER SCHOLARSHIPS

- Scholarships to attend the WHO French briefing seminar in June were awarded to Elise Uwineza of BUFMAR, Valentin Basolanduma-Pondu of CADIMEBU and Dr Sebastien Dackpa of ASSOMESCA, all courtesy of Difaem.
- Regina Bakitte of UCMB and George Owakukiroru of UCMB/Tororo Hospital in Uganda received partial scholarships to represent EPN at the People's Health Assembly in Cape Town in July.



The biennial EPN forum was held from 21st to 22nd March in Addis Ababa Ethiopia, under the theme **Access to Quality Medicines, Priority Needs, Priority Actions for Today and Tomorrow.**

The two-day forum was attended by over 60 persons from 40 institutions. About 20 high level speakers provided insights on access, quality and medicines for non-communicable diseases among others, presenting both the global situation and the perspectives from the Network. The EPN Forum 2012 enabled members and representatives of well respected international organizations to strengthen the Network and intensify cooperation. A 38-page report of the forum, with important 'take home messages' was published and made available to all participants.



EPN GENERAL MEETING

The EPN general meeting that followed the forum was attended by 31 members. Some of the issues discussed were membership issues, Board appointments and the appointment of the auditors.

EPN OPEN HOUSE

On September 7th 2012 about 27 guests, representatives of EPN member organizations, partners and donors walked through the doors of EPN to celebrate the move to the new premises in Nairobi and be part of a dedication service presided over by Rev. Ken Kamau of the Kileleshwa Covenant Community Church. Rev. Kamau encouraged the staff to consider that everything happens for a reason and a purpose and it is by God's divine positioning that the office is now in Kileleshwa.



EPN MEMBERS

As at 01/01/2012, EPN had registered 82 members, both individuals and institutions, in 34 countries. In the course of the year, the following 5 institutions were admitted as new members of EPN: Bureau des œuvres médicales de la Communauté des Eglises des Frères Mennonites au Congo, Bureau des œuvres médicales de la Communauté Mennonite au Congo, Dépôt central médico-pharmaceutique - 8^{ème} CEPAC (Eglise du Christ au Congo), i+solutions, Health Access Network Ghana (HAN).

INSTITUTIONS

- action medeor e.V.
- action medeor International Healthcare Tanzania Ltd
- Affordable Medicines for Africa (AMFA)
- Africa Europe Faith and Justice Network (AEFJN)
- AIC Kijabe Mission Hospital
- Association des Œuvres Médicales des Eglises pour la Santé en Centrafrique (ASSOMESCA)
- Association Evangélique d'Appui au Développement (AEAD)
- Association Protestante des Œuvres Médico-sociales et Humanitaires du Togo (APROMESTO)
- Bureau d'Appui Conseil (BAC)
- Bureau de la coordination médicale (BCMU) Synode Urbain/ECC de Kinshasa
- Bureau des Formations Médicales Agréées au Rwanda (BUFMAR)
- Cameroon Baptist Convention Health Board (CBC)
- Catholic Health Services (CHS) Namibia
- Centrale d'approvisionnement et de distribution des médicaments essentiels de Bunia (CADIMEBU)
- Centre hospitalier de bebalem
- Centre Médical Evangélique (CME) de Nyankunde
- CHAN Medi-Pharm Ltd/Gte
- Christian Health And Remedial Training Centre (CHART)
- Christian Health Association of Ghana (CHAG)
- Christian Health Association of Kenya (CHAK)
- Christian Health Association of Lesotho (CHALE)
- Christian Health Association of Liberia (CHAL)
- Christian Health Association of Malawi (CHAM)
- Christian Health Association of Nigeria (CHAN)
- Christian Health Association of Sierra Leone (CHASL)
- Christian Health Association of Sudan (CHAS)
- Christian Medical College (CMC) Vellore
- Christian Social Services Commission (CSSC)
- Churches Health Association of Zambia (CHAZ)
- Coalition for Rational and safe Use of Medicines (CoR-SUM)
- Communauté Baptiste au Centre de l'Afrique (CBCA)
- Community Development Medicinal Unit Orissa
- Community Development Medicinal Unit West Bengal
- Conseil des Eglises Protestantes du Cameroun (CEPCA)
- ECWA Central Pharmacy
- Eglise du Christ du Congo/Direction des Œuvres Médicales
- Emmanuel Hospital Association (EHA)
- Ethiopian Catholic Secretariat (ECS)
- Ethiopian Evangelical Church Mekane Yesus Development and Social Services Commission (EECMY)
- German Institute for Medical Mission (DIFAEM)
- Gertrude's Children's Hospital

- Hope Services Clinic and Maternity
- Hôpital Bethesda
- Hôpital Evangélique de Koyom
- IMA world health
- Institut Médical Chrétien du Kasai/Hôpital Bon Berger Tshikaji
- Joint Medical Store (JMS)
- Lecordon Cameroun
- Maua Methodist Hospital
- Medical Assistance Programs International (MAP)
- Mission for Essential Drugs and Supplies (MEDS)
- Mission for Essential Medical Supplies (MEMS)
- National Catholic Health Service Ghana
- Œuvre de Santé de l'Eglise Evangélique Luthérienne au Cameroun (OSEELC)
- Office de Développement des Eglises Evangéliques (ODE)
- Organisation Catholique pour la Santé au Cameroun/coordination diocésaine de la santé à Bafoussam (OCASC)
- Pharmacie Centrale de l'Eglise Evangélique
- Presbyterian Church in Cameroon Health Services Central Pharmacy
- Servicio de Medicinas Pro-Vida
- St. Luke Foundation
- Uganda Catholic Medical Bureau (UCMB)
- Uganda Joint Christian Council (UJCC)
- Uganda Protestant Medical Bureau (UPMB)
- Union Chrétienne Médicale et Para-médicale Burkina Faso (UCMP)
- Union des Eglises Evangéliques Protestantes au Niger (UEPN)
- Union Nationale des Associations Diocésanes de secours et de développement Caritas (UNAD)
- Worldwide Export Management (WEM)
- Zimbabwe Association of Church-related Hospitals (ZACH)

INDIVIDUALS

- Akpene Esther Nyomi
- Aris Widayati
- Dr Christa Gonnermann
- Dr Guru Prasad Mohanta
- Dzimado Koumavi Kounetsron
- Elias K. Bongmba
- Emmanuel Goumou
- Jasmine Bora Makuta
- Jean-Claude Leya Masumbuko
- John James Carrol
- Karin Wiedenmayer
- Mrs Robin Warren
- Stella Bongwa Zekeng
- Vijay Roy

MONITORING AND EVALUATION WORKSHOP



In April 2012, an M&E workshop funded by EED was attended by EPN staff and 8 staff from member institutions JMS, UJCC, Kijabe hospital, Gertrude's hospital, CBC, CSSC, UCMB and CBCA. As a result of the workshop, EPN integrated some monitoring activities into the 2012 work plan and developed an M&E framework for 2013 onwards. Participants from member organizations also set up action plans for their institutions.

MARKETING STRATEGY

A marketing strategy with a marketing plan for 2012 was developed for the secretariat, with the help of a consultant. The marketing objectives defined for EPN are in the areas of brand recognition, presentation and reach and conversion.

One of the immediate actions taken by the secretariat was to set up a products advisory group of volunteer representatives from EPN member organizations, to review EPN products before they go into production. Several volunteers were found, with different backgrounds. The secretariat has benefited a lot from the group's valuable contributions to the development and launching of new products such as the antibiotics use course, the new EPN brochure and the 2013 calendar.

MEETINGS AND PARTNER VISITS

- Programme officer Andreas Wiegand attended the French *Forum Pharmaceutique International* meeting in Ndjaména in June 2012 where he presented the results of the children's medicines survey in Chad in 2010. Later in the year, he attended the FIP meeting and MMI Network meeting, and a workshop and conference focusing on Partnerships in Base of Pyramid market development.
- Support services officer Beatrice Ochieng attended the outcome and impact orientation training workshop for partner organizations under ESP, organized by Bread for the World in February 2012 and the PACANET Lessons learnt conference held in Botswana in May 2012, where she presented EPN's training of trainers workshops on HIV and AIDS treatment literacy.
- Executive Director Donna Kusemererwa took part in a meeting on strengthening governance in pharmaceutical procurement and supply management.
- Communications officer Elisabeth Goffin attended a training on working with the media and a training on writing success stories. Relevant lessons from both workshops were shared with EPN members.
- Vivian Ochollah (volunteer pharmacist) attended a workshop in Kampala organized by the World Bank institute on strengthening governance in pharmaceutical procurement and supply chain management. EPN members MEDS (Kenya), MEMS (Tanzania), CSSC (Tanzania) and JMS (Uganda) were also represented at the meeting as coalition members in their respective countries.
- Vivian Ochollah also represented EPN in several meetings of the CMNK-FoTAPP (Contract Monitoring Network Kenya - Forum for Transparency and Accountability in Pharmaceutical Procurement) partnership, a multi-stakeholder group focusing on monitoring pharmaceutical procurement.
- The Board Chair Albert Petersen attended a number of meetings with partners and potential partners in Germany and Netherlands including ICCO, Misereor, Kindermissionswerk, Cordaid, Bread for the World and EED.
- Among the partners visited locally in Kenya were MSH and Open Society Initiative for Eastern Africa.
- Among the partners received at the EPN secretariat in 2012 were delegates from Stichting Porticus, QUAMED, German Doctors and AUS Volunteer Programme.

BOARD MEMBERS

In 2012, the EPN board met twice and held several conference calls.

As at 31/12/2012, the EPN Board had the following members:

- Albert Petersen - Chairman
- Jane Masiga - Treasurer
- Karen Sichinga - Member
- Matthew Azoji - Member
- Ndilta Djékadoum - Member
- Sue Parry - Member (WCC)
- Donna Kusemererwa (Ex-officio)



Dr Sue Parry, Regional Coordinator for EHAIA in Southern Africa, joined the EPN Board as a representative of Dr Manoj Kurian (Health and Healing Department WCC) in February 2012. Dr Sue Parry is a physician from Zimbabwe with broad experience in the provision of clinical care in both rural and urban, government and church settings. She has worked extensively with churches and church leaders promoting the concept of HIV competent churches. Her presence on the board strengthens the relationship between EPN and the World Council of Churches.

SECRETARIAT STAFF MEMBERS

EPN staff as at 31/12/2012:

- Andreas Wiegand - Programme officer product development and strategic communication
- Beatrice Ochieng - Support services officer
- Donna Kusemererwa - Executive director
- Elisabeth Goffin - Communications officer
- Grace Gathua - Volunteer HIV and AIDS programme
- Irene Tindi - Office assistant
- James Mireri - Accountant
- Mercy Naitore - Administrative assistant
- Tom Ojeya - Driver
- Vivian Ochollah - Volunteer pharmacist



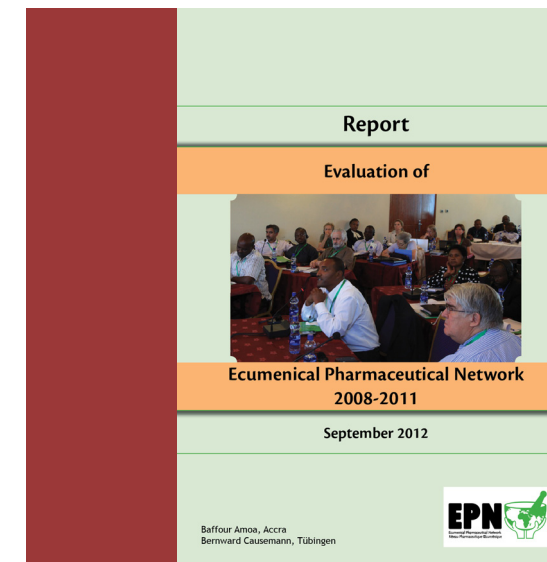
EPN programme officer **Anke Meiburg** left the secretariat in the course of December 2012, after five years in Nairobi. Anke was seconded by EED (Evangelischer Entwicklungsdienst), Germany to support EPN's programme work and joined the EPN team in November 2007. Over the years, Anke has been able to visit and meet with many of EPN's members in various countries. She has been instrumental in important projects such as the HIV Treatment Literacy workshops in Francophone countries, the Fight AMR campaign, the Children's Medicines project, trainings for Francophone members on Standard Operating Procedures, governance and rational use of medicines, and the Essentials of Pharmacy Practice course which has occupied a large part of Anke's time in the last two years.



Mercy Naitore joined the secretariat in January 2012 as administrative assistant, to strengthen the front desk. In February 2012, **Andreas Wiegand** was seconded by EED in Germany to join the secretariat as programme officer.

In 2012, the EPN secretariat was blessed to have the volunteer support of **Vivian Ochollah** and **Grace Gathua**, who worked on specific programmes.

In November 2012, the EPN Board appointed **Rev. Baraka Kabudi** as Deputy Executive Director, with a view of taking over the position of Executive Director from Donna Kusemererwa in January 2013.



EPN EVALUATION

In 2012, an external evaluation of EPN's work in the period 2008-2011 was completed by Baffour Amoah and Bernward Causemann who had also conducted the last EPN evaluation in 2007. The evaluation touches the period of two strategic plans. The evaluators were tasked to assess the performance of EPN in fulfilling its mission and meeting the needs of its members, the level of engagement of members, EPN's standing, its sustainability options, the secretariat's capacity and the impact of formalising membership. The report makes several recommendations for the future, which will be addressed by the Board and Executive Director. The report has been shared with EPN members and relevant partners and donors.

AUDIT

Erastus and Company of Nairobi were appointed as auditors for the year 2012. The company will conduct its 2012 audit from the end of January 2013.

INCOME AND EXPENDITURE ACCOUNT

Operating statement. Year ended 31 December 2012.

	*2012	2012	2011
	KShs	USD	USD
INCOME			
Grants received	52,367,704	620,470	555,456
Other incomes	4,923,857	58,340	25,944
Total Income	57,291,561	678,810	581,401
EXPENDITURE			
Programme 1 - Access to and Rational Use of Medicines	8,257,547	97,838	117,233
Programme 2 - HIV and AIDS Treatment	1,240,098	14,693	17,624
Programme 3 - Professionalization	34,956,628	414,178	99,468
Programme 4 - Pharmaceutical Information Sharing	5,959,508	70,610	26,099
Programme 5 - Institutional Strengthening	9,047,143	107,194	35,421
Establishment expenses (overhead expenditure)	14,107,792	167,154	138,318
Total expenditure	73,568,714	871,667	434,164
DEFICIT / BALANCE FOR THE YEAR	(16,277,153)	(192,857)	147,237

*Year 2012 figures based on unaudited accounts

BALANCE SHEET

Financial position as at 31 December 2012.

	*2012	2012	2011
	KShs	USD	USD
NON CURRENT ASSETS			
Property and equipment	1,424,660	16,560	13,427
Intangible assets	119,840	1,393	0
Total non current assets	1,544,500	17,953	13,427
CURRENT ASSETS			
Cash and bank balances	6,331,980	73,602	304,750
Debtors and prepayments	852,385	9,908	20,238
Treasury bills	8,591,902	99,871	40,446
Total current assets	15,776,267	183,381	365,434
LESS: CURRENT LIABILITIES			
Payables and accruals	5,273,467	61,298	45,968
NET CURRENT ASSETS	10,502,800	122,083	319,466
TOTAL ASSETS	12,047,300	140,036	332,893
FINANCED BY			
Property & equipment fund	1,544,500	17,953	13,427
Sustainability fund	6,233,214	72,454	56,006
Restricted fund	4,269,586	49,629	263,460
TOTAL FUNDS	12,047,300	140,036	332,893

*Year 2012 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 2012:

- Anja Ehinger
- BoP Innovation Center
- Bread for the World
- Bread for the World Ecumenical Scholarships Programme ESP
- EED (Evangelischer Entwicklungsdienst e.V.)
- German Doctors
- German Institute for Medical Mission (Difaem)
- ICCO
- IMA World Health
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- Medicus Mundi
- Ministry of Medical Services Kenya
- Misereor
- Novartis Pharma
- Pharmacy and Poisons Board Kenya
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- USAID supported SPS programme of MSH
- WCC (World Council of Churches)

IN KIND CONTRIBUTIONS



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 1981 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 80 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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