



EPN

Ecumenical Pharmaceutical Network
Réseau Pharmaceutique Œcuménique



Annual Report 2008

*Just and compassionate quality
pharmaceutical services for all*

Thanks to the board, members, partners, friends, service providers and all well wishers who contributed in making 2008 a success. We are greatly indebted to you.

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ABBREVIATIONS AND ACRONYMS

| | |
|----------------|---|
| AACC | All Africa Conference of Churches |
| ACHA | Africa Christian Health Associations |
| AIDS | Acquired Immune Deficiency Syndrome |
| AMR | Antimicrobial Resistance |
| ARV | Antiretroviral |
| ART | Antiretroviral Therapy |
| BftW | Bread for the World |
| BUFMAR | Bureau des Formations Médicales Agréées du Rwanda |
| CEDHA | Centre for Educational Development in Health |
| CEPCA | Council of Protestant Churches of Cameroon |
| CBC | Cameroon Baptist Convention |
| CDC | Catholic Drug Centre |
| CDR | Regional Distribution Centres |
| CHA | Christian Health Association |
| CHAK | Christian Health Association of Kenya |
| CHAM | Christian Health Association of Malawi |
| CHAZ | Christian Health Association of Zambia |
| CHI | Church Health Institutions |
| CHS | Church Health Systems |
| CSSC | Christian Social Services Commission |
| CS | Civil Society |
| DIFAEM | Institute for Medical Mission |
| DSO | Drug Supply Organisation |
| DTC | Drug Therapeutic Committees |
| EAA | Ecumenical Advocacy Alliance |
| EED | German Church Development Service |
| EPN | Ecumenical Pharmaceutical Network |
| ERP | Enterprise Resource Planning |
| FBO | Faith Based Organisation |
| GF | Global Fund |
| HAI-A | Health Action International - Africa |
| HEARD | Health Economics and HIV and AIDS Research |
| HIV | Human Immunodeficiency Virus |
| HRH | Human Resource for Health |
| IGWG | Inter-Governmental Working Group |
| IP | Intellectual Property |
| JMS | Joint Medical Store |
| KEMSA | Kenya Medical Supply Agency |
| M&E | Monitoring and Evaluation |
| MEDS | Mission for Essential Drugs and Supplies |
| MEMS | Mission for Essential Medicines and Supply |
| MOH | Ministry of Health |
| MSH | Management Sciences for Health |
| PAT | Pharmaceutical Assistant Training |
| PHD | Pharmaceutical Healthcare Distributors |

| | |
|--------------|--|
| RUM | Rational Use of Medicines |
| ReAct | Action on Antibiotic Resistance |
| SCMS | Supply Chain Management System |
| SIDA | Swedish International Development Agency |
| SOPs | Standard Operating Procedures |
| SPS | Strengthening Pharmaceutical Systems |
| TL | Treatment Literacy |
| USAID | United States Agency for International Development |
| WCC | World Council of Churches |
| WHA | World Health Assembly |
| WHO | World Health Organisation |

ABOUT EPN

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

Origin

EPN started in 1982 when a consultation was convened by the Christian Medical Commission (CMC) of World Council of Churches (WCC) to provide technical advice and support to church agencies providing pharmaceutical services.

In 1997, the pharmaceutical program as it was known, shifted from Geneva to Nairobi and in 2004 a non governmental membership organization known as the Ecumenical Pharmaceutical Network was registered to carry the work forward.

Since the network was formed, membership has been open to Christian Health Associations, Drug Supply Organizations, Church Health Institutions and other related organization and individuals. Currently, EPN has over 100 members from 37 countries from all around the world but mainly in Sub-Saharan Africa.

Our Vision

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

Our Mission

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

Our 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
- Fairness



MESSAGE FROM THE BOARD CHAIRMAN

Dear Friends,

Warm greetings!

2008 was a very important year for EPN. Allow me to highlight a few areas. We were successful in achieving one of our objectives which is to strengthen the Network. During the EPN Forum in Yaoundé, we were pleased to welcome participants from different member organizations who joined us for the first time. They not only learnt a lot about our Network, but also contributed significantly to the discussions. Just before the Forum, the Francophone members had a one day meeting, taking the opportunity to actively learn about each other and to explore ways of communicating effectively with each other.

The project on strengthening Drug Supply Organisations (DSOs), supported by funding from SIDA, came to an end on a very high note! DSOs today know more about quality issues, IT issues including various software and hardware options they could use and distribution issues among others. The individual commitments made by the DSOs and the first results presented to the Network are the proof that the messages and tools developed were taken seriously and are already being used. The support of DSOs will continue to be an area of attention by EPN.

The results of our baseline studies clearly show that regular access to basic medicines is still not guaranteed. Our report has shown that there are up to 35 % stock-outs in EPN member organisations, a situation that is of course not acceptable. EPN intends to develop a broad project focusing on children's medicines, with the purpose of analyzing the situation and further proposing interventions to reduce these stock-outs.

We have empirical knowledge that church institutions have inadequate trained pharmacy staff and yet, for adequate intervention and advocacy, we need hard data. EPN spearheaded a mapping exercise to document the situation. This project started and was completed in Malawi and is ongoing in a number of other countries including Tanzania and Rwanda. The main objective was to identify hospitals that have no trained pharmacy staff. The mapping is also intended at identifying training facilities for pharmacy professionals in each country and explore possibilities of fundraising for students in church institutions who are applying for such training. EPN envisions having at least one pharmaceutical assistant or technician in all these hospitals in the next five years.

Antimicrobial Resistance (AMR) is a growing concern and it has been raised in different EPN meetings. In November 2008, EPN members held an international workshop to explore ways of addressing this issue. They

called for concerted action by various stakeholders to contain the situation. Participants prepared action plans and EPN is very hopeful that concrete steps will be taken in different church health institutions various countries, to raise awareness on AMR.

As a follow up of the baseline studies, EPN developed a project to standardize the pharmaceutical systems in health institutions which was also discussed at the EPN Forum. Some of the issues fitted well with the objectives of the *USAID supported Strengthening Pharmaceutical Systems (SPS) program of MSH* and this has provided an opportunity to collaborate closely with *Management Science for Health (MSH)*. Therefore, with the support of MSH, we plan to start working on the initial phases of this project in 2009.

EPN workshops on Treatment Literacy in different countries were very successful. The experiences shared by the church leaders helped in the preparation of a treatment literacy manual for church leaders where a first edition was produced on CD and sent to the All Africa Conference of Churches (AACC) meeting in Maputo in December 2008.

The secretariat prepared key policy documents as defined at the EPN General Meeting in Yaoundé including revision of the EPN constitution. All members will receive a copy of the revised constitution as soon as the legal processes are complete.

In 2007 our Coordinator, Dr. Eva Ombaka, asked to retire from her position and she finally was able to do so at the end 2008. On first of January 2009, Donna Kusemererwa took over as Coordinator. I take this opportunity to say “ASANTE SANA” “Thank you very much” to Eva on behalf of EPN members and partners. Eva has been the backbone of this growing network for more than 15 years. Thanks Eva for all your dedication, hard work and for keeping the vision throughout this time.

I also want to thank ALL members who were active in moving EPN further, in increasing the visibility of EPN and in strengthening the pharmaceutical services so that all patients visiting church health institutions can get the maximum benefit. Thank you.

There are of course still a lot of issues we have to continue to work on. With an active membership, supportive partners, a committed staff team, a dedicated Board, and above all, with the guidance from our Lord, we have the power to move on. He called us to spread His light and hope to all the people who are suffering. If we are able to show that there is hope, the world can be different. People suffering and dying because they do not have access to good quality essential medicines does not have to be the accepted status quo. This situation can be changed. With EPN and HIS support we are able to bring a difference. Let's go!



Albert Petersen
EPN Board Chairman



MESSAGE FROM THE COORDINATOR

Welcome to the 2008 EPN annual report. We hope you enjoy reading it. Let me highlight a few areas of our work.

The year was the end of our 4 year strategy and in the course of developing our next strategic plan, we naturally visited our mission and vision statements. In a carefully guided process and with the support of our members, we sharpened our statements and are proud to present our statement of vision, mission and values!

There were a few firsts this year. Following up the DSO work, we had the pleasure to welcome for the first time, members from the governance structures to a key meeting to look at strategic issues necessary to chart the way forward for church-owned drug supply organizations to continue being relevant and sustainable. The discussions were not only an eye opener on issues related to the drug supply business as a whole, but also clarified the role that EPN plays, setting a firm foundation for further interaction.

It was also a first to work in Ethiopia! This was the first time EPN had an intensive country based activities: the access baseline studies and also treatment literacy workshop for church leaders. We have established good contacts with the institutions and the churches and there is an excitement on the follow ups.

The first meeting of the French network members was also held this year. Held in Yaoundé, Cameroon with 35 participants from 17 organizations, it formed a platform for them to discuss and express their expectations and to develop an action plan on how to promote the francophone network and facilitate exchange of information. The formation of a working group mandated to work with the francophone officer is bound to lead to great outcomes in the years to come. On the part of the secretariat we put a lot of emphasis on making sure our French speaking members enjoyed access to the EPN materials. Thus several of our publications were translated during the year.

EPN has kept the issue of pharmaceutical human resources high in the international agenda. As part of developing supporting data, EPN plans to map available personnel in church health institutions. Our first report was for Malawi where the results confirmed that appropriately trained pharmaceutical personnel are in very short supply in the church health institutions. There is therefore a need for a concerted effort to address pharmaceutical human resources. EPN has continued to support this through continuous education workshops that have proved very useful.

There was also attention to on going activities. The completion of the treatment literacy for church leaders' booklet was marked with distribution of CD copies at the AACC meeting in Maputo. More copies will be distributed in the coming year. Similarly the work with DSO under SIDA support was completed and a report submitted. The impact of this work should continue to be seen in times to come and we will continue to keep Sida updated on progress. The access baseline studies were completed and feedback done in Zambia and Ethiopia, bringing to 5 the countries with completed studies and identified priority action plans. Three other countries have completed the baseline studies and await only the country feedback meetings.

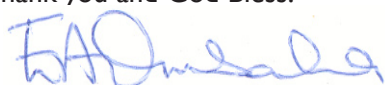
Last but not least, the collaboration between EPN and MSH took off well with a number of activities. EPN members participated as assessment team members, in the comprehensive assessment of KEMSA in the management, procurement, warehousing, logistics and information technology functions. They not only brought to the team their experience but also learnt a number of techniques to use in their own drug supply organizations. In Yaoundé, members were introduced to the programmes and oriented to the use of tools for assessing and addressing pharmaceutical management issue under the SPS programme. There was also agreement on relationship between the different actors and ways of communicating. Finally an EPN ground-breaking workshop on antimicrobial resistance was held in Moshi Tanzania, launching what is likely to be a key activity of the network in the next few years.

The year comes to an end with great expectations for a bright 2009 but also with some trepidation. As the evaluation report showed, the issue of sustainability continues to be a challenge. The commitment and support of the members, both in kind and also financially will therefore be very much expected and appreciated.

As outgoing coordinator I give thanks to all of you for having been with us not only in 2008 but also through the years of infancy of the Network and its growth. I am sure with the same kind of support: the new leadership will take EPN to great heights! And with God's blessings, we say

“Let it be so”!

Thank you and God Bless!



Eva Ombaka
EPN Coordinator

TRIBUTE TO DR. EVA M. A. OMBAKA



For seventeen years with EPN, Eva has dedicated most sincerely her energy into the issue of increasing access to medicines, she has up held the vision for “a just and compassionate quality pharmaceutical care for all”.

Dr Ombaka’s work has been most notable for bringing experiences from the grassroots to global fora

With effort and cooperation from others, she has assisted church organizations come together to meet the goal of offering effective and efficient pharmaceutical services.

She has done this with boundless energy. Her great ideas, enthusiasm and motivation, her cheerful and positive outlook have enabled her achieve more than most of us can ever dream of doing.

Among her many achievements are:

- Won Olle Hansson Award 2007 An award named in honour of Dr Olle Hansson a Swedish paediatrician, which recognizes the contribution of individuals from developing countries in promoting the concepts of essential drugs and their rational use
- Provided leadership for EPN members and WHO for evaluating faith-based drug supply organizations in a number of African countries where the lessons learnt have led to the development of ‘Guidelines for Effective and Efficient Pharmaceutical Services’ that are now in use in health institutions in several countries
- Spearheading advocacy campaigns via EPN to help shape pharmaceutical policies and guidelines based on the concept of essential medicines, the WHO Model list of Essential Medicines and the Interagency Guidelines on Drug Donations
- Contributed as an active member in the model list expert committee at WHO which regularly updates the List of Essential Medicines
- Co- founded Sustainable Healthcare Foundation in Kenya
- Designed training curricula and organizing courses for pharmaceutical institutes to produce many graduates focusing on Essential Drugs and their rational use
- Contributed to the development of the Tanzania National Drug Policy

May God continue to light up her paths so that she continues to mentor and mobilise others into action for the glory of HIS name.



PROGRAMME I

Development of an Active Network with Increased Impact

1.0 EPN Forum

The 2008 EPN Forum was held on 15th - 20th June 2008 in Yaoundé, Cameroon, hosted by the Council of Protestant Churches of Cameroon (CEPCA) in collaboration with Catholic Health Service of Cameroon (OCASC). The forum was attended by EPN members from 22 countries.

The theme of the Forum was **Pharmaceutical Standards**. Key discussions were centred on the EPN guidelines and standards, sustainability of Drug Supply Organizations (DSOs), Pharmacovigilance and Antimicrobial Resistance.

The last one and a half days of the Forum dwelt on discussions on the *USAID supported Strengthening Pharmaceutical Systems (SPS) program of MSH* conducted by Management Sciences for Health (MSH) who are partnering with EPN in their SPS programme.

During the Forum, the Gender and the HIV & AIDS policies developed in 2007 were presented to the members. There were a number of reactions and country experiences from Chad, Zimbabwe, Togo, Cameroon and Rwanda. They showed that countries, churches and FBOs are at different levels of enacting HIV and gender policies and there was much appreciation that EPN had taken the steps to have these key documents prepared. Some members expressed interest in adapting the EPN document for their organisations.

The full report of the Forum can be found on the EPN website:

<http://www.epnetwork.org/en/epnforum/yaounde/cameroon/june/2008>

2.0 Development of communication tools for key information exchange (lesson learning, reporting, relevant research/news, notice board facilities, and group communications).

2.1. Translation of key documents into French

The following key documents were translated into French language:

1. 2007 EPN Evaluation Report
2. 2007 EPN Annual Report
3. Report on the 2007 EPN DSO Feedback meeting, Lagos
4. EPN Fundraising Strategy
5. EPN Advocacy Strategy
6. Standard Operating Procedures “How to Manual” for Drug Supply Organizations and Christian Health Institutions
7. Distribution Model study for EPN Drug Supply Organizations
8. Small scale local pharmaceutical production - Quality Control Laboratories - Background report and Feasibility tools
9. EPN DSO survey tool
10. “How to Manual” Advocacy for Drug Supply Organizations and Christian Health Institutions
11. Contact Magazine; Editions 181 and 185
12. HIV and AIDS Treatment Literacy Manual
13. HIV and AIDS Treatment Literacy Training - Trainers guide

2.2. EPN Publications

In 2008, EPN newsletters were developed and disseminated to members and partners.

- Three issues of *Netlink* in English and French and seven issues of *e-pharmalink* were distributed.
- One issue of *Pharmalink Newsletter* (French and English) whose theme was *Antiretroviral Therapy for Children*. Two hundred copies of this were distributed to EPN members and partners.
- Five hundred CDs of the annual report were produced and distributed during various meetings in the year.
- The EPN forum report was published on the website

WCC-Contact-magazine 2007 October – December issue

The issue titled *HIV and AIDS Treatment -FBOs Getting Involved*, was published and two thousand copies in both English and French were distributed. The issue of *Contact* provided practical examples of how treatment can be made more accessible by FBOs and FBO health care institutions particularly in resource-limited settings. The magazine also gave excerpts from research conducted on: “The role of Churches and Church based health institutions in accessing HIV and AIDS treatment”.

2.3 Africa CHA Platform Update

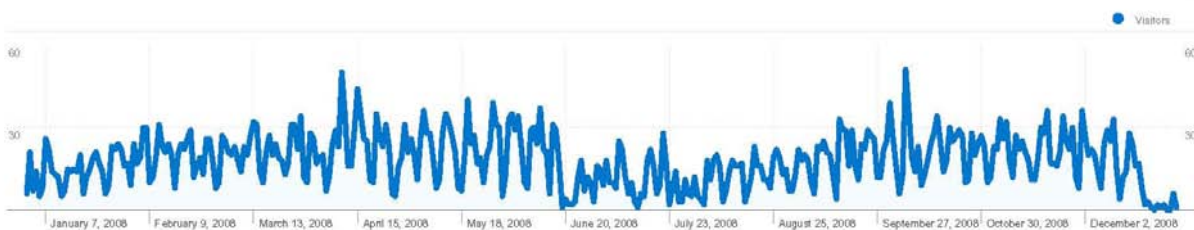
With the establishment of the Africa Christian Health Associations (ACHA) Platform in 2007, EPN continued to contribute articles for the quarterly newsletter and the EPN communications officer was part of the editorial committee. Coverage of EPN issues on the CHA Update has increased awareness of EPN activities.

2.4 Upgrading and maintenance of the website

The website was regularly updated with new information. The total number of visits in 2008 was 7,180. This is equivalent to an average of 19 visits a day. The graph below gives a representation of the website usage in 2008.

EPN - English
Visitors Overview

Jan 1, 2008 - Dec 31, 2008
 Comparing to: Site



5,895 people visited this site

7,180 visits

5,895 Absolute Unique Visitors

23,646 Pageviews

3.29 Average Pageviews

00:03:00 Time on Site

3.0 Network Meetings and Workshops

3.1 Francophone Members' Day – 13th June 2008

The EPN francophone members' meeting was held in Yaoundé, Cameroon on 13th of June 2008, 35 participants from 17 organizations attended. The meeting was a platform for EPN francophone members to get to know more about EPN, to discuss and express their expectations and to develop an action plan on how to promote the francophone network and facilitate exchange of information among members and with the EPN secretariat.

The following plan of action was proposed:

1. Promoting EPN in the francophone countries
2. Strengthening the system of data collection from EPN members
3. Strengthening the communication between francophone EPN
4. Increase the number of members meetings
5. Put in place a system of follow-up after trainings
6. Capacity building in the organizations and institutions

A working group for francophone EPN was put in place in order to assist the EPN Francophone Programme Officer in her work. The members are: Nathalie Furere (BUFMAR, Rwanda), Jean-Pierre Madeda (ECC/DOM, DRC), Edouard Koutodzo (APROMESTO, Togo), Junior Tchibozo (Bethesda, Benin), and Ndilita Djékadoum, Chad.

3.2 Communications Skills workshop

EPN conducted a three day communication workshop on 24th -26th November 2008 for communications persons within the Network. The skills building workshop was attended by 15 participants from 6 countries in Africa. The specific objectives of the workshop were to equip participants with an understanding of the basic principles of communication, build skills for designing effective communication programmes and campaigns for addressing AMR and to create strong communications network for effective information sharing with EPN members.

The workshop adopted a practical and participatory approach where the participants and facilitators worked through a sample country level communication strategy. Through various tasks, and group and plenary discussions participants were guided in identifying a communication problem, development of sample smart objectives, a series of messages, choice of possible channels, branding techniques as well as strategies for monitoring and evaluating the campaign.

The participants also helped to refine a call to action document developed by participants of the EPN AMR workshop in Moshi, Tanzania and developed campaign messages and slogans for the AMR campaign.

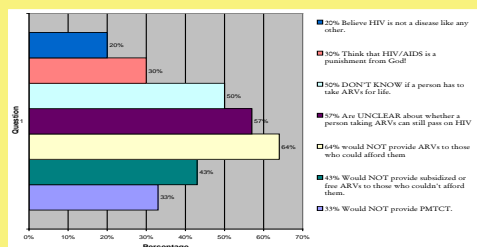


Religious leaders: a framework for equipping a sustainable community network for adherence and treatment support



Mwiindi J and Ombaka E A

Background Survey on treatment: Nairobi 2004 Church Leaders' Summit on HIV/AIDS
69 people, 21 denominations, 28 countries



Addressing the Issue:

- ❖ Religious leaders are key opinion leaders in Sub-Saharan Africa.
- ❖ Inaccurate information to/from this key group may hinder adherence, scale up and support for Antiretroviral Therapy.
- ❖ EPN sought to empower Religious leaders by training them on HIV/AIDS treatment through international and follow up national workshop in Ghana, Zambia and Uganda



3.3 Ecumenical Pre Conference – Mexico City 31st July 2008 – 2nd August 2008 (International Aids Conference)

The Ecumenical pre conference was held in Mexico City on 31st July- 2nd August 2008, prior to the main International AIDS Society Conference. The conference aimed at bringing together ecumenical participants involved in addressing HIV and AIDS issues. The conference was attended by Jonathan Mwiindi who made a poster presentation titled “*Religious leaders: a framework for equipping a Sustainable community network for adherence and treatment support*”. The presentation brought to others the lessons learnt from EPN’s HIV and AIDS treatment literacy work. His attendance was sponsored by Bread for the World.

About 500 Christians from all over the world participated in plenary sessions, skill building workshops, and daily worship during the Pre-conference. It engaged participants in: exploring the challenges posed by the HIV and AIDS pandemic to people of faith, an evaluation of action taken and planning of strategies still required to put the Gospel into action in the Christian response to HIV and AIDS. It was also a great opportunity for networking. Most of the participants acknowledged the key role played by the ecumenical bodies in the fight against HIV. There was a call for the ecumenical bodies to be involved not only as experts in program implementation but also in policy design

3.4 META International Advisory Group (MIAG) Meeting – London, UK 15th – 16th September 2008

The EPN Coordinator attended the first meeting of the MeTA International Advisory Group (MIAG) aimed at providing advice to the Medicines Transparency Alliance (MeTA) during its piloting of the work in the next two years.

The advisory group is made up of members from the civil society, government and the pharmaceutical industry from various parts of the world. Representatives from three MeTA pilot countries-Ghana, Zambia and Uganda-were also present. The group analyzed the initial results in the pilot countries, made recommendations on future

directions and also provided advice on areas such as emerging issues and trends within the global medicines market that MeTA needs to keep in mind. Lessons from the pilot phase will be important for transparency in the medicines area and of value to EPN members. EPN will therefore encourage members at country levels in the pilot countries to be involved whenever possible. Furthermore, being part of the MIAG provides an avenue for FBOs to share their issues and experiences in relation to transparency in medicines.

3.5 Global Fund Partnership Forum Dakar, Senegal, 8-10 December 2008

EPN sponsored Raphaël Edou from BETHESDA, Benin - a member organization of EPN – to attend the Global Fund Partnership Forum. The forum that takes place every two years was held on 8-10 December 2008 in Dakar, Senegal.

The forum provides a platform for open discussions on Global Fund to Fight AIDS, TB and Malaria strategies and policies. Its recommendations give guidance to the decisions taken by the Global Fund Board. Raphaël Edou shared on how faith based organizations are associated and involved in the Global Fund programme and noted that there was not yet much visibility of the work of FBOs despite the fact that they were doing remarkable work in various African countries. Raphaël Edou requested EPN secretariat to train its members on project design and project proposal writing.

4.0 Increasing the Network's sustainability

4.1 Board meetings and visit to donors

a. EPN Board Meetings

The EPN Board held its first meeting of 2008 in Nairobi, Kenya on 25th – 27th February during which the 2007 audited financial statements and the 2008 annual plan were approved. The second EPN Board meeting took place in Lilongwe, Malawi in October and was hosted by Christian Health Association of Malawi (CHAM). While in Malawi, the board members attended a workshop to discuss the results of a survey on availability of ARVs in CHAM facilities with relevant stakeholders in Malawi.

b. Visit to Donors and Potential Donors/Partners

Albert Petersen, EPN Board chairman and Eva Ombaka, Coordinator, visited EPN partners in Europe in early 2008. They visited various partners in The Netherlands, Germany and Sweden including Bread for the World (BftW), Germany; DIFAEM - German Institute for Medical Mission; Germany; Evangelischer Entwicklungsdienst (EED), Germany; Interchurch Organization for Development Cooperation (ICCO)/ Kerk in Actie International, Netherlands; Action on Antibiotic Resistance (ReAct), Sweden and Swedish International Development Agency (SIDA), Sweden. The aim of the visits was to strengthen existing and explore new partnerships. Later in the year the Chair and the Coordinator visited several organizations in London, with the aim of building new relationships and finding new ways of collaboration.

PROGRAMME 2

Maximizing Access to Essential Medicines for Church Health Services and their clients:

1.0 EPN DSOs SIDA Project

1.1 Follow-up on 2007 Lagos DSO meeting

The 2007 DSO Lagos meeting secured commitments from the participating DSOs to undertake certain activities. During the EPN Forum, four DSOs reported having made the following progress:

1. Cameroon Baptist Convention (CBC)

- Improved record keeping
- Minimization of supply errors
- Improved communication

2. Christian Health Association of Malawi (CHAM)

- a) Stock availability of listed items:
 - Manual inventory systems implemented to provide data.
 - Use of contractual agreements with suppliers to ensure adherence to delivery time.
- c) Improved communication with its facilities
- d) Storage space
 - New warehouse plans had been finalized, awaiting approval
 - Regular disposal of expired drugs
 - Committee set-up to review medicines list

3. Mission for Essential Drugs Supplies (MEDS)

- a) Elimination of errors in order processing
 - Upgraded their Enterprise Resource Planning - ERP (Sypro) software
- b) Improved turnaround time
 - Tagging of orders within ERP upon booking
 - Running daily computer generated reports to monitor performance
- c) Reorganizing dispatch of orders
 - Computerization of dispatch functions to allow visibility of packed orders
- d) Reduction of the number of items out-of-stock
 - Improved quantification
 - Stock level monitoring parameters determined and updated ERP

4. Joint Medical Store(JMS)

- a) Improved customer satisfaction
 - Developed a database able to capture comprehensive customer information
 - Designed and implemented a skill building program for effective customer handling
 - Was working towards incorporating key performance indicators on customer focus on all functions within JMS



2.0 Church-based Drug Supply Organizations Meeting – Dar es Salaam, Tanzania 13th – 15th April 2008

As a follow up on issues raised in the 2007 Lagos meeting, a 3-day meeting for 43 representatives of the leadership of 17 CHAs and 6 DSOs took place on 13th – 15th April 2008. The meeting discussed possible ways to improve the contribution of their organizations to the general health services in their respective countries, through the supply of essential medicines. It also looked at strategic issues to be considered by church-owned drug supply organizations to continue being relevant and sustainable. The participants came up with seven key strategic organizational characteristics that a functioning DSO should have. These characteristics are:

- Clarity of mission
- A faith based not-for-profit business approach
- Awareness of the global and national environment in which the DSO is working, e.g. new medicines, diseases, trade, production, health challenges,
- Focus on the client
- Structures, policies and procedures in place
- Being innovative
- Good relationships with government, owners, clients, partners,

It was agreed that these characteristics would be added to the previously identified characteristics of a functioning DSO drawn up at a meeting in Nairobi in 2004. These characteristics would provide a solid framework of goals for the management of a DSO, regardless of whether it is run as a department of a CHA, independently managed but owned by a Christian health organization, or run as a totally independent organization. The meeting ended with commitment from each of the participating CHAs and DSOs to work on an aspect of the organizational characteristics that is lacking in their institution.

3.0 Human Resources for Health Crisis – Nairobi, Kenya 4th February 2008

Lilies Njanga, EPN's Administration and Networking Programme Officer, represented EPN in a Human resources for health assessment meeting conducted by CHAK on 4th February 2008. The purpose of the meeting was to help identify a set of Human Resources for Health (HRH) priorities particularly for the faith-based organizations sector. The meeting served as an opportunity to develop a three-year HRH action plan.

Key recommendations made included developing guidelines of best practices for HRH, and developing a concrete, comprehensive and long-term agreement between the Ministry of Health and the faith-based health sector. The agreement would look into issues including remuneration, developing a comprehensive retention strategy for the faith-based organizations sector including in hard-to-reach areas, strengthening leadership and management skills at all levels and strengthening of human resource management practices.



4.0 Training on Standard Operating Procedures

4.1 Follow-up on 2007 SOP training

Mission for Essential Medicine and Supply (MEMS) with financial support from EPN, on 4-6th June 2008 in Arusha-Tanzania, organized a Standard Operating Procedures (SOP) workshop for member hospitals. This was a follow up of the training on Standard Operating Procedures (SOP) offered by EPN in October 2007. Participants from twenty faith based hospitals participating in MEMS projects, specifically managers of pharmacies in their respective hospitals attended.

The training covered elements of pharmaceutical management especially on how SOPs can help to maintain service and professional standards. SOPs are essential in maintaining drug procurement and supply system. SOP mapping process and implementation was also covered. Key message was that SOP development and its implementation needs to be participative, i.e. managers who develop SOPs must involve their staff so as to increase acceptance during implementation.

Participants undertook to raise awareness on the importance of SOPs at their working places, participate in SOP development and implementation including training other pharmacy workers and getting feedback for monitoring purposes. MEMS mandate will be to follow up and assess status of implementation of the hospital plans during support supervision visits to the hospitals.

4.2 SOP Training for EPN Francophone Members

A Standard Operating Procedures training for the EPN Francophone members was held on 9th-13th June 2008. The purpose of the training, which drew participants from 7 countries, was to build the capacity on how to develop Standard Operating Procedures within Drug Supply Organizations and Christian Health Institutions. The training is expected to lead to efficient procurement and distribution operations.

5.0 Access Baseline Studies

EPN Access Baseline studies continued in 2008. Zambia and Ethiopia carried out the baseline studies in February and March 2008 and the feedback meetings were held in June. Baseline studies were conducted in eight countries .

The Access Baseline Studies are based on the EPN Guidelines project which is part of the EPN access programme with the objective of maximizing access to essential medicines for church health services and their clients'. The first phase of the project generated the baseline for each EPN 'guideline'. The results, presented during a feedback meeting, provided the baseline for compliance with EPN guidelines in the respective country. The in-country group decided which of the EPN guidelines they would prioritize and what further work would be undertaken. The baseline results were gathered using five tools: church health institution self-assessment survey; guided desk review; guided self-assessment workshops; focus groups discussions; and drug supply organization self-assessment survey.

5.1 Uganda, 28th – 30th January 2008

In 2008 a feedback meeting was held in Kampala, Uganda on January 2008. The meeting was a follow up to the access to medicines baseline study conducted by the EPN members in Uganda in 2007. Following the presentation of the results of the research, the feedback workshop participants decided on four key priorities:

- Drug storage and procurement: 50% not using standard operating procedures (SOPs) for drug management and storage and 50% not using SOPs for procurement.
- Rational use of medicines: 80% not adhering to rational use of medicines guidelines.
- Pharmaceutical personnel and unit assessment: 76% have no pharmaceutically trained personnel, 45% have no access to key pharmaceutical information and 64% have no regular assessment of pharmaceutical unit work.
- Drug and Therapeutics Committees (DTCs) [Guideline 4]. It was recognized during the meeting that a focus on DTCs and medical supervision would increase the success of interventions. 45% of hospitals do not have a functioning DTC.

5.2 Zambia, 1st – 3rd June 2008

The access baseline feedback meeting took place in June. Participants identified four priority areas:

- Guidance on how to improve relations with communities through church leaders
- Increased fundraising skills at the CHS level with central support from CHAZ
- Reducing burn out and developing incentives for staff recruitment and retention
- Increased Rational Use of Medicines by both health providers and clients.

5.3 Ethiopia, 5th – 7th June 2008

During the feedback meeting the following issues were identified:

- Need for a DSO: A faith-based not-for-profit DSO would be a very useful addition in attempts to provide quality health care to the people of Ethiopia.
- Staffing issues: The issues of recruitment and retention of staff in CHS were noted as a worrying problem. The recent 30% increase in salaries of government health workers by without warning had caused a high loss of staff from the CHS sector to the government sector.
- Community involvement: With low morale among staff and a general sense of downturn, lack of appreciation by the government and failing finances, relationships with some communities have deteriorated
- Need for a Christian Health Association: The CHS is involved in the national health plan, does not contribute information to national management information systems and does not receiving support and information from the government. A representative organization that unites the CHS would have a positive and widespread impact, through providing a voice for working with the government and taking advantage of international funds, as well as economies of scale for work on some of the identified problem areas.

6.0 Mapping of Pharmaceutical Human Resources

The church health institutions are responsible for between 30% - 60% of the health services in various countries in Sub Saharan Africa. Drugs and medical supplies are a significant budget item in health institutions (after personnel), and their proper management is crucial as this impacts on access to and rational use of medicines. In 2007 EPN developed a tool to facilitate the mapping of pharmaceutical human resources in the church health facilities in sub-Saharan Africa, with the aim of identifying the human resources available (and the shortfall) in church health facilities. The results of the mapping will aid EPN's advocacy and will also enable EPN to tailor its work and training appropriately.

The exercise was rolled out in Malawi in the second quarter of 2008 and is ongoing. The mapping in Malawi was conducted in collaboration with the Christian Health Association of Malawi (CHAM). CHAM has 172 member facilities. One hundred and seven of these facilities were surveyed and the following are the cadres

of staff providing pharmaceutical services:

- 1 Pharmacist (CHAM secretariat)
- 9 Pharmacy Technicians (2 in same Hospital)
- 6 Pharmacy Assistants
- 53 Nurses and Medical Assistants
- 66 other personnel (with no formal medical or pharmaceutical education)

The results indicate that 88% of the staff performing pharmaceutical functions had no pharmacy qualification, and notably there is only one pharmacist who is based at the CHAM Secretariat. It is also clear from these results that appropriately trained pharmaceutical personnel are in very short supply in the church health institutions. There is therefore a need for a concerted effort to address pharmaceutical human resources.

7.0 MSH Strengthening Pharmaceutical Systems Programme

7.1 Assessment of Kenya Medical Supply Agency

Representatives from EPN members in Uganda, Nigeria, Malawi and Ghana participated in an assessment of the Kenya Medical Supply Agency (KEMSA) from 28th March to 12th April 2008. The two-week assessment was organized by Millennium Challenge Account - Threshold Programme (MCA-TP) Kenya, and attended by EPN representatives: Donna Kusemererwa from Joint Medical Store (JMS) in Uganda, Mike Omotosho from Chan-MediPharm in Nigeria, Langston Mukura from Christian Health Association of Malawi (CHAM) and Stephen Bonnah from Catholic Drug Centre (CDC) in Ghana.

The purpose of this activity was to conduct a comprehensive assessment of KEMSA specifically in the management, procurement, warehousing, logistics and information technology functions planned under the MCA - PT. Due to their experience and skills in working with Drug Supply Organizations, the representatives from EPN member organizations made valuable contributions in ensuring that the recommendations made were relevant for KEMSA. They also learnt that KEMSA is not unique in the challenges it faces as some of their own organizations also face similar challenges for which they can apply the recommendations made for KEMSA.

7.2 Introduction of MSH to EPN Members – orientation of EPN members on the use of tools for assessing and addressing pharmaceutical management issues

Orientation of EPN members on the use of tools for assessing and addressing pharmaceutical management issues under the USAID supported Strengthening Pharmaceutical Systems (SPS) program of MSH took place in Yaoundé Cameroon in June at the EPN Forum. Staff from the SPS Program shared with EPN Secretariat and its members the overview of its mandate. The presentation also included the relationship between EPN and MSH/SPS program. Available software tools developed by MSH were also presented to EPN members, as well as the MSH's collaboration with MEDS, a church-owned, Kenyan Drug Supply Organization under the RPM Plus program, which is continuing under the SPS program.

Participants committed themselves to increase the country level collaboration between the EPN secretariat and SPS Program in order to strengthen the secretariat and provide technical support in pharmaceutical systems to EPN members at large. The EPN and MSH team developed a joint contact list in different countries to facilitate communication at country level.

7.3 Antimicrobial Resistance (AMR) Workshop - Moshi, Tanzania 9th – 14th November 2008

EPN in partnership with the USAID supported Strengthening Pharmaceutical Systems (SPS) program of MSH on 10th-14th November 2008 conducted a 5 day workshop in Moshi, Tanzania, on *local and regional action to address antimicrobial resistance*.

The workshop brought together stakeholders from over 16 countries - member organizations, clinicians, pharmacists and other health professionals. The five-day workshop aimed at sharing information on AMR



and developing strategies for containment of antimicrobial resistance and advocating on appropriate use of antimicrobials.

The opening ceremony of the workshop was graced by Anthony Boni of USAID who greatly encouraged participants by reaffirming the commitment of his organization to collaborate with the faith sector. In addition to the technical team from MSH comprising of Terry Green and Mohan Joshi, facilitation was provided by experts from ReAct and Medical Mission Institute Wuerzburg.

Resistance to medicines particularly antimicrobial agents is a global threat that has since the 20th century presented a growing problem. Numerous factors have contributed to the problem including unnecessary prescribing of medicines by trained and untrained health workers, uncontrolled dispensing by drug vendors, widespread use of antimicrobial agents in animal husbandry and poor infection control practices.

Key outputs of the meeting were an EPN call to action on AMR and messages for various actors in health care delivery which will be disseminated in all appropriate fora. Participants also made commitments to undertake local action within their countries and institutions on AMR advocacy and containment.

A full report of this workshop is available on the EPN website <http://www.epnetwork.org/en/amrworkshop/2008>

8.0 Continuous Pharmacy Education

8.1 Continuous Pharmacy Education for staff working in Christian Health Association of Malawi (CHAM) Hospitals Providing ART Services October 21st – October 24th, 2008

EPN in collaboration with CHAM conducted a continuous education training course for pharmacy staff from twenty CHAM hospitals and community hospitals that provide Anti-Retroviral Therapy (ART) services. The overall objective of the training was to improve the knowledge of participants on the importance of rational use of anti-malarial medicines and ART in order to develop effective interventions which will promote rational use of ART and anti-malarial medicines at the health facilities. The specific objectives were:

- Orientation to National Guidelines on Malaria Treatment and ART usage.
- Provide an overview of Rational Use of Medicines with a focus on ART and Anti-Malaria Treatments.
- Learn the principles of Pharmaceutical Management.
- To share experiences on the challenges related to the use of Anti-Malaria medicines and ART.
- To develop intervention plans to promote rational use of Anti-Malaria medicines and ART.

The training equipped participants with a greater knowledge of the National Policy and Treatment Guidelines on HIV & AIDS and Malaria. In addition, the course discussed various aspects of the Pharmaceutical Management Cycle such as Inventory Management, Dispensing and the Rational Use of Medicines. Participants shared experiences from each of their facilities and identified problems in the current systems. This enabled them to develop an intervention which will be followed up by a member of the CHAM Secretariat Pharmacy Section.

8.2 Continuous Pharmacy Education for staff working in member institutions of EPN member Bureau des Formations Médicales Agréées du Rwanda (BUFMAR) December 2008

Bureau des Formations Médicales Agréées du Rwanda (BUFMAR) in collaboration with EPN conducted a continuous pharmacy education on HIV from 3rd to 5th December 2008 for its member health facilities. Participants received knowledge with regard to care for people living with HIV, estimation of need of ARVs, store management and rational use of medicines. At the end of the workshop they were encouraged to implement the lessons learnt by addressing the needs and expectations of the community.

9.0 Assessment of the pharmaceutical situation in DR Congo-December 2008

EPN in collaboration with DIFAEM conducted an assessment of the pharmaceutical situation in the FBO Sector in Kinshasa and Kinanga, DRC. The main goals were to assess the pharmaceutical situation and needs within FBOs and related organisations in DRC and to renew the contact with EPN members in DRC in order to enhance further collaboration.

The assessment provided insight and understanding of the structure of the pharmaceutical sector in DRC, national policies and strategies. FBOs are strongly involved in the implementation of the national pharmaceutical policy. This policy for example foresees Regional Distribution Centres (CDR) for medicines in the form of not-for-profit-Associations.

Two of the three CDRs visited evolved from former church DSOs and all three had FBOs on their board. The two main problems for the CDRs were that health districts and centres, which were supposed to buy from CDRs, could often not afford the high costs of medicines, mainly due to the high cost of mandatory quality control of all incoming drugs. Secondly, inadequate management skills in health centres made it difficult for the CDRs to properly manage their own stock and estimate their needs.



PROGRAMME 3

Increasing the Capacity of Church Leaders and Church related Health Services to respond to the Massive Challenge of HIV and AIDS Treatment

1.0 HIV and AIDS Treatment Literacy for Church leaders: Assessing impact

The Uganda Joint Christian Council (UJCC) in collaboration with EPN held an impact assessment workshop on 28th and 29th January 2008 in Fort Portal, Uganda to assess the impact of HIV and AIDS Treatment Literacy training for Church leaders in Uganda. The workshop sought to identify what activities the Church leaders had organized to implement the knowledge they received from the training by EPN.

The impact assessment workshop brought together not only those who had been trained directly by EPN but those who had been trained by the Church leaders. On the first day of the workshop the Church leaders who had been trained by EPN in 2007, met to assess how far they had implemented their action plans. On the second day those who had been trained by the Church leaders joined in the workshop to see how the training they had received from the Church leaders had impacted the lives of the communities they serve.

2.0 Training of Trainers (TOT) and HIV and AIDS treatment Literacy workshop Addis Ababa, Ethiopia 10th -14th November 2008.

EPN in collaboration with *Ethiopian Evangelical Church Makane Yesus* (EECMY) conducted a Training of Trainers (TOT) on HIV and AIDS Treatment Literacy workshop in November 2008. The TOT workshop was to equip the selected local trainers with effective training skills so as to enable them to train the Church leaders on HIV and AIDS treatment literacy using the EPN manual and local knowledge.

The participants identified the HIV and AIDS treatment needs and the capacity gaps and focused on why the church leaders need to know about HIV and AIDS Treatment. Through a participative session, the trainees defined what treatment literacy must involve.

It became clear that for effectiveness every EPNTL workshop should have the right combination of trainers including a Doctor or Public health Specialist familiar with HIV & AIDS, a Clinician or pharmacist, a PLHIV and a Nutritionist. In addition a strategy is required to make sure that the trained trainers are actively involved in supporting the Church leaders after they have participated in the initial training. This will ensure that their skills are not lost and that the trainers continue to be active within the local church network.





Church Leaders Standing in the Gap



HIV and AIDS Treatment Literacy Guide

for Church Leaders

3.0 Development of a treatment literacy manual for church leaders

Development of the EPN Treatment Literacy manual was concluded in September 2008 and a draft sent to past participants of treatment literacy workshops to give in their comments. EPN finalized putting together an HIV and Aids Treatment Literacy Guide for church leaders. The objective of the manual is to enhance church leaders' knowledge on HIV and AIDS treatment, care, and support, which will support them to take effective actions in assisting their congregations and communities. It is expected that by using this treatment literacy manual, church leaders will be in a position to take action and change the "terrain" on which HIV/AIDS thrives in the community by fighting stigma and promoting treatment awareness, drug availability, and adherence to treatment.

4.0 Christian Health Association of Malawi ART Stakeholders meeting

While the Ministry of Health is the main provider of ART services in Malawi, CHAM has a strong relationship with MOH in providing healthcare services. Current membership of CHAM is 173 units, comprising 19 hospitals, 21 community hospitals and 133 health centres. Of the 173 facilities, 32 are offering ART services in 20 districts out of 27 in Malawi.

The ART survey conducted in collaboration with CHAM, EPN and DIFAEM was carried out with the conviction that each child living in Malawi and in need of antiretroviral treatment should be able to get the medicine. The objective of the snapshot survey was to analyze the situation with respect to services in CHAM facilities which would enable CHAM to develop an action plan to scale-up paediatric ART services. The findings were shared in a meeting held on 22nd October 2008 with participants from government, CHAM member institutions, Clinton Foundation and MSF.

The plan of action identified during the stakeholders meeting were:

- Involvement of CHAM at planning level (ART Quantification; Supply Management; Technical Working Groups etc)
- CHAM would strategically *quantify* training needs.
- Strengthen relationship between CHAM and its facilities
- Advocate for CHAM to be included in supervision teams.

FINANCE AND ADMINISTRATION

1.0 Development of Policy Documents

The following financial policies were developed and adopted by the board in October 2008.

1. **Taxation Policy:** Provides guidelines on how all aspects of tax affect the organization and how they will be handled.
2. **Asset Management Policy:** Gives guidelines on effective management of assets of the organization so as to be in line with International Accounting standards on the treatment of assets.
3. **Cash Management Policy:** It ensures clarity on the security and effective check on the float maintained by the organization.
4. **General Provisions Policy:** Deals with other aspects of the organization with financial implications that need clarification on how they must be handled. It includes financial aspects relating to monies received from donors and how they are recorded in EPN's financial books.

2.0 Decision Making and Human Resource

In 2008 three of the EPN board members stepped down, Dr. Gilbert Buckle, Dr. Kodjo Tsogbe upon expiry of their term and Ms. Donna Kusemererwa upon declaring her interest in joining the Secretariat. Three other board members were appointed during the EPN Forum namely: Dr. Ndilta Djekadoum of Hopital de Koyom, Chad; Mr. Francis Gondwe of Christian Health Association of Malawi and Mr. Matthew Azoji of CHANMedi-Pharm Ltd/Gte, Nigeria

2.1 EPN Board Members 2008

| | |
|-------------------|-------------|
| Albert Petersen | Chairman |
| Sara Bhattarchaji | Secretary |
| Jane Masiga | Treasurer |
| Ndilta Djekadoum | Member |
| Francis Gondwe | Member |
| Matthew Azoji | Member |
| Eva Ombaka | Coordinator |

The following board members completed their term of office during the course of the year

| | |
|-------------------|--------|
| Gilbert Buckle | Member |
| Kodjo Tsogbe | Member |
| Donna Kusemererwa | Member |

2.2 EPN Staff Members 2008

| | |
|-------------------|---|
| Eva Ombaka | Coordinator |
| Donna Kusemererwa | Deputy Coordinator |
| Lilies Njanga | Network and Administration Officer |
| Anke Meiburg | Francophone Programme Officer |
| Angela Mutegi | Communications Officer |
| Jackie Nyagah | Communications Officer left in May 2008 |
| James Mireri | Accountant |
| Tom Ojeya | Driver |
| Irene Tindi | Office Assistant |

3.0 Human Resource Issues

Dr. Eva Ombaka, in 2007, expressed interest to retire from her position as the EPN Coordinator. A position of Deputy Coordinator was advertised within the Network. Interviews were conducted in February 2008. Ms Donna Kusemererwa was the successful candidate and took up the position of Deputy Coordinator in September 2008. Ms. Donna Kusemererwa previously worked with Joint Medical Store (JMS) Uganda from 1997 – 2008 and at the time of her departure from JMS was the General Manager. She holds a masters degree in pharmacy and business administration.

The Communications Officer's position also fell vacant in April 2008, The position was advertised and interviews were conducted in May 2008. Ms. Angela Mutegi was the successful candidate and took up the position of EPN Communication's Officer on 7th July 2008. Ms. Mutegi holds a bachelors' degree in communication and is currently pursuing a master's degree in development communication.

3.1 Improvement of the Local Area Network, Storage and Backup of documents

With the growth of the EPN secretariat staff, it became necessary to upgrade the EPN server to allow for more storage, improve efficiency of the Local Area Network and make provision for regular backup of information. This was implemented in August and September 2008.

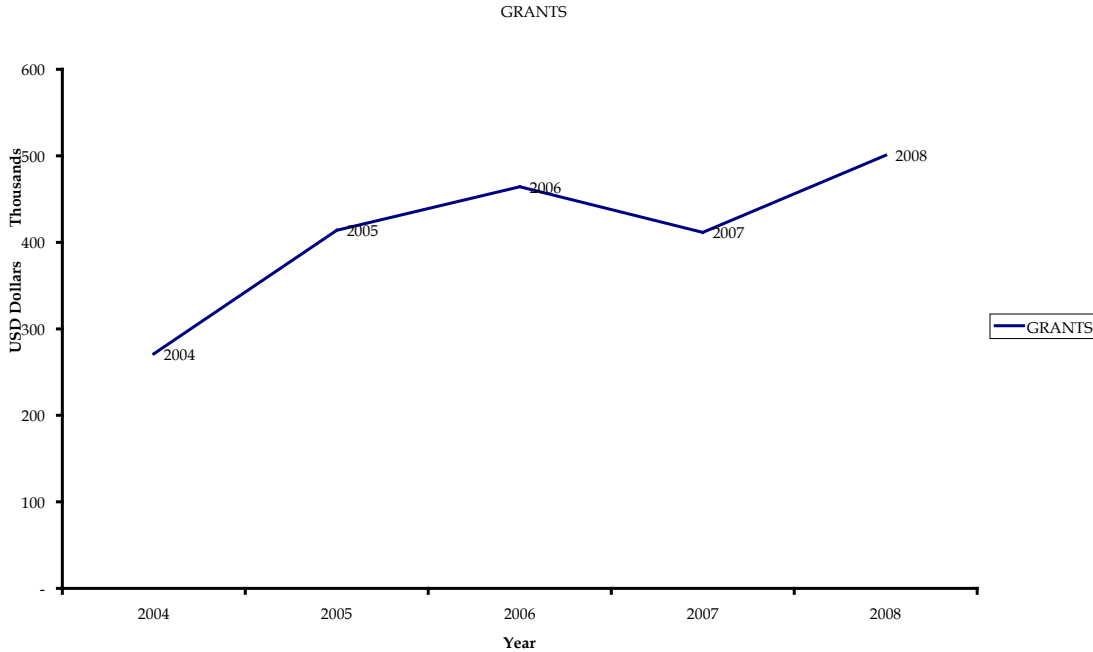
4.0 Financial Report

| 4.1 ECUMENICAL PHARMACEUTICAL NETWORK | | | | | |
|--|------------|------------|------------|------------|------------|
| INCOME & EXPENDITURE ACCOUNT ANALYSIS 2004 - 2008 | | | | | |
| | 2008 | 2007 | 2006 | 2005 | 2004 |
| | US Dollars | US Dollars | US Dollars | US Dollars | US Dollars |
| INCOME | | | | | |
| Grants | 500,723 | 411,532 | 464,302 | 413,825 | 271,028 |
| Other Incomes or donations | 81,451 | 47,942 | 110,350 | 25,903 | 86,254 |
| Other Special Projects | 42,560 | 29,221 | - | - | - |
| Total Income | 624,734 | 488,695 | 574,652 | 439,728 | 357,282 |
| | | | | | |
| EXPENDITURE | | | | | |
| PROGRAMME 1 - Development of An Active Network With Increased Impact | 124,933 | 111,872 | 139,741 | 65,818 | 49,051 |
| PROGRAMME 2 - Maximising Access to Essential Medicines | 404,507 | 249,698 | 160,310 | 51,910 | 84,860 |
| PROGRAMME 3 - Access to HIV/AIDS Treatments Literacy | 27,694 | 71,089 | 77,082 | 41,553 | - |
| OTHER EXPENSES | 251,913 | 71,227 | 165,555 | 154,711 | 136,095 |
| TOTAL EXPENDITURE | 809,048 | 503,885 | 542,688 | 313,992 | 270,006 |
| SURPLUS/(DEFICIT) | (184,314) | (15,190) | 31,964 | 125,736 | 87,276 |

4.2 Financial Performance – Comparative

The comparative figures for 2004-2008

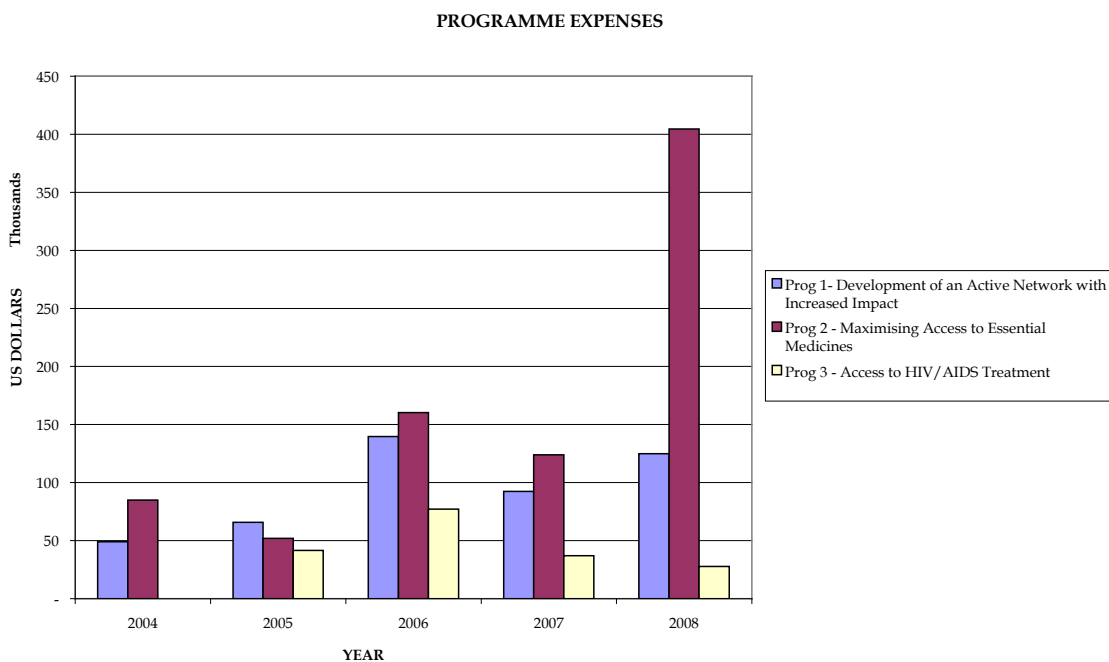
1.1 Grants



More grants were received in 2008 (USD 500,723) than the other four preceding years. Grants received from donors increased by 22% as compared to 2007 (USD411, 533).

Comparison of donor funding for 2007 and 2008 indicates that there was a 12% decrease in funds received from BftW, Misereor and ICCO respectively. There was a 19% increase of donor funds from UCC, Canada as compared to 2007. MSH came on board in 2008 and there total donation comprised of 24% of the total grants received in 2008.

4.3 Programme Expenditure



More money was spent in 2008 than the previous four years partly due to increased activity as well as the completion of the SIDA project. There was a significant increase in programme expenditure of 61% as compared to 2007. Viewed per programme, expenditure related to programme 1 went up by 35% while programme 2 went up by 227% due to the new activities under MSH and also completion of the SIDA project. Programme 3 expenses reduced by 25% as compared to 2007 due to reduced HIV and AIDS because one activities was carried forward to 2009

4.4 Key Partners 2008

Organisation

Bread for the World
 ICCO & Kerk in Actie
 Misereor,
 The United Church of Canada
 World Council of Churches,
 SPS Programme of MSH
 ReACT

Country

Germany
 Netherlands
 Germany
 Canada
 Switzerland
 USA
 Sweden

IN KIND DONATIONS RECEIVED IN 2008

ORGANISATION/INDIVIDUAL

DIFAEM, Germany
 JMS, Uganda
 APRMESTO - TOGO
 Christian Medical College, Vellore, India
 MEDS, Kenya
 DIFAEM, Germany
 University of Maryland, Sch. of Med.
 JMS, Uganda
 EED, Germany
 CEPCA, Cameroon
 SCS, Cameroon
 DIFAEM, Germany
 EED, Germany
 University of Maryland, School of Medicine
 MAP International
 EHAIA
 Stella, Feka (OCASC - Cameroon)
 Edouard, APROMESTO,

CONTRIBUTION

Board meeting, Nairobi
 Board meeting, Nairobi
 Board meeting, Nairobi
 Board meeting, Nairobi and Malawi
 Board meeting, Nairobi and Malawi
 Board meeting, Nairobi and Malawi
 Discussion on HIV and AIDS TL Training
 DSO Meeting, Dar Salaam
 Computer Donation
 Organizing EPN Forum/SOP Training
 Organizing EPN Forum/SOP Training
 Air Ticket to EPN Forum
 Francophone Programme Officer
 TL Manual Editorial
 TL Manual Editorial
 TL Manual Editorial
 Translation of Human Resource Mapping
 Questionnaire
 Proof reading of Netlink

IMPACT AND LESSONS LEARNT

1.0 Development of an Active Network with Increased Impact

a) Institutional Engagement

The interaction with the top leadership of member institutions, board chairpersons and chief executives during the DSO leaders meeting in Dar es Salaam highlighted the need for EPN to develop and strengthen linkages not only with the technical staff but with those at decision making level. When the decision makers have a better understanding of what EPN is trying to achieve through their institutions, they will be better placed to support the technical staff with implementation.

b) Engagement of Members

Getting input from and activities implemented by members continues to be a challenge. The Francophone working group which received volunteers and overwhelming support during the EPN forum in June 2008 was yet to take off effectively by the end of the year. Though members are appreciative of the work and fully support it, competing priorities often compromise full engagement. EPN board and secretariat will continue to review its strategies for engaging the membership.

2.0 Maximizing Access to Essential Medicines for Church Health Services and their clients:

a) Status of Church DSOs

As the SIDA project came to an end in the middle of 2008, it is clear that many of the church DSOs in Africa are in a better situation than they were 3 or 4 years ago. Many have invested in enhanced inventory management systems be they manual or computerized, systems for quality assurance are being set up, competitive sources of medicines are being sought in order to reach more of those in need and the relationships among the different organizations have been strengthened. However guaranteeing sustainability of all the organizations well into the future remains a challenge and EPN will continue to advocate for the full adoption of desirable characteristics for church DSOs that have been defined and adopted by the members.

b) Pharmaceutical Services at institutional level

Members agree on the crucial role that comprehensive and sound standard operating procedures can play in improving service delivery at institutional level. EPN has invested quite a lot in training trainers on the development of SOPs. However there is need now to put in place appropriate mechanisms to facilitate the down streaming of this knowledge to make a difference at facility level where the people access care. EPN will also be placing emphasis in the coming years on the development of standards of pharmacy practice at institutional level.

c) Monitoring, Evaluation and Impact Assessment

The access program has been EPN's biggest over the entire period of the strategic plan. However it has become apparent that the systems for monitoring and evaluation and particularly for impact assessment are not well developed. In the coming strategic plan period it will be imperative that mechanisms for evaluation and assessment are built into the design of each project.

3.0 Increasing the Capacity of Church Leaders and Church-related Health Services to respond to the Massive Challenge of HIV and AIDS Treatment

a) Networking and advocacy

From the activities that EPN has undertaken under the HIV and AIDS program it has become clear that the importance of networking and advocacy in order to achieve the desired results cannot be over emphasized. In this regard when conducting its HIV and AIDS treatment literacy workshops, EPN will include sessions on how to undertake networking and advocacy in areas surrounding access to HIV and AIDS treatment. In addition for relevant activities EPN will endeavour to ensure that all key players active in the area of focus are part of the activity to benefit fully from their experience. Even for activities under other programs the need for members to partner and engage with other relevant players will continually be emphasized.

FIGHT AMR!

Save medicines for our children



Globally, infectious diseases kill 11 million people annually, 95% of whom live in resource constrained countries. The major life saving intervention for this infectious diseases is antimicrobial treatment. However, Antimicrobial Resistance is rapidly reducing effectiveness of the life saving antimicrobials.

The problem has rendered many first line treatments ineffective. This is impacting on all infectious diseases including HIV, TB and Malaria.

We are inviting you to join our campaign on
Antimicrobial Resistance

for more information contact us:
info@epnetwork.org
www.epnetwork.org

and on facebook:
Search group: Fight AMR! Save medicines for our children

ANNEX

Meetings and Conferences

Faith Based Organizations/Global Fund workshop – Dar es Salaam, Tanzania 16-18th April 2008

EPN Board Chairman and Coordinator attended an FBO-Global Fund workshop for Sub-Saharan Africa on 16-18th April 2008 hosted by Christian Health Association of Kenya (CHAK) and Christian Social Services Commission (CSSC) in collaboration with Global Fund and World Council of Churches. The meeting presented an opportunity to share the experiences of faith based organizations with the Global Fund and discuss strategies for scaling up their involvement in demand for resources for implementation of programmes. More specifically the meeting looked at:

- Contributions made so far by FBOs either as principal recipients, sub-recipients or in the Country Coordinating Mechanism (CCM)
- Governance.
- Capacity building and information dissemination on Global Fund structure and processes.
- Strategies for enhancing engagement of FBOs in the implementation of programmes.

It was noted that Global Fund had so far invested US \$ 7 billion in 136 countries and in the last pledging round in September 2007, donors pledged a total of US \$ 9.7 billion to the fund over the next 3 years. Global Fund was set to move towards annual commitment of between US\$ 6-8 billion by 2010 and this enormous increase would present the challenge of spending the money responsibly, professionally and transparently in ways that are effective and sustainable. During the meeting it was acknowledged that FBOs had far reaching networks and donors were now more willing to work with FBOs upon realizing that religious communities were vital partners in development. The meeting also created an opportunity to discuss strategies for scaling up FBO involvement in the Global Fund.

One of the objectives of participation was to investigate possibility of EPN bidding for funds from GF. However after discussion with GF staff and other church groups, it was decided that this was not feasible.

World Health Assembly (WHA) – Geneva, Switzerland 19 - 24th May 2008

Eva Ombaka, EPN's Coordinator attended the 2008 WHA. EPN had expected to join MSH/INRUD on the launch of tools for measuring adherence to ARV treatment. However due to late confirmation of room this was cancelled.

A key resolution adopted by the 61st World Health Assembly is removing intellectual property barriers to essential research and development for public health. The resolution includes a *Global strategy on public health, innovation and intellectual property*. A new version of the WHO/HAI pricing study methodology was also launched.

Renewing and Enhancing Collaboration with Non-Governmental Organizations Meeting - Geneva, Switzerland on 22nd and 23rd September 2008.

Ms. Donna Kusemererwa, EPN's Deputy Coordinator participated in a planning consultation on renewing and enhancing collaboration with Non-Governmental organizations towards a shared agenda on strengthening WHO and NGO collaboration for the benefit of communities.

The meeting was attended by representatives of a variety of NGOs from across the world working in health particularly at grass root level. Concrete actions/steps were identified for joint WHO/NGO ac-

tion and that WHO would have a better understanding of the roles values and work of NGOs and how the tripartite relationship between NGO's, Government and WHO could be enhanced.

One area of emphasis at the meeting was that the greatest opportunities for collaboration are at country level and the NGO's should ensure that the WHO Representative (WR) in country is aware of their existence and the work they are doing. Further opportunities exist at regional level with the regional offices and international level with the different technical arms and the unit dealing with partnerships. There was a call for NGO's to invest more in organizing themselves and collaborating among themselves so that they are able to speak out with a strong voice.

Ecumenical Advocacy Alliance Assembly (EAA) 17th – 19th November 2008, Rome – Italy

Lilies Njanga, EPN's networking and Administration Programme officer on 17th -19th November 2008 attended the second EAA Assembly that took place in Rome, Italy. During the Assembly, Board Members were elected and areas of advocacy for the next strategy period 2009 – 2012 were also identified. These advocacy areas were HIV & AIDS and Food. EPN will continue working closely with EAA especially in the area of HIV and AIDS.

EED regional seminar - Limbe, Cameroon 25th - 29th March 2008

On 25th to 29th March 2008, Anke Meiburg the EPN Francophone programme officer (who is an EED seconded staff) attended a seminar in Limbe, Cameroon, organized by EED. Partner organizations and EED staff got to know each other and exchange ideas. This assists in improving collaboration and strengthening the development of programmes and projects supported by EED.

Key lesson learnt from the seminar whose theme was "*African Youth in a changing world*" was the importance of strengthening the EPN internship programme which would offer opportunities for the youth and contribute to them having a better future.

Intergovernmental Working Group (IGWG) on Intellectual Property (IP), Innovation and Health: Follow up with the Africa Civil Society Coalition

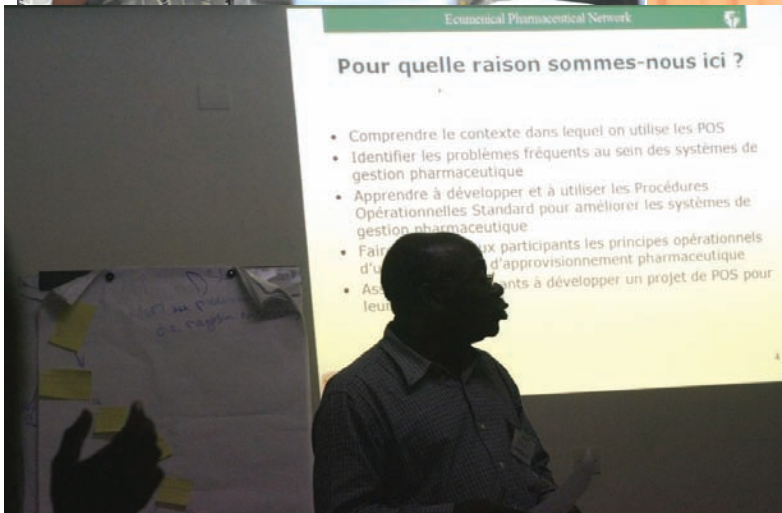
The EPN administration and networking programme officer attended an Africa Civil Society Coalition meeting held on 3rd and 4th April 2008 in Arusha, Tanzania, where the Coalition developed a statement available at: <http://www.epnetwork.org/en/network/igwg>.

Africa Civil Society (CS) Coalition was set up in August 2007 to develop an African civil society position on Intellectual Property (IP), Innovation and Health. As a result of the established of Intergovernmental Working Group (IGWG) on Intellectual Property (IP), Innovation and Health was under the World Health Assembly (WHA) Resolution. It was tasked to draw up a global strategy and plan of action on public health, innovation, essential health research and IP rights on access to essential medicines for diseases specifically found in developing countries.

EPN is a partner of the Coalition which incorporates various organizations. In August 2007 a statement was drafted and presented to the African Ministers of Health meeting held in September in Brazzaville, Congo, and also at the second IGWG public hearing in Geneva in November 2007.

Geneva Health Forum: Towards a Global Access to Health-Geneva, Switzerland 25th – 28th May 2008

The Francophone Programme Officer attended the 2008 Geneva Health Forum whose theme was "strengthening health systems and the global health workforce". The Geneva Health Forum is a European and international platform for all major actors in global access to health to meet regularly and aims to increase its potential as a mobilizing force for the promotion of global access to health.



Ecumenical Pharmaceutical Network

CHAK Complex, Musa, Gitau Road ,
Off Waiyaki Way, Lavington
P. O. Box 73860-00200
Nairobi, Kenya,
Tel: 254-20-4444832/4445020,
Fax: 254-20-4441090/4440306,
Email:info@epnetwork.org,

visit us: www.epnetwork.org