

# ANNUAL REPORT 2013

# EPN

Ecumenical Pharmaceutical Network  
Réseau Pharmaceutique Œcuménique



## Ecumenical Pharmaceutical Network



# ABOUT EPN

The Ecumenical Pharmaceutical Network (EPN) is an independent Christian membership organization whose mission is to support churches and church health systems provide and promote just and compassionate quality pharmaceutical services. EPN has been actively involved in various ways in promoting increased access to and rational use of medicines.

## Vision

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

## Mission

To support churches and church health systems provide 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** All our dealings and relationships are based on a high sense of integrity. Proverbs 16:13: *Kings take pleasure in honest lips; they value a man who speaks the truth.*

**Compassion** We are concerned about the needs of others and would like to imitate Christ by taking action to address these needs. Mark 6:34: *When Jesus landed and saw a large crowd, he had compassion on them, because they were like sheep without a shepherd. So he began teaching them many things.*

**Respect for others** We treat each other with respect bearing in mind the bible teaching to do unto others as we would have them do unto us. Philippians 2:3: *Do nothing out of selfish ambition or vain conceit, but in humility consider others better than yourselves.*

**Conscientiousness** We aim at doing everything we have to do to the best of our ability and in

such a way that it achieves the desired results. Ecclesiastes 2:24: *A man can do nothing better than to eat and drink and find satisfaction in his work. This too, I see, is from the hand of God.*

**Continuous learning** We use every opportunity to better ourselves through inquiry and learning. Proverbs 1:5: *Let the wise listen and add to their learning, and let the discerning get guidance.*

**Professionalism** We maintain a high level of professionalism in all that we do. Romans 15:14: *I myself am convinced, my brothers, that you yourselves are full of goodness, complete in knowledge and competent to instruct one another.*

**Fairness** Justice and a sense of fairness underpin the choices we make as we go about our work. Leviticus 19:15: *Do not pervert justice; do not show partiality to the poor or favouritism to the great, but judge your neighbour fairly.*

# ABBREVIATIONS

ACHAP	Africa Christian Health Associations Platform
AMR	Antimicrobial Resistance
ARV	Antiretroviral
AEFJN	Africa Europe Faith and Justice Network
AMREF	African Medical Research Foundation
ART	Antiretroviral therapy
AusAID	Australian Agency for International Development
BftW	<b>Bread for the World</b>
BNF	British National Formulary
BoP	<b>Base of the Pyramid</b>
BUFMAR	<b>Bureau des Formations Médicales Agréées du Rwanda</b>
CBCHB	Cameroon Baptist Church Health Bureau
CBC	Cameroon Baptist Convention
CBCA	Communauté Baptiste au Centre de l’Afrique
CDMU	Community Development Medicinal Unit
CEO	Chief Executive Officer
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
HAZ	Churches Health Association of Zambia
CMC	Christian Medical Commission (WCC)
CME	Centre Médical Evangélique
CPD	Continuous Professional Development
CSSC	Christian Social Services Commission
DIFAEM	German Institute for Medical Mission
DRC	Democratic Republic of Congo
DSM	Dutch State Mines (name of the company)
DSO	Drug Supply Organization
ECC	Eglise du Christ au Congo
EED	German Church Development Service
ED	Executive Director
EHAIA	Ecumenical HIV and AIDS Initiative in Africa
EPN	Ecumenical Pharmaceutical Network
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

# ABBREVIATIONS

HBB	Hôpital Bon Berger
HIV	Human Immune deficiency Virus
HR	Human Resources
ICT	Information and Communications Technology
ICCO	Inter Church Cooperation for Development Cooperation
JMS	Joint Medical Store
KEMRI	Kenya Medical Research Institute
KENERELA+	Kenya Network of Religious leaders living with or personally affected by HIV
MDG	Millennium Development Goal
MEDS	Mission for Essential Drugs and Supplies
MEMS	Mission for Essential Medicines and Supply
MESHA	Media for Environment, Science, Health and Agriculture
MMI	Medicus Mundi International
MoH	Ministry of Health
MoU	Memorandum of Understanding
MSH	Management Sciences for Health
MTC	Medicines and Therapeutics Committee
NACC	National Aids Control Council
NCCK	National Council of Churches of Kenya
NGO	Non-governmental organization
ORS	Oral Rehydration Solution
PACANET	Pan African Christian AIDS Network
PCC	Presbyterian Church Cameroon
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
SOP	Standard Operating Procedure
SSI	Surgical Site Infection
ToR	Terms of Reference
TZS	Tanzanian Shilling
UCMB	Uganda Catholic Medical Bureau
UJCC	Uganda Joint Christian Council
USA	United States of America
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 BOARDCHAIRMAN

## FROM THE BOARD CHAIRMAN

On behalf of the EPN board in reflection about the previous year I would like to repeat my sentence from January 2013: ... we were facing great challenges because of staff changes at the EPN office“. Andreas Wiegand explained what had happened during that year. The board is extremely thankful that he took over so much additional workload in this critical period of time. He did it in a very good manner! Asante! DANKE!



On behalf of the EPN board I would also say Thanks to Rev. Baraka Kabudi for his time spent for EPN. I know the decision was not an easy one and we wish him all the best for his future.

Last year had been very severe and difficult but I am convinced that EPN has been guided and supported by our Lord to overcome that situation. We are starting 2014 with a new director: welcome to Mirfin Mpundu – God’s blessing and support shall be with you in this new position.

And God bless all of you and the Network.

*Albert Petersen*

March 2014

## Asante sana!

Jane Masiga from MEDS served the board for 10 years. In April 2014 Michael Mwangi (green shirt) from MEDS took over.



## FROM THE EXECUTIVE DIRECTOR



It's with great excitement that I moved to Nairobi to assume my position and responsibilities with EPN. Mixed with that excitement was a great sense of humility at the enormous task that lies ahead. I was and remain greatly honoured to take up this role. One thought continues to be very clear to me that, "Unless the Lord builds the house, those who build it labour in vain", Psalm 127:1. As we rely, depend and commit our plans and work to God, we can depend on Him to build with us and to honour His word and work. EPN is the Lord's work and He will support it.

During these last two years a lot has been accomplished through the tireless efforts of the secretariat staff and all you members. This is commendable.

There are a number of things I would like to see this coming year and the years to come. These include the need to strengthen your involvement as members in the network, the Network is only as strong as its weakest link: to drive projects and programmes that are spearheaded by the secretariat. As members you know what programmes are needed in your facilities. EPN is committed to expanding its activities under information sharing. Such efforts will include creating a kiosk or hub for treatment guidelines, drug information and relevant articles promoting pharmaceutical care and practice; improving our website to allow for a better interface and interaction with users. We equally will increase the number and type of articles for Pharmalink and Netlink and expand our readership.

In order for us to continue to provide all these programmes and projects we will need to expand our support base financially. EPN has in the past few years faced financial challenges and these continue to date. We all appreciate the work EPN does and it's our hope and prayer that we grow our membership and that we all can support EPN with whatever financial contributions we can afford to ensure the continuity of the noble and yet very important work undertaken by the Network. Some of us are blessed far and above and can commit to supporting EPN once a month, quarter, half a year or yearly. There is a lot to be done but the resources are few.

We trust this year 2014 and in the years to come you will continue to spread the word about the work EPN does. Promotion of just and compassionate pharmaceutical services is our way of being the hands and feet of Christ and our way of "doing justice and loving kindness" in this world.

We wish you God's blessings and success.

*Mirfin Mpundu*

March 2014



## FROM THE PROGRAM OFFICER

In the course of the last year, “winds of change” blew through the EPN secretariat. In December 2012, Anke Meiburg left EPN after five years. At the end of January 2013, Donna Kusemererwa left and Rev. Baraka Kabudi took over the position of the Executive Director. Several donor programmes ended in 2012, e.g. MSH/SPS, ESP scholarship and EPP courses from Bread for World.

*Daniel 2: 21 He changes times and seasons; he deposes kings and raises up others. He gives wisdom to the wise and knowledge to the discerning.*



Any change is also a new start. Two employees at the secretariat were blessed to deliver their first born children, Beatrice Ochieng and Elisabeth Goffin. Because of Baraka’s resignation in October, the board started a recruitment process after the board meeting in Cameroon. Mirfin Mpundu outran all other candidates and could take over the ED position beginning of March 2014.

Although the winds of change affected mainly changes in staff, several programmes and projects could be implemented in 2013. The annual report gives the reader a clear overview of what has been achieved in all four focus areas of the EPN strategy.

Next year, EPN’s five year strategy ends and it is time to reflect on our achievements and which areas of pharmaceutical services need special attention during the next years. Access to and rational use of medicines has been addressed in various ways. Are children’s medicines available to achieve MDG4? Can the network be a platform for drug supply organisations to organise a pooled procurement? Do church leaders take their role beyond traditional spiritual leadership to address the social impact of HIV/AIDS and its perception in their communities? Is the Essentials of Pharmacy Practice Course a key to improve pharmaceutical services at health facility level? It is the network members to actively design and develop the approach for EPN and its goals for the next years.

*Psalm 33:11 “But the plans of the Lord stand firm forever, the purposes of his heart through all generations.”*

EPN is a unique organisation with its focus on pharmaceutical services and confidence in God providing us with the spirit to be compassionate in all our engagement.

During my time as interim ED I received a lot of support from the board, the board chair, the staff and members. Thank you all so much.

*Andreas Wiegand*

March 2014

# ACCESS AND RATIONAL USE OF MEDICINES

## Children's medicines surveys

A significant proportion of health care resources at any level are spent on medicines and health supplies. Unfortunately in spite of this, access to medicines remains a global challenge. One of the millennium development goals that is directly impacted by access problems is MDG 4 that seeks to reduce the under-five mortality rate by two thirds.

The major killers of this age group are pneumonia (17%), malaria (7%), and diarrheal diseases (9%) (UNICEF 2012, global statistics MDG4). All these conditions are largely treatable with low cost medicines which should be available right from the lowest level of care. Following this, EPN decided to investigate the state of medicines for children in the church sector. EPN developed tools and a methodology for investigating the availability, pricing and factors impacting availability of medicines for children modelled along the ones used by WHO. The tools and methodology have been validated and studies carried out in Ghana, Kenya, Uganda and Chad.

## Tanzania

In 2013, EPN wanted to engage further in improving the access to children's medicines. MEMS in Tanzania collected data in 50 faith-based health facilities.

### Objectives

To investigate the availability and pricing of selected medicines at national level of the key suppliers for church health facilities and at facility level.

To investigate health facility factors that might impact on availability of medicines for children.

To identify a measure to improve access to children's medicines.

### Method

Zaina Msami and Orgenes Lema from MEMS collected the data in 15 hospitals, 5 health centres and 30 dispensaries. Standardised questionnaires were used to characterise facilities, size, staff, and services. Medicine lists were used according to the international defined essential and priority medicines lists (WHO) and national guidelines.

### Results

Eighty (80%) of the health facilities don't have special guidelines addressing children. Half of the health facilities face a situation where they can't buy children's medicines and face stock-outs. Lower level health facilities have fewer numbers of qualified pharmaceutical staff. Beside hospitals most FBO health facilities in Tanzania have no formally trained pharmaceutical professionals. Over 60% of the health facilities have no counting trays.

While ORS is available in 94% of the surveyed health facilities, only 54% can offer zinc tablets. Diarrhoea in children requires both. Oxytetracycline eye ointment is available in 62% of the health facilities while Nystatin suspension in 48%. Only one facility had spacers used in the administration of inhalers for the treatment of asthma.

# ACCESS AND RATIONAL USE OF MEDICINES

## Pricing

Health facilities buy medicines from different sources like the government, MEMS, private wholesalers and retail pharmacies. On average they pay TZS 570 (€ 0.26) for each medicine. Those who pay higher prices for purchasing medicines pay on average TZS 380 (€ 0.18) more than the average price. There are different mark ups used for the patients. No defined system for price calculation seems to exist.

## Conclusion

Measures at different levels of the health system should address shortages of children's medicines. Stock lists need an update, MEMS should increase their portfolio of medicines, staff need pharmaceutical training to provide better services, and fundamental tools should be available in all pharmacies to improve pharmacy practice. EPN will work on follow up measures in 2014.

## Cameroon

In Cameroon Dr Fidelis Nyaah (PCC), Dr Edward Ngaah and Alfred Nfonba (CBCHB) collected data in 16 hospitals and 34 health centres belonging to different Christian denominations. The objectives and methods are comparable to Tanzania.

## Results

Compared to Tanzania the observers found two pharmacists, 15 pharmaceutical technicians and 10 pharmacist assistants at the health facilities investigated. Almost all facilities have reference books as a source of information with 50% formularies from the WHO, the BNF and others. 81% of the medicines are purchased through the drug supply sources of their own organisation with over 90% from their own financial resources.

The availability of ORS was 76% and 24% in the facilities that had a fixed combination of ORS and Zinc. Only 4% of the health facilities had Zinc (not combined) which reflects an overall low availability. Tetracycline eye ointment was stocked in 66% of facilities, Phenobarbital injection and tablets in about 60% of the facilities. An antihistamine medicine like Chlorpheniramine seems to be entirely unknown. Again spacers were unavailable and no alternative provided.



Antihistamine medicine like Chlorpheniramine seems to be entirely unknown. Again spacers were unavailable and no alternative provided.

Data collection requires travelling to the health facilities. That may become a challenge during the rainy season in Cameroon.

# ACCESS AND RATIONAL USE OF MEDICINES

## Pooled Procurement

Four CEOs from BUFMAR (Ernest Rwagasana), JMS (Jimmy Opiyo), MEDS (Paschal Manyuru), and MEMS (Lema Orgenes) signed a MoU, and ToR on pooled procurement on Thursday, 1<sup>st</sup> August 2013. This initiative kicked off the cooperation of experts from all participating DSOs to elaborate prerequisites, common understanding and processes to make pooled procurement increase access to affordable and quality medicines.



A technical working group with experts from all these DSOs elaborated the key solutions and requirements for this East African cooperation:

Standard Operating Procedures (communication, prequalification, selection of suppliers, contract management, purchasing, approvals, supplier evaluation)

- Procurement policy
- Expiry policy
- Service charter
- Sustainability of the pooled procurement
- Monitoring and evaluation
- Capacity building
- Payment timelines

## Zimbabwe AMR meeting and training

From January 21st to 23rd 2013, EPN Executive Director Rev. Baraka Kabudi and Programme Officer Andreas Wiegand held an expert meeting and training of trainers on antimicrobial resistance and antibiotics use.

The meeting was held in Harare, Zimbabwe, and brought together 6 representatives of EPN member institutions, Churches Health Association of Zambia, Christian Social Services Commission Tanzania, and Zimbabwe Association of Church-related Hospitals.

Interventions developed were used in the following six months. These included, elements of sensitisation, development of antibiotic use policies, establishing a medicines & therapeutics committee or involving those to analyse the local situation and take actions. Staff of health facilities were trained on containment of antimicrobial resistance.



# ACCESS AND RATIONAL USE OF MEDICINES

## Contributing to GARP

The Global Antibiotic Resistance Partnership (GARP) develops actionable policy proposals on antibiotic resistance for low- and middle-income countries. Proposals identify weaknesses in how antibiotics are developed, regulated, and managed, and how well countries track antibiotic use and resistance. In Kenya, the GARP project is managed by KEMRI-Kenya Medical Research Institute and EPN is one of its partners. Medical doctors, pharmacists, veterinary doctors, laboratory personnel, nurses, clinical officers, administrators in hospital practice and health professional trainees cooperated in the SSI project which is in the final stages of approval. SSI project was a study that was done in Thika Hospital in Kenya..

The meeting also reviewed the draft of the AMR course developed by EPN and made modifications in the course outline.

November was the month to raise awareness that antimicrobial resistance is growing, and to advocate for the rational use of medicines to treat infections. EPN Programme Officer Andreas Wiegand was invited to present at the Jomo Kenyatta University of Agriculture and Technology on Friday 8<sup>th</sup> of November. About 150 pharmacy students learned what causes resistance and what can be done to prevent it.

## Quality of Medicine — Network activity on quality of medicine

EPN member Difaem in Germany started in 2011 to support EPN member DSOs with training and technology for testing the quality of medicine used in the DSO. By the end of 2013, eight members in Africa and two in India started using this “Minilab system”. Some of them sampled additional medicines from small markets/street sellers for testing. This is a unique project.

What makes this project unique?

1. All 10 users are members of the “Minilab-Network”, sharing experiences and results, receiving updates on knowledge, forming together one multicounty project.
2. All samples not passing the Minilab-test are sent to other labs (like MEDS) for confirmation test.
3. Based on these confirmations, WHO in Geneva is active to inform medicine control authorities of MoHs in respective countries and regions.
4. Based on these confirmations, Difaem informs the originator company about the “cases”.
5. South-South cooperation. One “Minilab expert” from PCC and one from CBC (both Cameroon) were sent to India and DRC to conduct the training on Minilab use there. This went on successfully and both sides benefitted. This will continue and be expanded, to use the Minilab members for trainings, awareness campaigns projects, etc.





# ACCESS AND RATIONAL USE OF MEDICINES

**Results so far:** Five products were clearly identified to be falsified.

In October 2013, Difaem invited all partners in this project, WHO and MoH Cameroon to a two day-workshop held in Limbe, Cameroon. 35 participants received updates, discussed experiences and developed ideas about how to raise awareness on quality aspects in the facilities and public. Members committed themselves to allocate own budgets for this project to make it stronger and sustainable in future. Members committed themselves also to sample and test minimum 100 products annually from the so called “uncontrolled market”.

The president of pharmacy Council in Cameroon asked afterwards about how to access such Minilabs for MoH. Mr Petersen carried this request to the “owner” of the overall Minilab project that is Global Pharma Health Fund (a project of company Merck in Germany) and succeeded: In December 2013, four sets were sent to EPN members PCC and CBC to hand over these sets to the government. PCC and CBC will do the trainings – all this will improve not only the efforts on quality in Cameroon but cooperation and collaboration between FBOs and MoH as well. EPN member Fidelis Nyaah had been invited to the Pharmacy council to talk about falsified medicines in Cameroon. The Health Minister was present and signed a communiqué to warn health professionals about the numerous batches of fake Coartem in circulation, this was based on results provided by the Minilab network in Cameroon (PCC and CBC).

And because of the results achieved so far in Cameroon, WHO has been able to meet staff from Novartis on two occasions, to convince them about their own responsibilities in raising awareness.

## Uborwa Dawa project closed

In 2010, DSM, EPN and ICCO, a Dutch - Kenyan consortium representing business and civil society, initiated the development of an innovative medical test system to improve the quality of medicines for the African market. The proposition was a commercial test system to detect low levels of active pharmaceutical ingredients in antibiotic medicines. In 2013, EPN in cooperation with KEMRI tried to overcome technical and handling limitations. The mountain was too high to reach the top this time. In August 2013, a final stakeholder workshop reflected the roles and possible targets for measures to be taken by the manufacturers, the providers, staff involved in treatment, pharmacists, NGOs, media, and last but not least the patients and consumers to prevent the “success” of low quality medicines.

Volunteers from CHAK health facilities, KEMRI and DSM are performing tests.







## Research of Non-adherence

HIV infection requires a life-long treatment with ARVs suppressing the viral load and thus sustaining the immune response of the infected to be able to resist against other infectious diseases. Non-adherence to ARVs leads to a fast development of AIDS. Beside physiological reasons like side effects, social factors and misbeliefs may lead patients to stop taking their medicine. Thus, EPN elaborated a research application which was handed in to the ethical committee of the Kenyatta National Hospital in Nairobi. As part of a pre-evaluation, the HIV Programme Assistant, Grace Gathua visited three randomly selected facilities running comprehensive care centres for HIV near Nairobi. They were German Doctors-Baraka Clinic, Mathare, Coptic Mission Hospital-Hope centre, Nairobi and Nazareth Hospital Hope family centre in Kiambu, all are either faith-based or affiliated with a faith-based organisation.

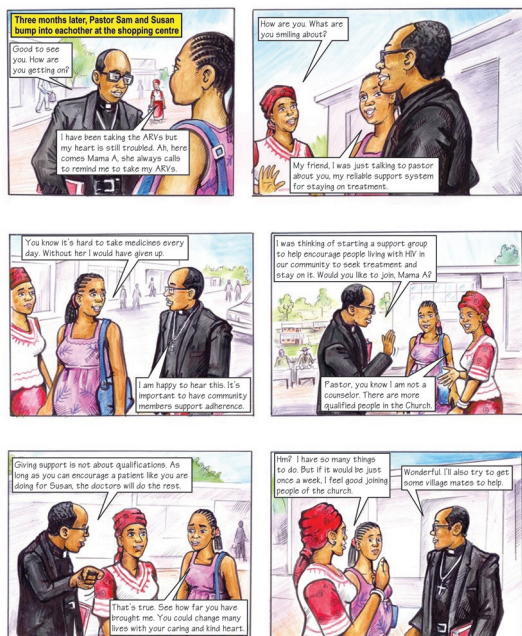
The research approach was approved in 2013. EPN wants to collect the data at FBO health institutions in 2014. Interviews with non-adherent patients and their specific reasons can be the foundation for development of interventions and measures to increase compliance to treatment and treatment literacy.

## Using skills to take action - A Faith Leadership In HIV /AIDS Response

In October 2012, EPN conducted HIV treatment training for 26 religious leaders in Thika, Kiambu and Nairobi (Kenya). A follow up on church leaders five months later showed that seven of them have started engaging community members in activities aimed at improving access to care and treatment for HIV. Some of the activities include welcoming and visiting people living with HIV, forming support groups for people living with HIV, conducting mobile VCTs in collaboration with local church health and government health facilities, sensitizing congregations and members of the community on HIV prevention, the importance of knowing their HIV status and accessing treatment early, using the pulpit to dispel myths surrounding HIV and relaying anti stigma messages and encouraging proper adherence to medicines and informing people that prayers should go hand in hand with taking medicines. Some church leaders have taken the initiative of referring people living with HIV who were not initially on treatment to treatment centres. The EPN Treatment Literacy Guide for Church Leaders has been instrumental in guiding the church leaders in their engagement. The EPN Treatment Literacy Programme equips church leaders with skills and knowledge to enhance their capacity and mobilize the community to address issues of HIV care and treatment.



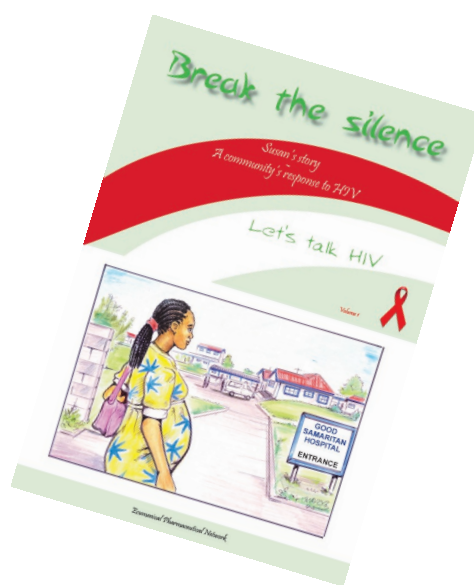
## HIV Comic books distribution



In March 2013, EPN distributed 1000 copies of the HIV comic strips developed by EPN. The 16-page booklets were distributed in Kenya and DRC through various church leaders. A recent follow-up activity showed that the comic strips had an impact in communities, the messages were shared and several activities were held. For example, a youth group in Kenya developed a drama skit performed during a church service; in another church in Kenya, there was an open discussion of the messages contained in the comic strips between church leaders and members of the church. In other regions, the comic strips were used in schools and during seminars to educate on HIV prevention. The comic strips were generally received as being very informative and made in such a way that anyone can easily understand the messages relating to HIV prevention, treatment and stigma.

## Partner meeting KINERELA+

Grace Gathua, EPN Programme Assistant, is engaged in Kenya Network of Religious Leaders Living with or personally affected by HIV and AIDS (KINERELA+). EPN contributes with its experience gained in the literacy courses with church leaders on how the SAVE approach can be implemented. SAVE advocates for safer practices, access to treatment, voluntary counselling and testing, and empowerment.



# PROFESSIONALIZATION OF PHARMACEUTICAL SERVICES

## EPP Course in South Sudan

EPN member *action medeor* and the EPN secretariat have organised a tailor-made Essentials of Pharmacy Practice course on pharmaceutical services for personnel in Primary Health Care units and centres, hospitals as well as staff from County Health departments and State Ministry of Health in South Sudan.

The first part of the training course was held in Torit, Eastern Equatoria State, from March 4<sup>th</sup> to March 15<sup>th</sup>. The focus of the first part was medicines supply and stock management. The 23 students returned to their health facilities to start implementing their new skills. After two months, the second training from June 3<sup>rd</sup> to 14<sup>th</sup> covered rational use of medicines and dispensing. Antje Leylian and her colleague from *action medeor* visited the course. The EPN secretariat is proud to have Alex Schei as a consultant organising this activity in South Sudan. Because of a shortage of shelves and stock cards in the pharmacies, *action medeor* has been so generous to support the purchase of some of these.



Many health facilities in South Sudan

### Results:

The assessments of the pharmacies have reflected a lack of basic equipment for a pharmacy, e.g. shelves and pallets. Often rather simple tools like stock cards and different forms for recording are missing. These items are fundamental to implement a basic inventory management.

Overall the staff from the health facilities could be trained successfully and the implementation of an improved stock management even with the limited resources was visible. Talking to patients and analysing the dispensing skills after the training demonstrated a significant improvement. This shows that even a non-formal short lasting training can have an impact on the quality of health care services, in this case the pharmaceutical element. During a visit the Minister of Health of Eastern Equatoria State concluded that the training was most welcome but also suggested to take a train the trainer concept into consideration which should target the counties. She expected such an approach to reach more staff and to improve the pharmaceutical services on a broader basis.



With the support from *action medeor* shelves could be installed.

# PROFESSIONALIZATION

## Follow up EPP Course Malawi

EPN together with CHAM conducted a full 12 weeks EPP course during the second half of 2012 in Nkhosakota, Malawi. 25 pharmacy personnel who had never benefitted from any formal pharmaceutical training were educated in 6 modules covering the basics of pharmacy practice. In February 2013, the experiences of supervisors of the trained staff as well as their own experiences were shared and areas for further improvement identified.

### Results:

What hospital administrators replied about their pharmacy staff who were sent to attend the EPP course include the following:

The management of the hospital pharmacy has improved in terms of medicines' storage, documentation, returns, checks and balances, documentation of stock cards, cleanliness of the dispensary and drug store, monthly report, good communication with the management staff, proper stock taking, management of medicines according to FEFO (first expiry, first out), reporting, good performance to understand things very well, gain of competence, assistance to patients in the dispensary, ability to work out duties with confidence, knowledge on the indications of drugs.



*"A hospital administrator's voice: Mine is just a word of appreciation for organising such a wonderful training. The course tackled the main important areas. The moral has also been boosted. One remarkable observation is that our graduate/client has shown total commitment and is very responsible. He has developed a sense of ownership. He is able to go the health centres for supervision."*

# PROFESSIONALIZATION

## EPP Course in DRC – Sustainability after one year?

An EPP course run by EPN and the medical department of CBCA took place between 11<sup>th</sup> June and 31<sup>st</sup> August 2012, in Butembo, Democratic Republic of Congo (DRC). The objective of the course was to do capacity building of the pharmaceutical staff in health facilities in the East of the DRC. Twenty five graduates obtained a certificate of completion and immediately returned to their workplace, equipped with increased knowledge and skills, which should allow them to improve their service delivery.

From 3<sup>rd</sup> and 21<sup>st</sup> November 2013 Samson Maronga of CBCA supported by EPN assessed the impact of the course and follow up activities.



### Specific objectives:

- Do a follow-up in 4 health institutions, based on a predefined checklist.
- Evaluate 3 of the best students in terms of their capacity to share the skills and knowledge acquired through the EPP course.
- Train 12 candidates from 12 health institutions on the basic principles of pharmacy practice.
- Document the need for a training of trainers on EPP for the former students.

Three facilitators visited 4 health institutions (Centre hospitalier CBCA Butembo, Centre hospitalier Matanda, HGR Kyondo, and Centre Wanamahika) that are part of the faith-based network and had sent students to the EPP course in 2012. The 3 best former students visited 12 institutions also belonging to the faith-based network but who had not sent students to the EPP course in 2012.

The field visit reports provide the following information:

- Introduction and general information on the institution (number of beds, personnel, services offered, etc.), with specific information on the pharmacy (personnel).
- Evaluation of the pharmacy staff's skills.
- Strong points (skilled personnel, patient privacy, etc.).
- Recommendations (medicine selection and forecasting, procurement, distribution, manipulation of medicines, financial management)



# PROFESSIONALIZATION

## Results

The 3 facilitators and the 3 students did an evaluation of the activities done. Among the recommendations formulated were that:

- The health institutions in question should be followed closely to monitor their progress and function as models to others.
- It is better to have an evaluation every 6 months until certain aspects of the pharmaceutical service delivery are improved to satisfaction.
- Former students are not all capable of doing the necessary knowledge transfer. Even if they may recall the fundamental pharmaceutical knowledge, it is still too low to act as a trainer mainly because of very little experience in pharmacy practice. Formally trained staff to fulfil the ToT approach is more suitable. Potential candidates can be university level nurses.
- EPP students have been able to improve certain aspects of daily hospital pharmacy practice such as effective communication with regard to how many times a medicine needs to be taken; participation in the decision making committees in hospitals; and storage conditions.

## Scholarship Project

EPN with the support from ESP/Bread for the World was able to offer scholarships for formal pharmaceutical trainings in various countries.

In August 2013, seven Cameroon students who had been supported by EPN to study for Pharmacy Assistant at the Cameroon Baptist Convention Private Training School for Health Personnel graduated and returned their positions in various health institutions.

Four students from South Sudan successfully completed a Pharmacist Assistant training in Kenya. Their theoretical training was followed by an internship at Kijabe and St Francis Hospital. Afterwards they returned to their pharmacies in different states of South Sudan.

Another two EPN scholarship students were doing a pharmacy course at Institut d'enseignement Medical de Katwa in DRC and graduated. They succeeded in the final exam organized by the government and both obtained a mark over 70% to become pharmacist assistants.



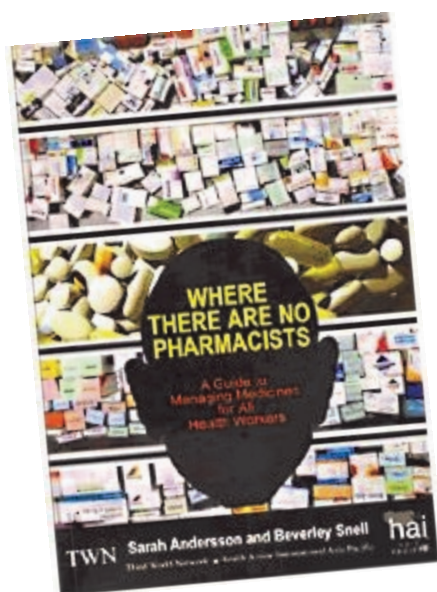
*Pharmacist Dr Ngah Edward the school principal with the students; Cameroon*



# PROFESSIONALIZATION

## Book project

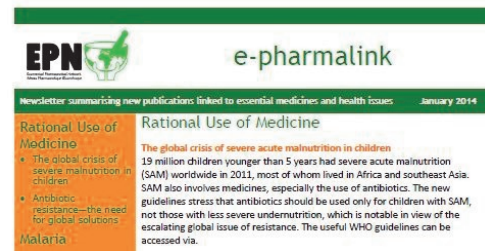
The book 'Where There Are No Pharmacists' is now available in French. EPN has to express its gratitude to EPN staff Elisabeth Goffin and Anke Meiburg for the translation. The book was printed and distributed with the support from Difaem and the last copies sent by postal services should reach French speaking members. The purpose of the book is to offer basic knowledge about pharmaceutical topics especially for those personnel presently working in hospital pharmacies but having no formal pharmaceutical training.



# PHARMACEUTICAL INFORMATION SHARING

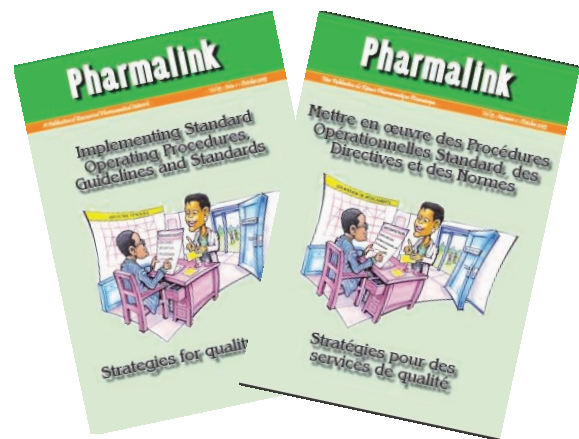
## E-PHARMALINK

The electronic newsletter e-pharmalink is published every second month to 3000 subscribers in English and French. It provides up-to-date pharmaceutical news summarising publications in international journals in areas like Malaria, HIV/AIDS, Tuberculosis, Non-communicable diseases and pharmacy practice. Latest training opportunities of partners are announced.



## PHARMALINK

The annual issue of 2013 tells success stories on implementing Standard Operating Procedures, guidelines and standards. It reflects experiences from a DSO, an eye drops manufacturing unit, quality management and its tools, standards-based Pharmacy Practice at a hospital and extemporaneous compounding.



## CONTACT

Contact magazine is a publication of the World Council of Churches. The magazine is published in English and French. The two issues for 2013 are both published by EPN. The stories attract readers to learn about HIV and AIDS in the new global era: a holistic approach for dignity of life (issue 194). For Christians there can't be a disconnection to life, infection, disease, treatment, care and living in Christian faith.

# NETWORKING AND MEMBERSHIP

## Strategic Meetings

### ACHAP 6th biennial conference in Lusaka



The Africa Christian Health Association's Platform (ACHAP) held its biennial conference in Lusaka, Zambia, from February 25th to March 1st 2013. The conference theme was "Scaling up FBO's response in the face of increasing non-communicable diseases in Africa". The hosts Churches Health Association of Zambia (CHAZ) and the Christian Health Association of Kenya (CHAK) welcomed participants from 21 countries in Europe, USA, and Africa. The conference was attended by 17 member Christian health associations, including drug distribution agencies from 15 countries. EPN was represented by the Executive Director Rev. Baraka Kabudi.

### CHAK Annual Conference in Limuru

The CHAK (Christian Health Association of Kenya) annual conference took place in Limuru, only 40 km outside of Nairobi, from April 23rd to 25th 2013. EPN Executive Director Rev. Baraka Kabudi and Programme Officer Andreas Wiegand represented the EPN secretariat. Over 200 representatives from health facilities of different congregations all over Kenya were participating. Andreas Wiegand gave a presentation on Good Dispensing Practice. Representatives from FBO health facilities in Kenya received pharmaceutical reference materials for their institutions.



### Medicus Mundi International General Assembly in Barcelona



EPN is a member of Medicus Mundi International (MMI). In 2013 MMI and its Spanish section celebrated their 50th year anniversary in Barcelona on 7th and 8th of June. Andreas Wiegand attended the one day conference which looked back at Alma Ata in 1978 and asked if Primary Health Care is still of strategic importance to the work and goals of Medicus Mundi; "Primary Health Care and cooperation: A utopia?". The financial crisis in many countries had an impact on health care in both industrialized and poor countries leading to lesser availability of

funds for their health services. MMI members also met for their general assembly.

### EPN gains Observer Status at FIP

In August 2013, EPN Programme Officer Andreas Wiegand travelled to Dublin for the FIP Conference 2013. EPN presented two posters, one on Children's Medicines Availability and the other about the Essentials of Pharmacy Practice Course. On Saturday August 31st, the General Assembly of FIP accepted with all votes in favour of granting EPN the Observer Status. For EPN, FIP can be a platform to increase its visibility, and a source for current trends in almost all pharmaceutical areas.

Proud Member



# NETWORKING AND MEMBERSHIP

## Meetings and Partner visits

- The Executive Director Rev. Baraka Kabudi visited Difaem, Bread for the World/Church Development Service in Berlin, and had contact with Misereor and Kindermissionhilfswerk in Aachen in March.
- Afterwards Rev. Baraka joined a conference in London on medicines production and availability in Africa.
- In May, Rev. Baraka Kabudi and the Board Chairman had several side meetings at the World Health Assembly in Geneva. The Sixty-sixth session of the World Health Assembly (WHA) took place in Geneva from 20<sup>th</sup> to 28<sup>th</sup> May.
- Bethany Batterbee from MSH was at the EPN secretariat for 3 days reviewing policies and guidelines to assure good governance, human resources management, and financial management for the project.
- Volunteers from PharmAccess visited the EPN secretariat twice in 2013 to learn about the market and how the provision of medicines to patients in Kenya works. The second visit introduced the Safe Care Project, a 5-day training to ensure sustainability of quality in health care facilities.
- Mareike Haase from Bread for the World visited the EPN secretariat, CHAK secretariat, and a number of faith-based health facilities in Nairobi. She experienced a lot of different aspects of health challenges for the poor population and how we all try to deliver good services to them.
- Between 30<sup>th</sup> July and 1<sup>st</sup> August 2013, the WHO held a workshop in Dar es Salaam, discussing the Rapid Alert System. Rev. Baraka Kabudi presented the engagement of the Network in various aspects including the pooled sampling within the DSOs and the results.
- In July 2013, EPN Executive Director Rev. Baraka Kabudi, Programme Officer Andreas Wiegand and Crystal Yim met with delegates of AMREF to learn about new software for stock management.
- From August 10<sup>th</sup> to 11<sup>th</sup> 2013, three EPN staff attended the HOPAK (Hospital Pharmacists Association of Kenya) Symposium. Programme Officer Andreas Wiegand presented EPN's research on the quality of medicine testing. EPN took this opportunity to do a survey of the needs in CPD (Continuous Professional Development) by pharmacists in Kenya.
- At the end of August 2013, EPN ED Rev. Baraka Kabudi and Board Chair Albert Petersen visited the World Health Organization, Department of Essential Medicines and Health Products, and met with important senior officers such as, Dr Kees de Joncheere, Dr Gilles Forte and Dr Richard Laing.

## NETWORKING AND MEMBERSHIP

- Early September 2013, EPN staff visited the Mbone Ngwone Programme in Kenya. His Grace Retired Bishop Benjamin Nzimbi had invited EPN to learn how HIV-positive members of the programme are benefitting from herbal supplements. Under the auspice of the Seventh Day Adventist church, the programme counts 360 members, operating 16 support groups, a programme for HIV positive teachers and a programme for HIV-positive orphans. The group plants and produces herbal supplements to boost immunity as a complement to antiretroviral therapy. The group was proud to state that “we are stigma free!”.
- Michael Luiking from Bread for the World (BftW) visited the secretariat on Wednesday 25<sup>th</sup> September. He is responsible for the seconded staff in East and Southern Africa, such as Anke Meiburg who worked at EPN for five years till December 2012, and Andreas Wiegand who arrived in February 2012.
- Dr Hans Spitzeck from BftW paid a visit to the secretariat just one day later. He is responsible for the funding and a lot of programmes are run through their financial support. During the last years the most prominent one is the Essentials of Pharmacy Practice course.
- EPN Programme Assistant Grace Gathua attended a breakfast meeting on 29<sup>th</sup> November 2013, organized by NACC. The meeting was held to launch the national action plan for faith communities’ and faith-based organizations’ engagement in the HIV response in Kenya. The event brought together top religious leaders and faith-based executives to show solidarity for the fight against HIV and to remind them that they have a key role to play in responding to HIV and AIDS.
- The Kenya Science Journalist Congress 2013 took place at the Kenya Medical Research Institute in Nairobi. It was organised by the Media for Environment, Science, Health and Agriculture (MESHA). One panel discussion focused on commodities and different aspects to strengthen access and rational use of medicines; EPN Programme Officer Andreas Wiegand contributed by presenting the quality control aspect and good procurement practices.
- MMI Conference: On 27<sup>th</sup> November 2013, EPN Communications Officer Elisabeth Goffin attended the MMI Network Meeting in Brussels and the European Development Days. Among the participants met, was Sr Begoña Iñarra of AEFJN, a member of EPN. On 28<sup>th</sup> November, Elisabeth attended a conference organized by Because Health, the Belgian Platform for International Health. The theme was “Health-y answers to complexity: Are we able to move beyond the control panel?”
- The EPN secretariat assisted in organizing the logistics for the partner meeting QUAMED held in Nairobi, from 2<sup>nd</sup> to 4<sup>th</sup> December. EPN member representatives from Malawi, Uganda, Zambia and Tanzania participated. QUAMED's objective is to contribute towards improving access to quality medicines by supporting members to perform quality assurance activities, perform audits at suppliers, evaluate consumables and laboratory tests and more.



Dr. Hans Spitzeck, BftW



# NETWORKING AND MEMBERSHIP

## Communication

### 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 2013, 6 issues were distributed in English and French to all member contacts and participants of EPN activities, totalling over 400 recipients.

### EPN on Skype and Facebook

In these modern days, communication and networking are done through various media. EPN will not be left behind.

Keep in touch with EPN not only through e-mail, phone and our website [www.epnetwork.org](http://www.epnetwork.org), but also through Skype and Facebook. Connect with us on Skype, EPN's username is `epnetwork1`; and find us on Facebook: <http://www.facebook.com/EPN.epnetwork>. If you 'Like' our page on Facebook, you will receive all updates posted on that page.





## Board Members

EPN Board members as at 31/12/2013:

- Albert Petersen – Chairman
- Michael Mwangi – Treasurer
- Karen Sichinga – Member
- Matthew Azoji – Member
- Sue Parry – Member
- Ndilta Djékadoum – Member
- Sujith Chandy – Member
- Andreas Wiegand (Ex-Officio; from October 9<sup>th</sup> as Interim Executive Director)

## Secretariat Staff Members

- EPN staff as at 31/12/2013
- Andreas Wiegand – Executive Director (interim), Programme Officer Product Development and Strategic Communication
- Beatrice Ochieng – Support Services Officer
- Elisabeth Goffin – Communications Officer
- Grace Gathua – Programme Assistant
- Irene Tindi – Office Assistant
- James Mireri – Accountant
- Mercy Naitore – Administration Assistant
- Tom Ojeya – Driver



Tom — Mercy — Irene — Beatrice — James — Grace — Elisabeth—Andreas

## MEMBERS – INSTITUTIONS

action medeor e.V.	Community Development Medicinal Unit Orissa
action medeor International Healthcare Tanzania Ltd	Community Development Medicinal Unit West Bengal
Affordable Medicines for Africa	Conseil des Eglises Protestantes du Cameroun
Africa Europe Faith and Justice Network	Dépôt central médico-pharmaceutique - 8ième CEPAC (Eglise du Christ au Congo)
AIC Kijabe Mission Hospital	ECWA Central Pharmacy
Alliance Nationale des Consommateurs et de l'Environnement	Emmanuel Hospital Association
Apotheker Helfen e.V.	Ethiopian Catholic Secretariat
Apotheker ohne Grenzen Deutschland e.V.	Ethiopian Evangelical Church Mekane Yesus Development and Social Services Commission
Association des Œuvres Médicales des Eglises pour la Santé en Centrafrique	German Institute for Medical Mission
Association Evangélique d'Appui au Développement	Gertrude's Children's Hospital
Association Protestante des Œuvres Médico-sociales et Humanitaires du Togo	Health Access Network Ghana
Bureau d'Appui Conseil	Hope Services Clinic and Maternity
Bureau de la coordination medicale (BCMU) Synode Urbain/ECC de Kinshasa	Hôpital Bethesda
Bureau des Formations Médicales Agréées au Rwanda	Hôpital Evangélique de Koyom
Bureau des œuvres médicales de la Communauté des Eglises des Frères Mennonites au Congo	i+solutions
Bureau des œuvres médicales de la Communauté Mennonite au Congo	IMA world health
Cameroon Baptist Convention Health Board	Institut Médical Chrétien du Kasai/Hôpital Bon Berger Tshikaji
Catholic Health Services	Joint Medical Store
Centrale d'approvisionnement et de distribution des médicaments essentiels de Bunia	Lecordon Cameroun
Centre hospitalier de bebalem	Medical Assistance Programs International
Centre Médical Evangélique de Nyankunde	Mission for Essential Drugs and Supplies
CHAN Medi-Pharm Ltd/Gte	Mission for Essential Medical Supplies
Christian Health And Remedial Training Centre	National Catholic Health Service
Christian Health Association of Ghana	Œuvre de Santé de l'Eglise Evangélique Luthérienne au Cameroun
Christian Health Association of Kenya	Office de Développement des Eglises Evangéliques
Christian Health Association of Lesotho	Organisation Catholique pour la Santé au Cameroun / coordination diocésaine de la santé à Bafoussam
Christian Health Association of Liberia	Pharmacie Centrale de l'Eglise Evangélique
Christian Health Association of Malawi	Presbyterian Church in Cameroon Health Services Central Pharmacy
Christian Health Association of Nigeria	Servicio de Medicinas Pro-Vida
Christian Health Association of Sierra Leone	Soins de santé primaires en milieu rural
Christian Health Association of Sudan	St. Luke Foundation
Christian Medical College Vellore	Uganda Catholic Medical Bureau
Christian Social Services Commission	Uganda Protestant Medical Bureau
Churches Health Association of Zambia	Union des Eglises Evangeliques Protestantes au Niger
Coalition for Rational and safe Use of Medicines	Union Nationale des Associations Diocésanes de secours et de développement Caritas
Communauté Baptiste au Centre de l'Afrique	Zimbabwe Association of Church-related Hospitals

# MEMBERS — INDIVIDUALS

Akpene Esther Nyomi  
Anke Meiburg  
Birger Fels  
Donna Asiimwe Kusemererwa  
Dr. Guru Prasad Mohanta  
Dzimado Koumavi Kounetsron  
Elias K. Bongmba  
Emmanuel Goumou  
Jasmine Bora Makuta  
John James Carroll  
Karin Wiedenmayer  
Ms Robin Warren  
Richard Laing  
Spencer Makwangwala  
Stella Bongwa Zekeng  
Vijay Roy



## New EPN members

At the EPN board meeting in October 2013, 8 new EPN members were approved by the Board. New individual members are Donna Kusemererwa, former Executive Director of EPN; Anke Meiburg, former Programme Officer of EPN; Spencer Makwangwala, a pharmacist from Zimbabwe currently living in Australia; and Birger Fels, a German pharmacist and friend of EPN who partnered with EPN and Difaem for his diploma thesis on children's medicines in faith-based DSOs.

The new institutional members are l'Alliance Nationale des Consommateurs et de l'Environnement (ANCE-TOGO), a national network of 26 NGOs and CBOs working on sustainable development in Togo including health programmes; SANRU, a Christian non-profit NGO in DRC focusing on primary health care; Apotheker Helfen e.V. (Pharmacists Help), a charitable nongovernmental organization based in Germany; and Pharmacists without Borders Germany, an NGO bringing together pharmaceutical personnel from Germany, Austria and Switzerland. At the most recent Board meeting in November, Richard Laing was approved as an additional individual member

# FINANCE

## Audit

Erastus and Company of Nairobi were appointed as auditors for the year 2013. The company will conduct its 2013 audit from the end of January 2014.

## Income and expenditure account

Operating statement. Year ended 31 December 2013.

	2013	2013	2012
INCOME	USD	KShs	USD
Grants Received	497,915	42,975,044	620,471
Other Income	12,806	1,105,286	58,340
<b>Total Income</b>	<b>510,721</b>	<b>44,080,330</b>	<b>678,811</b>
<b>EXPENDITURE</b>			
Programme 1 - Access to and Rational Use of Medicines	95,605	8,251,653	97,849
Programme 2 - HIV / AIDS Treatment	8,589	741,317	14,695
Programme 3 - Professionalization	110,419	9,530,264	414,412
Programme 4 - Pharmaceutical Information Sharing	1,011	87,259	71,732
Programme 5 - Institutional Strengthening	50,840	4,388,000	145,664
Establishment Expenses (Overhead Expenditure)	201,392	17,382,118	129,273
<b>Total Expenditure</b>	<b>467,856</b>	<b>40,380,612</b>	<b>873,625</b>
<b>Balance / (Deficit) for the year</b>	<b>42,865</b>	<b>3,699,718</b>	<b>(194,814)</b>

# FINANCE

## Balance sheet

Financial position as at 31 December 2012.

	2013 US\$	2013 Kshs	2012 US\$
<b>NON - CURRENT ASSETS</b>			
Property and Equipment	14,823	1,279,373	16,560
Intangible Assets	792	68,358	1,392
	<b>15,615</b>	<b>1,347,731</b>	<b>17,952</b>
<b>Current Assets</b>			
Cash and Bank Balances	223,181	19,262,752	73,602
Debtors and Prepayments	16,551	1,428,517	9,908
Treasury Bills	0	0	99,871
<b>Total Current Assets</b>	<b>239,732</b>	<b>20,691,269</b>	<b>183,381</b>
<b>Less : Current Liabilities</b>			
Payables and Accruals	74,404	6,421,809	63,254
<b>Net Current Assets</b>	<b>165,328</b>	<b>14,269,460</b>	<b>120,127</b>
<b>TOTAL ASSETS</b>	<b>180,943</b>	<b>15,617,190</b>	<b>138,079</b>

# EPN

Ecumenical Pharmaceutical Network  
Réseau Pharmaceutique Œcuménique



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