

Just and compassionate quality pharmaceutical services for all

### **About the Cover Image**

Promoting rational use of medicines: The cover image is an illustration aimed at promoting the EPN Guidelines for Effective Pharmaceutical Services. The guidelines were developed to help Church Health System to maximize access to essential medicines. This year, EPN Secretariat would like to pay special attention to promoting compliance of the guidelines by members. For more information: info@epnetwork.org, www.epnetwork.org

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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

CEPCA 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
CHAM
Christian Health Association of Kenya
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

GARP Global Antibiotic Resistance Partnership

**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
IEC Information Education and Communication

IP Intellectual PropertyJMS 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 EPN-Members, EPN Partners and –Donors, EPN friends Warm greetings

The year has come to a close. We are reflecting the previous 12 months – where have they gone? All the very busy days. But if we are honest – did we move anything? Did we change the world?

No.

But did you expect different? Changing the world is not our objective. Same had been expected from the Messiah – and people became disappointed afterwards because the King did not change the world. But he changed individual lives; he turned hopelessness into hope, darkness into light, hate into love. In Jesus we are shown the strategy and the methodology about moving into this new kingdom. The overall objective for us is not a "new world" without poverty, sickness, suffering or war. That cannot be reached. The objective is lots of little pieces of a new world as little "pilot projects". These can be realised in individuals, in some health facilities, in little programs and projects, wherever we are. These differences can be shown. The final M&E is not our task; this had been outsourced to an excellent team called Trinity (Father, son and Holy Spirit).

Looking backwards, as EPN, we didn't change the pharmaceutical situation in FBO settings. BUT we were able to show by our "little pilot projects" that differences are possible: Increasing quality of pharmaceutical services by addressing antibiotic resistance issues (one of our top activities in 2009), by focusing on Governance trainings and policies for boards of FBOs involved in pharmaceutical supply .

Increasing quality of pharmaceuticals due to scaling up laboratory facilities by EPN member organizations like MEDS (again congratulations on WHO pre qualification of the lab!) and due to the project pooled sampling/testing. There are lots of other examples that will be explained in the annual report.

EPN continued in 2009 to discuss issues of HIV and AIDS treatment with church leaders to convince them support treatment because antiretroviral medicines are able to save people lives.

In 2009, EPN members and especially the secretariat worked very hard to develop the new strategic plan. Another not easy task was to convince EPN members about payment of the subscription fee. The website was redesigned, staff and EPN members attended lots of local and international meetings and conferences and achieved considerable success in addressing pharmaceutical issues and made EPN visible. Projects and activities in Franco-phone countries have developed further and membership in these countries is growing.

Donna Kusemererwa, the newly appointed EPN Executive Director took on her responsibilities in a commendable way. In the same period Dr. Eva Ombaka, the former EPN Coordinator 1992-2008, officially retired from active leadership of EPN. I am greatly indebted to both of them for managing the transition in an excellent way.

I take this opportunity to also thank not only Donna but each individual staff member too. Including the ones that have already moved on like Lilies and Eva, I want to say that you did a great job of setting the foundations of EPN! Last but not least, thanks to my colleagues in the board for all assistance and guidance.

2010 will be not an easy year for EPN. We all have to realize that the financial situation is very grave. Donors are not able to maintain their level of previous support. The question is: How can we maintain the level of EPN activities/projects and the level of staff (not to talk about expansion that would be needed)? How to organize the EPN Forum in March 2010 with reduced budget?

One answer to all of this is again the request to all of you as EPN members, partners and friends to consider how this problem can be solved. Please reflect your own position to EPN: did you / did your organization benefit from EPN activities > how did you / did your organization support the secretariat and the Network as such?

EPN regards relationship as key ingredients for success. Therefore we maintained our contacts with WHO, WCC, HAI-Africa and our donors too and intends to continue strengthening and building them further. In addition we are keen to identify new EPN-partners and EPN donors. do you have any ideas??? That not withstanding, we have to think as well about how to become donor independent for sustainability

Those are lots of question marks, lots of challenges. But together we are able to find answers to stabilize and to develop EPN further.

In this light I wish you all a wonderful and peaceful New Year. God bless you!

Albert Petersen EPN Board Chairman

December 2009



# MESSAGE FROM THE EXECUTIVE DIRECTOR

I would like to congratulate all our members and partners upon successfully concluding the year and wish you a blessed and prosperous 2010.

For many of us, 2009 was a challenging year as the effects of the global financial crisis brought home new realities about the vulnerabilities of organizations such as ours. However the grace and love of God continued to be ever present enabling us to go through the year and reach out to the New Year with confidence.

We spent a lot of time in 2009 developing the EPN strategic plan 2010-2016. During the process, we were invited to reflect on the teaching from the gospel of Mark 10:51. Jesus, who is God, does not take for granted what it is the blind Bartimeus wants from him but invites him to speak out and express his desires. This passage presents an ongoing challenge for us at the Secretariat. On the one hand it would seem so obvious what the pharmaceutical needs of the churches are and therefore what kind of support the EPN secretariat ought to provide. However, from the passage, it would appear that we need to continually engage those we seek to serve and find out from them what is it that would be best for us to do. As such for our members as well therefore the challenge stands. We invite you to continue to share with us and advise us on what sorts of interventions are required to address the pharmaceutical needs of the church sector.

We thank God for the contacts we made and renewed during the year especially with the churches active in health in Papua New Guinea, Burundi, Namibia and Lesotho. We shall continue to invest in improving communication with all our members and partners. Our revamped website <a href="https://www.epnetwork.org">www.epnetwork.org</a> is one of such avenues and I invite you to find some time to visit it.

From the Secretariat, the most significant changes during the year included the resignation of our board member Francis Gondwe formerly of Christian Health Association of Malawi (CHAM) and the departure of Lilies Njanga who had worked with EPN for a number of years and was known by many of you. We would like to thank them immensely for their contributions to EPN and wish them Gods blessings as they continue along the journey of life.

I am grateful for all the support I have received since I took over the mantle

at EPN at the beginning of 2009. I would especially like to appreciate my predecessor Dr. Eva Ombaka who has done her utmost to ensure that the transition was smooth and continues to share her wealth of knowledge and experience with the Secretariat and the Network.

Our main partners: Bread for the World, ICCO, Misereor, the USAID supported SPS program of MSH, EED, DIFAEM, ReAct and United Church of Canada continued to remain committed to EPN and to the causes we together are working for. I cannot thank you all enough. And to all the members who participated in and supported the different activities of 2009 and all those others who kept us in their hearts and prayers, *Asanteni Sana!* Thank you very much!

We continue to count on the support of all our members and partners as we look to the future with hope and faith.

Donna Kusemererwa

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### PROGRAMME I

### DEVELOPMENT OF AN ACTIVE NETWORK WITH INCREASED IMPACT

### I. Development of Communication Tools for Information ExchangeI.I EPN Publications

**Netlink:** Three issues of *Netlink* were published in English and French and distributed to 245 readers. **e-pharmalink:** Five issues of e-pharmalink were distributed to 350 subscribed readers **Contact:** Issue no. 187 of the Contact magazine was released in January 2009. EPN publishes Contact once a year on behalf of the World Council of Churches. The theme for the edition was "Essential Medicines in Primary Health Care". 1000 copies in English were produced and distributed in over 15 countries. For the French version, 500 copies were produced and distributed.

**Annual report 2008:** I I 5 copies of the English version of the annual report were printed and distributed to members and partners. The French version was also distributed (50 copies). An electronic version in both languages is available to download from the website.

**Pharmalink:** One issue of Pharmalink was produced on AMR. The publication was developed largely from contributions of participants who attended the AMR workshop in Moshi in November 2008.

### 1.2 Translation of key documents into French

The EPN call to action document and the executive summary of the Moshi AMR workshop report were translated to French and circulated. The tools for conducting the human resource mapping studies, the annual report, forum report, Pharmalink and Contact were also translated.

### 2. International Meetings

#### 2.1 Africa CHA Conference

The African Christian Health Associations (CHAs) held their biennial meeting in Kampala 23-27 February 2009. The conference was attended by 76 participants from Africa, Europe and United States of America and the theme was *Building partnerships for health system strengthening in Africa*.

EPN was represented by the Board Chair, Albert Petersen as well as other board members Francis Gondwe and Ndilta Djékadoum. The Board Chair used the opportunity to encourage CHAs present to renew their contact and affiliation with EPN. At the general meeting the CHAs resolved that the platform would continue to be hosted by Christian Health Association of Kenya for another 2 years.

### 2.2 Third Global Patient Safety Challenge Expert Working Group

In March 2009, Eva Ombaka attended a meeting in Geneva of the WHO expert working group on rational drug use and regulation under the auspices of the Global Patient Safety Alliance. The working group was set up to write up a chapter for the global work plan to address Antimicrobial Resistance.

### 2.3 META International Advisory Group (MIAG)

Eva Ombaka, EPN's Technical Adviser continued to be part of the MeTA advisory group and attended regular meetings of the group in London in April and November 2009.

### 2.4 WHO Technical Briefing Seminar Geneva

Anke Meiburg, Francophone Program Officer, attended a 5 day technical workshop in Geneva on 21 - 24 April 2009. The briefing seminar which was conducted in French was aimed at providing pharmacists from Francophone countries with current information on various pharmaceutical issues.

### 2.5 WHO Consultation on Public Health, Innovation and Intellectual Property

Donna Kusemererwa represented EPN in the consultation held in May 2009 in Cartigny Switzerland. The consultation was aimed at providing a forum for technical staff from WHO's department of Public Health and Intellectual Property, to have a dialogue with NGOs on the progress of implementing the global strategy and plan of action.

The meeting highlighted the fact that many competent NGO's are addressing the issues of intellectual property and given that EPN's focus is on service delivery this may be one area where EPN could take a back seat. The meeting also provided an opportunity to renew linkages with Natalia Cebotarenco who heads CoRSUM (formerly Drug Info Moldova), an associate member of EPN.

### 2.5 OXFAM/HAI Africa Civil Society Meeting

As part of their Stop Stock Outs campaign, HAI Africa and Oxfam organized a work shop for 25 civil society organizations to define strategies for reducing stock outs of essential medicines in public health facilities and improve access to essential medicines in Africa. EPN was represented at the meeting held in Addis Ababa May 4-6 2009 by Charles Kimani of MEDS. Mr. Kimani presented a paper on the role of FBO's in procurement of medicines in Africa. The meeting was held prior to the Fourth Conference of African Ministers of Health Meeting (CAMH4). The theme of CAMH4 was *Universal Access to Essential Health Services: Improving Maternal and Child Rights*. The CSO meeting was able to input into the resolutions that were adopted by the council of ministers.

### 2.6 WHO Children's Medicines

Eva Ombaka attended a two day meeting in Geneva in May 2009 that brought together a diversity of players working in the area of children's medicines. At the meeting Dr. Ombaka gave a short presentation on the work EPN was carrying out on documenting the situation with respect to the availability of children's medicines in the church health sector.

### 2.7 World Health Assembly

The 62<sup>nd</sup> WHA took place in Geneva 18-22 May 2009. The assembly this year addressed issues including the influenza pandemic, primary health care and the progress on achieving the health related MDG's. EPN was not involved directly in the assembly but used the opportunity to launch the Fight AMR Campaign in collaboration with ReAct. See programme II for details.

### 2.8 SPS Global Technical Meeting

The SPS global technical meeting held on 18-23 May, was intended for SPS staff from the headquarters in Arlington and those from field offices to come together to learn and share. SPS partners including EPN were invited to attend selected sessions of the meeting. EPN was represented at the meeting by Eva Ombaka and Donna Kusemererwa. They shared EPN work on addressing AMR and the experiences using church leaders as means to reach communities and achieve change. The event provided an opportunity for EPN's representatives to interact with SPS staff from around the world and to have a better understanding of the program and the place of EPN in it.

#### 2.9 CCIH Conference

Christian Connections in International Health (CCIH) is an organization that brings together practitioners in international health primarily from the US, but increasingly from partner organizations from around the world. The annual CCIH conference was held in Buckeystown Maryland 23-25 May 2009. EPN Technical Adviser and Executive Director attended part of the conference due to its proximity to and coincidence with the SPS global meeting. EPN was given an opportunity at the start of the meeting to make a short presentation.

### 3. Local Meetings

### 3.1 ICCO/ATM Index Meeting

EPN was contracted to host a meeting co-sponsored by HIVOS, ICCO and the Access to Medicine Foundation in Nairobi in February 2009. The meeting provided an opportunity for NGOs and civil society organizations in Africa to review and give inputs on the access to medicine index. The index is a tool that is intended to measure the extent to which pharmaceutical manufacturers adopt practices that increase access to medicines.

### 3.2 Bread for the World Partners Meeting

A meeting was held for Bread for the World partners in Kenya in February 2009. This activity was intended for BftW Board members to meet partners in projects they finance and learn what they were doing. Most of the organizations that participated are working in the area of peace building and conflict resolution. EPN was given a chance to make a presentation to inform the audience on the work being done with a particular emphasis on the activities under the HIV and AIDS program.

### 3.3 Joint Audit Training

A 2 week joint audit training program organized by Action Medeor Germany was held at the CHAK guest house in Nairobi in April 2009. The training was attended by staff from MEDS, JMS, CHAM and Action Medeor International, all EPN members. The training was intended to build capacity for organizations in the region to carry out joint pharmaceutical audits. Participation by some of EPN members was supported by DIFAEM.

### 3.4 HAI Stop Stock Outs Campaign

EPN's Communications Officer, Angela Mutegi, was involved in a series of meetings in both the first and second quarter with HAI Africa and other partners to develop the Stop stock outs campaign. The campaign which is supported by Oxfam and Open Society Institute is intended to raise awareness about the lack of availability of medicines particularly in public health facilities and call on all relevant players to rectify the situation. Ms Mutegi also represented the campaign team at a BBC interview on the day of the launch in Nairobi, Kenya.

### 3.5 HAI Meeting on Unethical Promotion

In July 2009 HAI- Africa brought together different stakeholders interested in medicine promotion to hear the findings of a study they had undertaken titled: *Unethical medicines promotion in Africa: a barrier to RUM. A study of print advertisement in five countries in East and Southern Africa.* EPN was represented by Anke Meiburg, the Francophone Programme Officer. The study showed that unethical medicine promotion was a problem in Africa and a barrier to rational use of medicines since health professionals often rely on the pharmaceutical industry for their information.

### 3.6 **GARP Meeting**

Donna Kusemererwa attended a meeting in Nairobi in August 2009, to discuss the situation in Kenya with respect to Antimicrobial Resistance and to launch GARP- Kenya. The Global Antibiotic Resistance Partnership (GARP) is an initiative of Resources for the Future who intends to work with scientists and other partners in 5 countries to develop national plans for the containment of antibiotic resistance.

### 3.7 UNITAID Meeting

Eva Ombaka attended a UNITAID partners meeting in Nairobi in October 2009. UNITAID is an innovative financing mechanism spearheaded by five countries that has been supporting programs through a number of their partners for two years. UNITAID presents an interesting mechanism for sustainable funding of medicines. UNITAID focuses on increasing access to medicines by affecting the market i.e. making the market more attractive, especially for second line and pediatric medicines, thus bridging the gap that other funding partners such as GF and PEPFAR do not cover. There was a lot of interest in having more input from the civil society and other implementing partners especially in terms of monitoring the outcome of the work at country level.

### 4. Strengthening the Network

### 4.1 Membership Subscriptions

At the EPN forum held in Yaoundé, Cameroon in June 2008, it was resolved that members would pay an annual subscription fee to promote greater ownership and commitment to the Network. By the end of 2009, forty three full members and one associate member had paid the fees. A brief analysis of full member institution types and payment status is provided in the table below. The response to the call for payment of subscription fees has been much poorer than expected. Unfortunately only four of the members come out clearly to say that they are unwilling or unable to pay the fees.

Table: Nature of full member institutions and current payment status

Institution Type	Known/On register	Paid	Withdrew	No response/ unpaid
CHA/UCI	39	24	I	14
DSO	9	4	0	5
International Agency	9	4	0	5
Hospital	14	3	2	9
Other	38	8	I	29
Total	109	43	4	63

### 4.2 Redesign of the Website

In November 2009 the redesigned EPN website was available to the public and the old one relegated to the archives. The redesigned website offers new features, enhanced functionality and greater possibilities for in-



A screen print of the new EPN website

teraction with members and interested parties. The secretariat and the designer will continue to undertake further improvements including uploading of current data, improvement of visuals and language as well as editorial refinements till the end of the year. The official launch of the website is planned to take place as part of the EPN forum in 2010.

### 4.3 Development of the EPN Strategic Plan

The process of developing a new strategic plan for EPN commenced in earnest in December 2008, when a consultant was engaged to undertake an external analysis for the organization. Following that, an internal analysis was done by the staff, and a draft strategy, building on identified strengths and opportunities and addressing constraints was prepared. The strategy document was discussed extensively at a stakeholders meeting held in Nairobi in February 2009 and has since been improved through input from various stakeholders. The strategy, which identifies four priority areas for EPN for the coming six years, was approved by the board in November 2009.



EPN Board, staff and stakeholders during the strategic plan meeting in Nairobi, February 2009

#### 4.4 Visits to Donors and Partners

The Technical Adviser and Executive Director visited EPN partners in Netherlands and met with representatives of various international grant making agencies in the US in May 2009. Towards the end of June and in early July

### Als Pharmazeutin in Afrika

### Ökumenisches Netzwerk bringt Arzneimittel in mehr als 30 Länder

Das Ökumenisch-Pharmazeutische Netzwerk in Nairobi hilft auch in Regionen, in denen der Staat keine medizinische Versorgung leistet. Wie das geht, berichteten Eva Ombaka und Donna Kusemererwa im Deutschen Institut für Ärztliche Mission (Difäm).

### DOROTHEE HERMANN

Tübingen. Die beiden Pharmazeutinnen Eva Ombaka und Donna Kusemererwa sind Pionierinnen ihres Berufs. Im Tansania der 70er Jahre gab es keine Ausbildungs-



In armen Ländern übernehmen kirchliche Dienste 40 bis 50 Prozent der medizinischen Versorgung. In Uganda sind es sogar 60 bis 70 Prozent. "Die Kirchen gehen in die Regionen, die am schwierigsten zugänglich sind", sagte Schneider, "auch dorthin, wo der Staat zeitweise nicht mehr existiert." Eine Kollegin von Kusemererwa, eine deutsche Apothekerin, fährt demnächst nach Ostkongo, um festzustellen, was in der vom Bürgerkrieg verwüsteten Region am dringendsten gebraucht wird. Sogar im seit Jahren stabilen Malawi sind die Bewohner ländlicher Gegenden zu 70 Prozent auf kirchliche medizinische Hilfe angewie-

the Board Chairman, the Technical Adviser and the Executive Director visited partners in Germany and met with representatives from EAA, WHO, WCC and EHAIA. The visits were an opportunity to introduce the new leadership at EPN and to continue to build relationships with these partners. The Technical Adviser and Executive Director were also privileged to be special guests at the celebration of 50 years of the pharmaceutical department of DIFAEM in Tuebingen.

### 4.5 Visits to current and potential Members

The Francophone program officer visited CAPHECTO a catholic drug supply organization in Togo, while there to attend an access feedback meeting in August 2009. Earlier on while in Bénin for the Good governance training for boards, Ms. Meiburg paid a courtesy call on AMCES. AMCES is an association of private and faith-based health institution which works closely with another EPN member in Benin, ONG Bethesda. She also visited a number of current and potential members while in Democratic Republic of Congo (DRC) to conduct a pharmaceutical assessment for DIFAEM.

### 4.6 Direct Support to Members

#### **Pharmaceutical Reference Material**

Early in the year DIFAEM provided significant support to members by providing an assortment of reference books. 25 institutions (9 Francophone and 16 Anglophone) including the secretariat received this donation worth thousands of Euros. EPN is very grateful to Albert Petersen and DIFAEM for this invaluable contribution.

### **Scholarships**

A number of staff from member institutions obtained scholarships from DIFAEM to attend various courses.

Lucky Uwabor, Logistics and distribution manager of CHAN Medi-Pharm attended a 3 week IDA course on Managing Drug Supply in Primary Health Care in the Netherlands in March 2009.

Matthew Azoji, Managing Director of *CHAN Medi-Pharm*, attended a WHO Technical Briefing Seminar in Geneva on Quality Assurance of medicines in September 2009.

Samuel Ngum of CBC and Anne Chiombeza of CHAM in November 2009, attended three weeks Swiss Tropical Institute Course on Rational Management of medicines in Ifakara Tanzania. Natalia Cebotarenco of CoRSUM, was also sponsored but could not complete the course after suffering a serious electrical accident soon after she arrived.



Participants at a workshop, organized by swiss Tropical Institute, Ifakara, Tanzania, November 2009

### 4.7 EPN Resource Centre

The secretariat began the process of organizing the organization's resource materials in such a way as to facilitate the proper management of the resources and the quick retrieval of information. A clear and logical system was developed and existing materials classified according to the system. Out of date and duplicative resources were set aside for donation or destruction. The resource centre currently has over 150 titles mainly in the areas of pharmacy and therapeutics, HIV and AIDS and public health.

### 5. Board Matters

### 5.1 Governance Training

Three day governance training was held for EPN board members in February 2009. The training, conducted by Jackson Maalu, an independent strategic management consultant, equipped the members with knowledge on all the basic tenets of good governance.

### 5.2 EPN Board Meetings

The EPN Board had its first meeting on 15-17 February 2009 in Nairobi Kenya. Among the items discussed were the 2008 audit report and the 2009 work plan and budget. An electronic meeting / teleconference was held in July 2009 and the final board meeting for the year was held on 15-17 November 2009 in Harare, Zimbabwe. The board meeting also served as a joint meeting with ZACH to learn to learn of the situation in Zimbabwe.

### 5.3 Board Membership

In May 2009, one of the Board members Francis Gondwe, left his position as the Executive Director of CHAM and therefore ceased to be a board member of EPN. The process to replace him is ongoing.

### MEDS supplies pharmaceutical commodities within the region

MEDS is widely recognized as a significant pharmaceutical supply organization within the region, and has played a key role in strengthening Kenya's pharmaceutical practices and supply management. In 2009 MEDS was involved in the actual supply of commodities to a number of EPN members outside Kenya including CHAM - Malawi, ZACH - Zimbabwe, JMS - Uganda and Koyom hospital- CHAD. In addition, ASRAMES, a drug supply organizations in Congo, which distributes drugs mainly to church health units situated in rural areas of Congo, used MEDS to meet the pharmaceutical needs of its customers.

### AMR workshop and media awareness in Togo

Parallel to the official launch of the AMR campaign, APROMESTO organized a one-day workshop on AMR for prescribers from APROMESTO-affiliated health institutions and journalists. The workshop was intended to raise awareness about AMR on the one hand within the church health sector to identify areas of action in health institutions to improve the situation and on the other hand to raise awareness to journalists to enable them to effectively communicate about the issue. A TV spot was developed interviewing the Secretary General and the Program Officer of APROMESTO. Furthermore an article was produced entitled Antimicrobial Resistance: a threat to the World and our country, Togo.

### CHAN Medi-Pharm AMR Symposium

The symposium was organized as part of an effort to raise awareness and stimulate action to combat antimicrobial resistance in Nigeria. It was organized by CHAN Medi-Pharm with technical support from EPN with part sponsorship by DIFAEM. Engaging discussions aimed at creating awareness on AMR were conducted. Following the symposium, CHAN Medi-Pharm was invited by Food and Drug Services Division, of the Federal Ministry of Health to take a part in the development of the National formulary and drug policy.

### **PROGRAMME 2**

### MAXIMIZING ACCESS TO ESSENTIAL MEDICINES FOR CHURCH HEALTH SERVICES AND THEIR CLIENTS

### 1. Access Baseline Study Feedback Meetings

The feedback meetings for the baseline studies of both Nigeria and Togo took place in August 2009.

Anke Meiburg was present for the Togo feedback which was run by Kodjo Tsogbe and Edouard Koutodzo from APROMESTO. The following areas were prioritised as areas of action to improve access to medicines through the church health system: improving of storage and management of medicines including rational use of medicines and the establishment of drugs and therapeutic committees in health institutions.

The Nigeria feedback was facilitated by Ashraf Kasujja formerly of Joint Medical Store. Priority areas of action in Nigeria were identified as: strengthening representation of the churches at national level, establishment of drugs and therapeutics committees and the development of disaster preparedness strategies and plans.

### 2. Skills Workshops on Medicines Management

Communauté Baptiste au Centre d l'Afrique (CBCA) in Goma, Democratic Republic of Congo held a workshop on the use of standard operating procedures for effective medicines management for 20 staff from various health institutions in the region. The workshop was facilitated by participants who attended the TOT SOP workshop in Yaoundé, Cameroon in May 2008.

### 3. Mapping of Pharmaceutical Human Resources

Mapping studies were carried out by various member organisations: CBC for their facilities in Cameroon, BUFMAR for Rwanda , Koyom hospital for the church facilities in Chad, MEMS in Tanzania, MEDS in kenya and CHAN Medi-Pharm in Nigeria (Partly supported by DIFAEM) EPN will be responsible for the analysis and reporting.

The tools for the mapping were revised to remove redundancies and make it easier to collect data by having all the general information collected through one questionnaire and reducing the amount of responses required from individual respondents.

### 4. AMR Advocacy and Containment Activity

### 4.1 Fight AMR Campaign

EPN's AMR campaign Fight AMR- Save Medicines for our Children was successfully, formally launched in collaboration with ReAct at the World Health Assembly on 20 May 2009. The team from EPN included the Board Chair Albert Petersen, Francophone program officer Anke Meiburg, and a representative of the membership, Florence Najjuka. The team from ReAct included Otto Cars, Peter Lundström and Liselotte Högberg. The launch took place as part of a public dialogue on AMR chaired by the head of the World Alliance for Patient Safety, Didier Pittet. Short presentations on the global and local situation with respect to AMR were presented as well as an overview of the activities taking place in EPN member

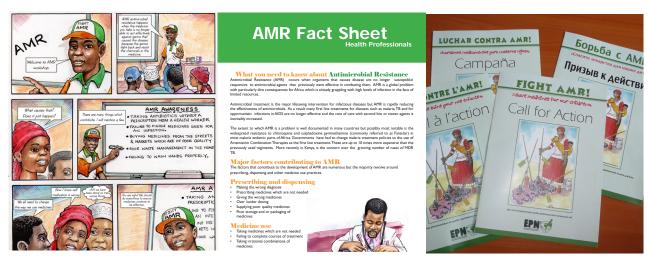
# FIGHT AMR! ~Save medicines for our childrens

countries. Country campaigns were launched in at least 9 countries around the same time – Nigeria, Tanzania, Togo, Moldova, Kenya, Germany, India, Cameroon and Malawi.

Technical and financial support for the international launch was provided by ReAct. Financing for in country activities was provided by DIFAEM as well as the members themselves. The activities carried out included stakeholder meetings, training sessions for health professionals, surveys on knowledge of AMR, raising awareness among children, symposia for university students and exploring the possibilities of setting up bacteriology labs in Africa.

A number of advocacy materials were developed for the launch including posters, pocket calendars, bookmarks and fliers. The Call to Action document developed after the Moshi AMR workshop was translated to Spanish, Tamil, Russian and French.

In Kenya, John Kiambuthi of MEDS was interviewed on EPN's behalf on the day of the launch by the British Broadcasting Corporation (BBC).



A selection of IEC matrerials used in the AMR campaign

### **Research Activities**

A tool to conduct a survey on antibiotic use and antimicrobial resistance was developed with input from KEMRI, GARP-Kenya and MSH Kenya. The survey which is intended for hospitals will investigate clinicians, pharmacy and laboratory staff' perspectives on AMR.

EPN also provided administrative and technical support for a market feasibility study for an antibiotic test kit that was a joint initiative of ICCO and DSM (a Dutch pharmaceutical company). The study was carried out in Kenya and in the Arusha region of Tanzania. The test kit as envisaged would provide a low cost method of testing the quality of antibiotics at points of care (pharmacies and hospitals).

#### Workshop on AMR and Infection Control in Rwanda

EPN with technical support from USAID supported SPS programme of MSH, on November 2009 conducted a successful Francophone workshop on AMR and Infection Control in Rwanda. The workshop was attended by mainly medical doctors and pharmacists from Rwanda, Benin, Togo, DRC, Cameroon, Central African Republic and Chad. Four participants from MSH/SPS Rwanda and a representative from the Pharmacy Task Force (PTF)/ Ministry of Health Rwanda also attended. Participants shared experiences on AMR and Infection Control in

their countries. SPS's Infection Control Self Assessment Tool (ICAT) was applied in a successful field visit to Kibagabaga Hospital in Kigali, where the participants covered 4 Modules of the tool. The participants found the workshop relevant and the ICAT tool very useful and were ready to implement the ICAT in their own settings

### 5. Governance Training for Boards of Anglophone FBOs Involved in Pharmaceutical Supply

A Corporate Governance training was held in April 2009 for board members from four institutions: CSSC and MEMS in Tanzania; CHAM in Malawi and CHAZ in Zambia. The training which was attended by 22 participants was aimed at building capacity for good governance among the EPN membership, increasing awareness on the governance and transparency tools available for the pharmaceutical sector and to provide opportunities for information sharing on experiences and best practices in the different institutions. Participants adopted the basic understanding of governance presented to them which was achieving the desired results in the right way. Each of the institutions developed an action plan to address key governance issues within their institution. They also attempted assessments of their organization using a modified version of the EPN 2 year DSO assessment tool. Representatives from MSH Tanzania and CRS/AidsRelief Tanzania also contributed to the training on engaging more effectively with USAID funded projects and expanding access to HIV and AIDS commodities respectively.



### 6. Governance Training for Boards of Francophone FBOs Involved in Pharmaceutical Supply

A similar governance training for the Francophone boards of institutions involved in pharmaceutical supply took place in Cotonou Benin in August 2009. The institutions which participated included BUFMAR (Rwanda), Bethesda (Benin), ASSOMESCA (CAR), APROMESTO (Togo), OCASC (Cameroon) and AMCES (Benin). Anke Meiburg represented the Secretariat while Kakpo Akibo from ONG Bethesda coordinated a lot of the local arrangements.

### 7. Development of a Curriculum to support Pharmaceutical Service Delivery

Two consultants were engaged to kick start the process of developing a curriculum to support pharmaceutical service delivery in hospitals where there is no pharmacist or pharmacy technician. The consultants are expected to review and make recommendations on the curricula that would be best suited for this purpose. Once suitable curricula have been identified a technical team will review the curricula and make recommendations on how to roll out to the entire network bearing in mind the goals on Professionalization defined in the strategic plan.

### 8. Standards for Hospital Pharmacy Practice



Participants at the EPN technical meeting September 23-25 2009 Jacaranda Hotel Nairobi

The development of draft standards for hospital pharmacy practice intended for use primarily among EPN membership is in advanced stages. The development process started with a review of existing standards from Great Britain, Australia and the International Pharmaceutical Federation among others and the preparation of a draft by the Secretariat. Thereafter in a consultative process the draft was discussed by representatives from 11 countries in the Network at a meeting in Nairobi in the third week of September 2009. Participants at the meeting included hospital pharmacists, pharmacists in academia, technical staff involved in pharmaceutical supply and public health specialists from the CHAs. The institutions that were represented included from Kenya: AIC Kijabe Hospital, Coptic Hospital Nairobi, School of Pharmacy Presbyterian University of East Africa, Pharmaceutical Society of Kenya, Christian Health Association of Kenya, Ministry of Medical Services Kenya and Maua Methodist Hospital.

Outside Kenya: National Catholic Health Services Ghana, Christian Health Association of Ghana, Cameroon Baptist Convention, Mission for Essential Medical Supplies - Tanzania, Catholic Health Services of Namibia, Christian Health Association of Lesotho, Christian Health Association of Malawi, Ethiopia Catholic Secretariat Health Department, ECC- DOM in DRC and BUFMAR in Rwanda.

### 9. Children's Medicines Project

EPN children's medicines project is intended to increase access to medicines for children in Church Health Institutions. As a first phase EPN seeks:

To document the factors that impact on the availability of children's medicines in church health institutions, looking at both the supply chain issues and institutional issues

To document the extent and nature of access to medicines for children under 12 within selected church health institutions.

The information obtained will be used to propose interventions as well as for advocacy action. A technical team including representatives from WHO, UNICEF, MSH, MEDS and secretariat staff met in Nairobi mid - October 2009 to develop a tool for the study. Once the tool is ready it is hoped that it can be piloted in Kenya.

### Assessment of Pharmaceutical Services in DRC (KIVU)

DIFAEM with technical support from EPN conducted an assessment of the pharmaceutical situation in DRC, Kivu area in Eastern-Congo in July 2009. The main goal of the assessment trip was to assess the pharmaceutical situation and the needs of FBOs and related organisations in DRC der to enhance further collaboration.

Discussions with Medical Coordinators of FBOs, pharmaceutical personnel and representatives from different church organizations in Bukavu, Goma, Bunia, Beni and Butembo revealed that there is a great need to improve pharmaceutical services in the Kivu area and that FBOs generally have great difficulties in accessing high quality affordable drugs.

Quality Control labs were not available in many places. Adequate staff for pharmaceutical departments was also a big challenge for many health institutions. Some organizations run pharmacy assistant courses, but have great difficulties to find appropriate places where they can carry out their practical e.g. In Quality Control or production.

### **PROGRAMME 3**

## INCREASING THE CAPACITY OF CHURCH LEADERS AND CHURCH-RELATED HEALTH SERVICES TO RESPOND TO THE MASSIVE CHALLENGE OF HIV/AIDS TREATMENT

### I. Treatment Literacy Workshops

The treatment literacy workshop for Cameroon took place in January 2009. It was attended by 20 participants from four different regions. The workshop was facilitated by Marie-Louise Ngoko, Patrick Okwen and Pastor Denis Bambo with support from Ephraim Kimotho, Jeannette Njiki and Anke Meiburg. The workshop was significant given the fact that it was the first EPN treatment literacy workshop conducted for French speakers. As a follow up, a regional workshop was organized by the team of the Bafoussam Catholic Diod Linder the leadership of Guy Biantcho for Protestant and Catholic Church leaders the Bafoussam region (West Province).

A team of facilitators from the Batouri Diocese in Eastern Perion of Cameroon organised a Treatment Literacy Training for Church leaders in the Departement de by EPN CC). This was the second such training organised by the group took place in April.

The training was organised in 2 phases. The first phase was a one day meeting in November with church leaders from Yokadouma to create awareness about the training, the need for training. Eight church leaders from different denominations participated and decided that the TL workshop should be held in their area. Consequently, the main training took place on 10-12. December 2009 and was attended by participants from 8 different denominations including 3 Muslim participants. Furthermore a local radio station was represented as well as the delegation for Social affairs and an association for PLWHIV.



Group work at one of the treatment literacy workshop, January 2009, Bafoussam

A follow-up committee was created which comprised of stakeholders including those that had not attended the training like Director of District Hospital, Delegates for Agriculture, Social Affairs, Youth, Primary education, Secondary education, Professional training as well as the manager of the local prison. A meeting is planed for January to finalise the work plan and develop concrete actions plans and time schedules.

### 2. Treatment Literacy Manual for Church Leaders

Funding was obtained from DIFAEM for the print version of the Treatment Literacy Manual which in 2008 had been produced in English on CD. Archbishop Desmond Tutu provided a Foreword and Heather Budge Reid undertook an extensive editorial review and update of the manual. The launch of the print version is expected to take place during the forum.



### 3. India Mission on ARV Production

In March 2009, Jonathan Mwiindi, on behalf of EPN and on the invitation of Bread for the World, participated in a mission to India. The fact finding mission was carried out to find out how to overcome the obstacles towards achieving the scale-up of production of the newer generic I<sup>st</sup> line and 2<sup>nd</sup> line ARV's. The major question which the mission wanted to find an answer was whether patents, high costs of active Pharmaceutical Ingredients (APIs), complex production processes or the present low demand for 2<sup>nd</sup> and 3<sup>rd</sup> line drugs constitute the major obstacle to producing the newer drugs at large-scale and more cheaply. Some of the recommendations of the mission were the need to -

- Lobby European Parliament and others to protect the Doha flexibilities and the public health provisions through government use regulations,
- Mobilize for joint procurement pools so that higher volumes can be tendered to make production cheaper and more viable to bring costs down for the countries.
- Help raise awareness of important pre and post grant oppositions by covering them on our websites.

### Participatory Shows for Children in Moldova

A participatory show by children presented to parents was performed in Bricheni, Moldova as part of the Fight AMR campaign. The show, whose key message was *Do not take antibiotics for colds and flu* was presented by children aged 5 and 6 years in the presence of parents, teachers, hospital directors, physicians and pharmacists. The children used educative costumes to enforce the messages, for instance costumes that represented viruses, bacteria, and antibiotics. Parents were urged to take preventive measures i.e. by providing children with fruits, vegetables, tea with honey, washing hands and using disposable tissues.



Children making a presentation on AMR to parents, May 2009, Bricheni, Moldova

### **ADMINISTRATION**

### I. Development of Policy Documents

A draft HR policy was reviewed by the board and approved as a working draft pending final decisions on certain clauses. A sexual harassment policy, Standard Financial Procedures, policy documents on procurement and credit card use and a code of conduct were approved by the board.

### 2. Human Resources

Donna Kusemererwa took over the leadership of the organization from Eva Ombaka as of 1/1/2009 as Eva Ombaka assumed her new role of Technical Adviser.

Lilies Njanga resigned her position as Networking and Administration program officer in May 2009 after serving the organization for four and a half years.

Raisa Ochola and Nathalie Omondi provided support on administrative matters on a part time basis in the period March - September 2009. They also assisted with data entry for the mapping studies as well as for the database. Cedric Owuor was appointed on a temporary basis as an administrative assistant in June 2009 as a bridging measure until the human resource requirements for the new strategy period are properly defined.

The resignation of Lilies Njanga one of the longest serving technical/administrative staff was a major setback for EPN especially coming so soon after Eva Ombaka took a step down from the leadership of the organization



EPN staff and a few other guests pose with Lilies Njanga at her wedding, October 2009

### 2.1 Technical Assistance

With support from the SPS program of MSH, EPN received technical assistance in form of an organizational development consultant, Judy Seltzer. Ms. Seltzer worked with the secretariat staff in March

2009. The focus of Ms. Seltzer's technical assistance was to determine the short – medium term issues that EPN needed to address in order to strengthen the organization and prepare it for implementation of the new strategic plan.

#### 2.2 EPN Board Members 2009

Albert Petersen- Chairman
Sara Bhattarchaji -Secretary
Jane Masiga -Treasurer
Ndilta Djékadoum -Member
Matthew Azoji -Member
Francis Gondwe- Member
Donna Kusemererwa- Executive Director (Ex-Officio)

### 2.2 EPN Staff Members 2009

Donna Kusemererwa- Executive Director
Eva Ombaka -Technical Advisor
Lilies Njanga -Network and Administration Officer left May 2009
Anke Meiburg -Francophone Programme Officer
Angela Mutegi -Communications Officer
James Mireri -Accountant
Tom Ojeya- Driver
Irene Tindi -Office Assistant

### EPN member DIFAEM supporting Quality Control Projects

DIFAEM offered DSOs and other FBO organizations that procure medicines from local sources to get their products analyzed in Mission for Essential Drug supplies (MEDS) lab.

In the first round 5 products from 11 EPN members had been collected by means of pooled sampling at MEDS and tested altogether in one process (pooled testing). 49 batches were analyzed; five of those batches did not pass the requirements of the pharmacopoeia. Three of them had been produced in Asia, two of them in Africa. It is expected that at least 500 batches will have been tested by end of 2011.

### Public Lecture in Kenva

EPN held a public lecture on AMR at the University of Nairobi on 13 August 2009 in collaboration with the Faculty of Medicine University of Nairobi. The lecture was attended by a number of players in the Kenyan health sector and medical school students from the University of Nairobi. It was facilitated by panel of experts chaired by the Dean Faculty of Medicine, Zipporah W.W. Ngumi.

### The papers presented included:

- I. An overview of Antimicrobial resistance Focus on Kenya *Christine Mwachari –KEMRI*Promoting.
- 2. The correct use of antibiotics in children Ruchika Kohli-Aga Khan Hospital-
- 3. A Patients perspective on Resistance Vincent Omwenga
- 4. Importance of infection control, treatment guidelines and diagnostic tools in the containment of antimicrobial resistance *Enoch Omong*

### **FINANCE**

### 1.0 Financial Report

### 1.1 Erastus and Company appointed new Auditors

EPN appointed Erastus and Company of Nairobi to be the new EPN auditors for the year 2009. The company will conduct its first audit in January 2010. The appointment came after Carr Stanyer Gitau and Company who served EPN since 2006 completed their term.

### 1.2 INCOME AND EXPENDITURE ACCOUNT FORTHEYEAR ENDED 31ST DECEMBER 2009

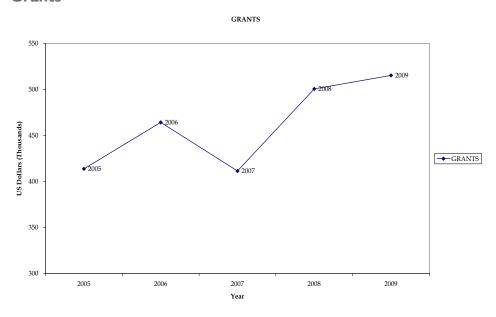
	*2009	2009	2008
INCOME	<b>KS</b> hs	USD	USD
INCOME Grants Other Incomes	38,394,897 7,177,824	515,368 85,941	500,723 81,451
Special Projects Total Income	3,516,653 49,089,374	57,609 658,918	42,560 624,734
EXPENDITURE			
Programme I - Development of An Active Network	4,469,531	42,202	124,933
Programme 2 - Maximising Access to Essential Medicines	32,430,349	435,307	438,168
Programme 3 - Access to HIV/AIDS Treatments Literacy	2,399,670	32,210	27,694
Establishment expenses (overhead expenditure)	6,003,747	98,379	218,253
Total Expenditure	45,303,297	608,098	809,048
Surplus/(deficit) and total comprehensive income for the year	3,786,077	50,820	(184,314)

#### NB:

\*Year 2009 figures based on unaudited accounts

### 1.3 . Financial Performance - Comparative (2005 - 2009)

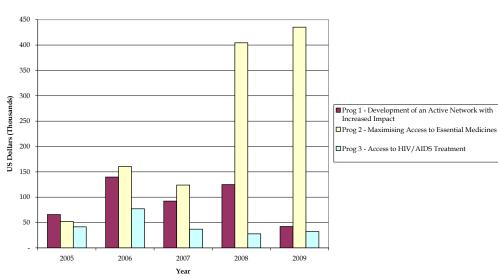
#### **Grants**



Based on the 2009 accounts, more grants were received from donors, an increase of 3% in 2009 (USD515,368) when compared to 2008 (USD500,273). The overall expenditure went down 25% thus occasioning 128% increase in the surplus. If comparison is made for each donor in the two years, there was a 26% decrease in funds received from BftW, 15% increase of funds from Misereor, 7% increase of funds received from ICCO respectively. There was a 59% decrease of donor funds from UCC, Canada in 2009 as compared to 2008 while contribution from MSH increased by 85% in 2009 as compared to 2008.

### **Programme Expenses**

### PROGRAMME EXPENSES



In terms of expenditure there was an overall reduction of 9% in programme expenditures in 2009 (USD509,719) as compared to 2008 (USD 557,134).

The reduction of 66% in the expenditure for Programme 1, compared to 2008 arose mainly due to the EPN forum expenses in 2006. There was a greater concentration of activities under Programme 2. The expenditure increased by 8% in 2009 (USD 435,307) as compared with 2008 (USD404,507). Most of the activities were those geared towards the Strengthening Pharmaceutical Standards i.e. Raise awareness in pharmaceutical management that was carried forward from 2008. There was a 16% increase in expenditure in Programme 3. This was occasioned by more activities in Cameroon (WCC) for the training of facilitators.

### 3.4 Key Partners 2009

Organisation	Country
Bread for the World	Germany
Difaem	Germany
EED	Germany
ICCO & Kerk in Actie	Netherlands
Misereor	Germany
ReACT	Sweden
The United Church of Canada	Canada
USAID supported SPS Program of MSH	USA
Wemos	Netherlands
World Council of Churches	Switzerland

#### 3.5 Contributions in Kind 2009

Name of Participant	Organization	Activity	Period	Position in their organization
Marsha Macatta Yambi	CSSC	Corporate Governance for Anglophone boards	March April	Director
John Carroll	Private practice	Standards of pharmacy practice	April	Pharmacist
Peter Okaalet	MAP International	Technical assistance to the secretariat	Ongoing	Executive Director
Florence Najjuka	JMS	Presented a paper during the AMR launch	May	Consultant
Stella Feka	OCASC, Cameroon	Treatment Literacy Yaoundé, Cameroon	January	Pharmacist
Guy-Blaise Biantcho Atchonkeu	OCASC, Cameroon	TL Follow up Workshop Bafoussam, Cameroon	January	Medical Doctor, HIV Coordinator, Bafoussam Diocese
Ndilta Djékadoum	Hopital Koyom	HR Mapping, Tchad	March	Medical Director
Sara Bhattacharji	Christian Medical College, Vellore - India	Translation Call to action - Tamil	May	Programme Director

Josefa Castro	Pro-Vida	Translation Call to action - Spanish	May	Programme Director
Isaac Kakule Muyonga	CBCA	SOP Workshop Goma, DRC:	September	HIV Program Officer
Isaac Kakule Muyonga	CBCA	Facilitation of SOP Workshop Goma, DRC	September	HIV Program Officer
Nzanzu Kikuhe	CBCA	Facilitation of SOP Workshop Goma, DRC	September	Medical Doctor
Nathalie Furere	BUFMAR	AMR Workshop Kigali, Rwanda	November	Pharmacist
Damien Nsambimana	BUFMAR	AMR Workshop Kigali, Rwanda	November	Medical Director
Edouard Koutodzo	APROMESTO	Netlink Translation	2009	Program Officer
Isaac Kakule Muyonga	СВСА	DRC Assessment, Kivu	July	HIV Program Officer
Kakpo Akibo	ONG Bethesda	CG Training Benin	August	Communications Officer
Edouard Koutodzo	APROMESTO	Togo Feedback Meeting Access study	August	Program Officer
Edouard Koutodzo	APROMESTO	Togo Feedback Meeting Access study	August	Program Officer
Kodjo Tsogbe	APROMESTO	Togo Feedback Meeting Access study	August	Secretary General
M. Benoit Ngonsi	OCASC, Cameroon	TL Follow-up Workshop Batouri, Cameroon	December	HIV Coordinator, Batouri Diocese

### Member organisations in Ethiopia to form a Christian Health Association (CHA)

The board chair visited members in Ethiopia to discuss with the management of ECS and EECMY issues related to pharmaceuticals. Both organizations have been having close discussions towards the process of forming a CHA.

A survey among their 77 institutions about the needs was done and during this survey a strong voice by the CHIs pushed the Catholic Church to increase access of essential medicines on central level. Desk review about legal status required by Government already have been done and direct discussions with government will follow .

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