

**EPN**

Ecumenical Pharmaceutical Network  
Réseau Pharmaceutique Œcuménique



ANNUAL  
REPORT  
2010



*Just and compassionate quality pharmaceutical services for all*

**About the Cover Image**

A journey with a purpose  
 Photo taken by Anke Meiburg  
 Chad, July 2010

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for sale

Support EPN's efforts to increase access to medicines for vulnerable populations, particularly children.



Available in wood and soapstone.  
Hand carved by youth in Kenya.

The EPN carving symbolizes the Ecumenical Pharmaceutical Network (EPN). The hand (base) represents our origin and grounding in churches and ultimately in God. The middle section is the network of members, donors and partners all working together to support pharmaceutical service delivery (mortar and pestle).

20 USD

The HIV and AIDS Treatment Literacy Guide for Church Leaders is available in English and French. This book is a must read for every church leader who wants to address the issue of stigma and discrimination in the church and learn how to care for those infected and affected by the virus.

EPN also offers Treatment Literacy Courses for Church Leaders on invitation from any church or other group. The course can be organized in intensive or modular sessions.

10 USD



## ABBREVIATIONS

|                  |   |
|------------------|---|
| <b>AFRI-CAN</b>  | Africa Community Health Action Network  |
| <b>AIDS</b>      | Acquired Immune Deficiency Syndrome   |
| <b>AMFm</b>      | Affordable Medicines Facility - malaria (Unit of the Global Fund to Fight AIDS, Tuberculosis and Malaria) |
| <b>AMR</b>       | Antimicrobial Resistance  |
| <b>APROMESTO</b> | Association Protestante des Œuvres Médico-sociales et Humanitaires du Togo                                |
| <b>ARV</b>       | Antiretroviral  |
| <b>ASSOMESCA</b> | Association des Œuvres Médicales des Eglises pour la Santé en Centrafrique                                |
| <b>BCMU</b>      | Bureau de la Coordination Médicale synode Urbain  |
| <b>BUFMAR</b>    | Bureau des Formations Médicales Agréées du Rwanda   |
| <b>CAR</b>       | Central African Republic  |
| <b>CBC</b>       | Cameroon Baptist Convention   |
| <b>CBCA</b>      | Communauté Baptiste au Centre de l'Afrique  |
| <b>CBCHB</b>     | Cameroon Baptist Convention Health Board  |
| <b>CDC</b>       | Catholic Drug Centre  |
| <b>CEPCA</b>     | Council of Protestant Churches of Cameroon  |
| <b>CHA</b>       | Christian Health Association  |
| <b>CHAG</b>      | Christian Health Association of Ghana   |
| <b>CHAK</b>      | Christian Health Association of Kenya   |
| <b>CHASL</b>     | Christian Health Association of Sierra Leone  |
| <b>CHAM</b>      | Christian Health Association of Malawi  |
| <b>CHAN</b>      | Christian Health Association of Nigeria   |
| <b>CAPA</b>      | Council of Anglican Provinces of Africa   |
| <b>CMC</b>       | Christian Medical Commission (of the WCC)   |
| <b>CME</b>       | Centre Médical Evangélique  |
| <b>CoRSUM</b>    | Coalition for Rational and Safe Use of Medicines Moldova  |
| <b>DIFAEM</b>    | German Institute for Medical Mission  |
| <b>DSO</b>       | Drug Supply Organization  |
| <b>EED</b>       | German Church Development Service   |
| <b>GARP</b>      | Global Antibiotic Resistance Partnership  |
| <b>HC</b>        | Health Centre   |
| <b>HIV</b>       | Human Immunodeficiency Virus  |
| <b>HR</b>        | Human Resources   |
| <b>IMCK</b>      | Institut Médical Chrétien du Kasai  |
| <b>JMS</b>       | Joint Medical Store   |
| <b>MEDS</b>      | Mission for Essential Drugs and Supplies  |
| <b>MEMS</b>      | Mission for Essential Medicines and Supply  |
| <b>MMI</b>       | Medicus Mundi International   |
| <b>MOMS</b>      | Ministry of Medical Services  |
| <b>MSH</b>       | Management Sciences for Health  |
| <b>MTC</b>       | Medicines and Therapeutics Committee  |
| <b>OCASC</b>     | Organisation Catholique pour la Santé au Cameroun   |
| <b>OSEELC</b>    | Ceuvre de Santé de l'Eglise Evangélique Luthérienne au Cameroun   |
| <b>PCC</b>       | Presbyterian Church in Cameroon   |
| <b>ReAct</b>     | Action on Antibiotic Resistance   |
| <b>SPS</b>       | Strengthening Pharmaceutical Systems  |
| <b>TB</b>        | Tuberculosis  |
| <b>TL</b>        | Treatment Literacy  |
| <b>TOT</b>       | Training of trainers  |
| <b>UCC</b>       | United Church of Canada   |
| <b>UNAD</b>      | Union Nationale des Associations Diocésanes de secours et développement Caritas                           |
| <b>UPMB</b>      | Uganda Protestant Medical Bureau  |
| <b>USAID</b>     | United States Agency for International Development  |
| <b>WCC</b>       | World Council of Churches   |
| <b>WHO</b>       | World Health Organization   |
| <b>ZACH</b>      | Zimbabwe Association of Church-related Hospitals  |



## FROM THE BOARD CHAIRMAN

Dear EPN-Members, EPN Partners and Donors, EPN friends,

Warm greetings.

The year is coming to a close. We are reflecting on the previous 12 months – where have they gone, all the very busy days? Again we are asking ourselves – did we move anything?

This question can be answered by everybody individually. In respect of EPN I would like to say YES, we are grateful to look back at a successful 2010.

A new spirit of EPN could be seen during the EPN Forum and General meeting 2010 held in Nairobi. These days were full of informing and sharing, everybody got the feeling that EPN issues and projects, as well as the strategic plan, are owned by its members.

Children's medicines are more and more in focus. EPN was able to survey the situation in faith-based health facilities in Kenya, Uganda and Chad, using the WHO tool. Antimicrobial Resistance activities became a strong and ongoing issue for EPN. A third international AMR workshop in Nairobi enabled members to share and discuss their country AMR programmes, with valuable contributions from experts from umbrella organizations. Excellent AMR-comic strips were developed in no less than 3 languages (Did you see them, are you using them?). EPN Guidelines on effective and efficient pharmaceutical services were developed further in terms of training materials (posters, booklet, presentation). The EPN publication "HIV and Aids Treatment Literacy Guide" was launched during the EPN Forum in Nairobi and about 1500 copies are already distributed via EPN members and partners. Also, Francophone EPN members are active! Two workshops have been conducted in Cameroon and DRC.

2011 will be a special year for EPN. We are going to celebrate 30 years existence of EPN! So we are going to look back in great respect and with great thankfulness – but we also look into the future. With our strategy, we defined lots of areas EPN will be active in until 2015. All members should look at this carefully to identify areas where this strategy can be implemented into country programmes.

On behalf of the EPN Board I would like to thank Donna for leading and guiding the EPN secretariat in a very good manner, for developing EPN further. Thanks to all staff members for their hard work, thanks to EPN Board members for all their advice and guidance.

And thanks to our Lord – without Him we are nothing. Without His light, our lights will not be seen. Without His love, we would not be able to love our neighbours.

God bless you.

Albert Petersen  
EPN Board Chairman  
December 2010



## FROM THE EXECUTIVE DIRECTOR

Happy 2011.

This year, as EPN celebrates 30 years of existence, I take the opportunity to reflect on the origins of our Network.

In 1991, the World Council of Churches, under its Christian Medical Commission, set up a programme to support Pharmaceutical Service delivery by Church Health Systems. The programme, initially based at the WCC office in Geneva, moved to Nairobi in 1997, to be closer to those it was serving. The programme was hosted by Community Initiative Support Services (CISS) for a number of years but it became increasingly clear that it was important to transition to a more sustainable form of institution.

I recall attending a meeting of the Africa Community Health Action Network (AFRI-CAN) in Harare in 1999. The meeting was attended by "activists", people really passionate about Community Health as well as others like myself who were representing organizations involved in pharmaceutical service delivery. The rallying call for the meeting was a simple chorus "if you believe and I believe and we together pray, the Holy Spirit will come down and Africa will be saved." It was at this meeting that the idea of registering a Network to bring together people interested and involved in pharmaceutical issues in the churches was discussed with potential members.

More than a decade later, Africa still needs to be saved, what with civil strife, insufficient progress on the millennium development goals, drought and hosts of other problems. However, on the other hand, the vision for a Network came to pass and here we are blessed to be able to congratulate the Church and ourselves on 30 years of working together towards a common goal.

Any anniversary is a time to take stock. How well have we done? Have we made a difference for the better? What does the future hold? Challenging questions in challenging times. The Lord assures us that He has great plans for us, plans to prosper us and give us a future (Jeremiah 29:11). And therefore we can stand secure that the same God who has brought us this far is staying with us, as we continue with the journey.

Our strategy 2010 – 2015 provides the journey plan and defines the destination at least for this phase. For 2011 we have already shared with our members the specific areas that we would like to address as we move along. As always, we trust that all our members, partners and friends will continue with the ride and work with us through all the road blocks, potholes and other obstacles. Together we can bring Africa, India, Moldova, Peru, Papua New Guinea and all the other parts of the world ever nearer to a place where all people are guaranteed Just and Compassionate Quality Pharmaceutical Services.

God bless you all.

Donna Kusemererwa  
EPN Executive Director  
January 2011

## ACCESS TO AND RATIONAL USE OF MEDICINES

### Campaign against antimicrobial resistance

Addressing the problem of antimicrobial resistance has been one of the core concerns of EPN since the launch of the AMR campaign 'Fight AMR! Save medicines for our children' in 2009. The campaign draws particular attention to infection control, promoting effective diagnosis, improving prescribing practices and encouraging optimal use of antimicrobial agents. Over the years, EPN and its partners and members have undertaken several activities to push this goal.



### AMR workshop Nairobi

With the support and participation of the USAID funded SPS programme, the 3<sup>rd</sup> AMR workshop Beyond Awareness: Consolidating Actions for AMR Containment was held in Nairobi, Kenya. 19 participants from 15 countries attended this 3-day workshop in May 2010. The workshop provided amazing insights into the work that is going on in different member institutions. With little or no external funds, members have undertaken a wide range of activities related to AMR.

### Members in action

#### AMR country activities

After the AMR workshop in Nairobi, 10 ReAct grants were given to members to implement their action plan on various AMR related activities. Annamalai University India, BUFMAR Rwanda, Cameroon Baptist Convention Health Board, CHAN Medi-Pharm Nigeria, Christian Health Association of Sierra Leone, Coalition for Rational and Safe Use of Medicines Moldova, Institut Médical Chrétien du Kasai/Hôpital Bon Berger Tshikaji DRC, Joint Medical Store Uganda, Organisation Catholique pour la Santé au Cameroun and Zimbabwe Association of Church-related Hospitals took to action. Capacity building courses educated health workers on antibiotic use and promoted practices that ensure appropriate use. The implementation of hospital-based infection control interventions helped health professionals in hospitals reduce the spread of infection. Several hospital antibiotic use and AMR perceptions studies generated information on the topic that can be used to shape future interventions for containment.

### Survey on perceptions of hospital staff on antimicrobial resistance

With the support of Global Antibiotic Resistance Partnership (GARP), EPN organized a pilot study to explore the knowledge and perceptions of hospital staff in Kenya on antimicrobial resistance and antibiotic use practices. The survey was conducted in 22 hospitals (government, private and church owned) in Kenya, from April to May 2010.

The study indicates an awareness of the seriousness of antimicrobial resistance as a national level problem (92.6%), but far less as a problem at the facility level (63.8%). In addition, practices known to promote development of resistance are thought not to be common in these hospitals.

The survey was also done by EPN members in 29 hospitals in Sierra Leone, Zimbabwe and Nigeria, with funding from ReAct. As in Kenya, the health professionals interviewed consider AMR a more serious problem at the national level than in their immediate practice.

*All hospital staff have a role to play in ensuring that antimicrobial resistance is contained and that useful medicines are preserved for as long as possible.*

Kenya survey 2010



### Translation and dissemination of comic strips

AMR containment requires an increased awareness by the public, as well as collective action. In 2009, EPN developed a series of 10 comic strips to reinforce the various messages on containment, through graphic art. In 2010 the comic strips were translated into French and Kiswahili. They are being used in member institutions and have been published in a few bulletins.

### ICEID Atlanta

The International Conference on Emerging Infectious Diseases in Atlanta provided an opportunity to share information on the AMR campaign. Donna Kusemererwa attended the meeting in July 2010 and gave a presentation on community efforts to control antimicrobial resistance in the developing world.

EPN materials and reports are available for members from our website or on request from the secretariat.

### Translation and printing of IC Advocacy tool

The Infection Control Advocacy Tool that was developed in French following the AMR workshop in Rwanda in 2009, was finalised and translated into English and Russian and consequently distributed.



## Medicines for children

In 2008, it was agreed that EPN should start to address access to essential medicines for children in a concerted way. Funding for these activities has been provided by ICCO, Wemos and UCC. The tools and methodology for the children's medicines survey were developed in a consultative process that involved technical staff from international agencies MSH, WHO and UNICEF. The findings from the surveys are expected to provide the evidence that can be used to convince policy and decision makers to take corrective action and improve the situation. The data collected can also act as baseline against which to measure changes in medicine availability and pricing over time.

**Any improvements in the availability of medicines for children in the church sector are bound to have a considerable effect on the national health targets for children.**

Children's medicines surveys

### Kenya survey

A survey was carried out in 79 facilities (hospitals, health centres and dispensaries) in six provinces in Kenya in January and February 2010. The survey covered 28 medicines in 34 dosage forms suitable for children. For the basket of essential medicines (excluding ARVS and TB medicines) investigated, overall availability was good (71%). The medicines with low overall availability included ceftriaxone injection, fluconazole oral solution, mebendazole syrup and zinc dispersible tablets (range 4-56%). Adult formulations consistently showed higher availability than equivalent formulations for children.

EPN members in other countries are invited to carry out similar surveys in close cooperation with the secretariat, using the existing tools and experiences.

### Chad survey

Between July and August 2010, a survey was carried out in 31 facilities from 7 different Christian denominations in Chad. Average availability of general medicines (excluding ARVs, TB and malaria medicines) was moderate at 44.1% for all facilities. Zinc was only found in 10 facilities (32.3%). After analyzing the data, a feedback meeting with stakeholders and some respondents was held in November 2010 in N'Djamena. The group identified and prioritized the promotion of generic formulations and the subsidy of all paediatric medicines as the most important area of advocacy to tackle.



### Uganda survey

In Uganda, a survey was carried out in 61 facilities in 28 districts, between August and September 2010. The availability of medicines for children in the church health facilities surveyed was generally low. Out of 22 non ARV and TB Medicines, only 6 had overall availability of 70% or more. All these medicines are expected to be available at HCIII<sup>1</sup> and the majority (15 of 22) at HCII. At the other end of the spectrum six medicines had less than 50% availability even at the hospital level. The medicines that had very poor availability included such formulations as zinc dispersible tablets 20mg, ferrous oral liquid, salbutamol syrup and salbutamol inhaler. There would appear to be no ready substitutes for children for any of these.

**It was a real pleasure for me to meet with a number of our Chadian members during the field visit for the Children's medicines survey. Most of the health institutions affiliated to the churches are located in rural and difficult settings and the services provided are often the only ones accessible to the poor population. We continue to make every effort to offer the necessary support to our members in such settings to help them serve their populations better.**

Anke Meiburg reporting on her visit to EPN members in Chad

### WHO partners meeting

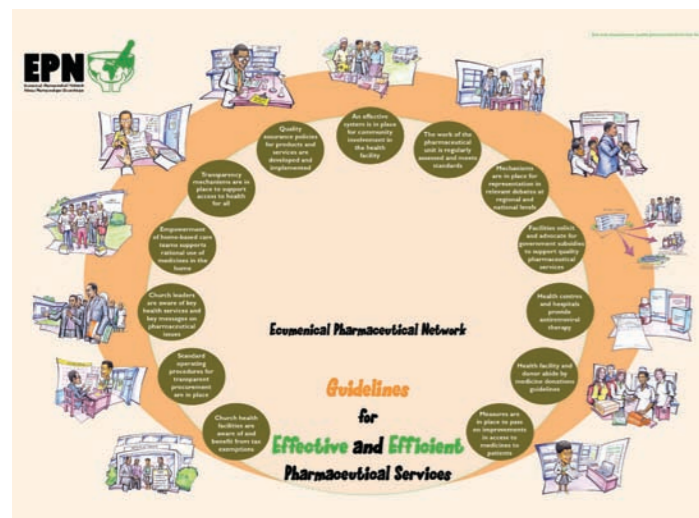
In October 2010, Board Chair Albert Petersen attended the Better Medicines for Children partners meeting in Geneva, where he was able to speak about EPN's project and the surveys that were done. The WHO host congratulated EPN for taking up this issue and using the developed tools.

1. A health centre classification system used in Uganda.

## Promoting effective and efficient pharmaceutical services

EPN knows that if a pharmaceutical unit is not well managed, it can compromise the efficiency, effectiveness and quality of health service delivery. That is why EPN has been supporting pharmaceutical services in church health systems for 3 decades now.

### Guidelines project



Over the years, EPN has developed guidelines to support health facility managers, pharmaceutical personnel and all those involved in pharmaceutical service delivery to increase access to medicines and improve the quality of patient care. In 2010, EPN defined the aim of each of the 25 guidelines for effective and efficient pharmaceutical services, identified what can be done to ensure compliance and, where possible, how compliance can be measured using certain indicators. Illustrations have been developed to depict each guideline and consequently presented in 2 A1-posters. A booklet of accompanying explanatory notes and a powerpoint presentation have also been produced.

### Members in action

#### Interventions on EPN guidelines

EPN member institutions in two countries organized specific interventions to promote and disseminate the guidelines, spearheaded in Ghana by CHAG and in Kenya by Maua Hospital and MEDS. At least 300 church health facilities were reached.



### Access Baseline Studies synthesis report

Over the last few years, EPN has undertaken baseline studies on access to medicines in 8 countries. The synthesis report on the cross country studies was finalized at the end of 2010 and is now available.

### Members in action

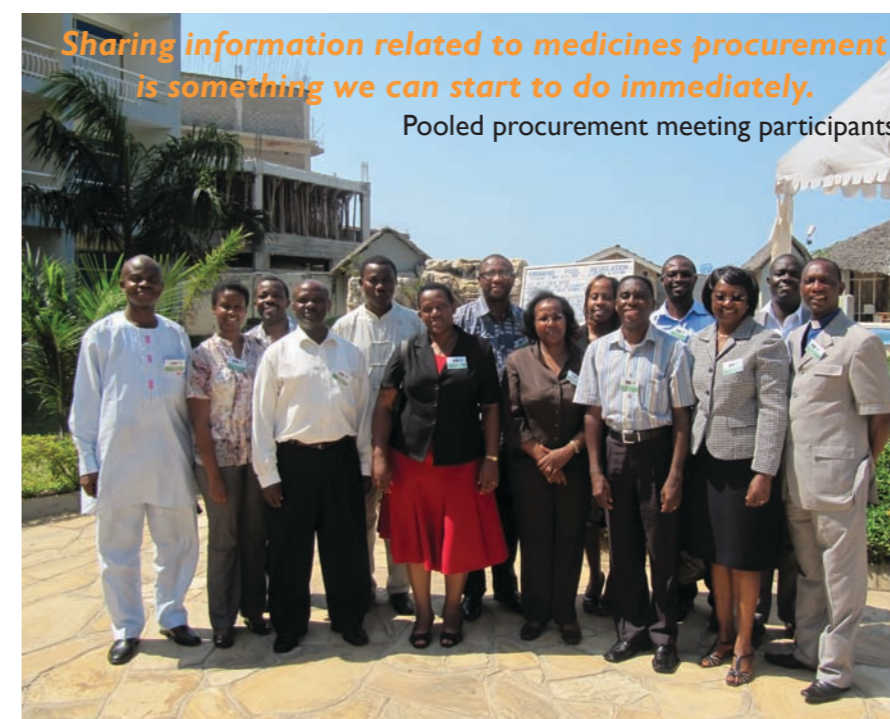
#### Interventions to address access gaps

Members from countries where access studies were done (Ethiopia, Ghana, Malawi, Nigeria, Tanzania, Togo, Uganda and Zambia) were invited to apply for funds to carry out an intervention to address one of the gaps identified from the access baseline studies. APROMESTO (Togo, targeting 4 hospitals and 2 clinics) and CHAM (Malawi, targeting 6 hospitals) chose to address the lack of Medicines and Therapeutics Committees (MTC). MEMS (Tanzania, targeting 6 hospitals) also opted to strengthen existing MTCs and encourage establishment of new ones where none exist. In all, at least 14 hospitals are expected to have functional MTCs by the end of the interventions. JMS plans to address the lack of pharmaceutical information for decision making by developing and piloting a Pharmaceutical Management Information System for use in hospitals.



### Sharing information related to medicines procurement is something we can start to do immediately.

Pooled procurement meeting participants



### Pooled procurement

In October 2010, EPN invited executives from 6 faith-based pharmaceutical supply agencies to a meeting in Dar es Salaam, Tanzania. The participating pharmaceutical agencies (DSOs) were Catholic Drug Centre and CHAG (Ghana), Mission for Essential Drugs and Supplies (Kenya), CHAN Medi-Pharm (Nigeria), Bureau des Formations Médicales Agréées du Rwanda, Mission for Essential Medical Supplies (Tanzania) and Joint Medical

Store (Uganda). Also present were representatives from WHO, MSH and the AMFm Unit of The Global Fund to Fight AIDS, Tuberculosis and Malaria. After the 2-day meeting, the participants were able to commit to several priority areas for collaboration: supplier prequalification and pharmaceutical manufacturer audits, quality assurance of medicines, price negotiation, and institutional assessments on procurement capacities. They also agreed to share information in a wide range of areas related to medicines procurement.

## Quality of medicines

Increasing access to medicines is one of EPN's biggest priorities. But not just any medicines. As much as medicines are essential to curing or even preventing diseases, if their quality is not assured, they can become a health hazard. That is why EPN also supports the church health systems in quality assurance and proper medicines management.

### Pooled sampling

In 2009, EPN, MEDS and Difaem started a quality testing project for faith-based pharmaceutical agencies from various African countries. The objective was to determine the quality of medicines procured locally and internationally by the organizations. 13 EPN member organizations from 11 countries participated in the first two rounds of this project, where 92 samples of ten commonly used essential oral formulations were tested. In the third round of sample testing, 6 medicines from 12 DSOs were tested.

*I was happy to see that our Ethiopian members, together with other local organizations, are making real progress towards the creation of a Christian Health Association of Ethiopia, despite some challenges. I hope they will also be able to start a joint medical store. We are ready to guide and assist our members in this important process.*

Anke Meiburg reporting on her visit to Ethiopian members

### Antibiotic test kit project

Following the positive findings of the feasibility study carried out in August-September 2009 on the market potential for a simple kit to test the quality of antibiotics, DSM (a Dutch pharmaceutical company) and ICCO have continued to invest in the process of development of the kit. A steering team comprising representatives from ICCO, DSM and EPN was set up to move the process forward. This has resulted in concrete plans for 2011, amongst which is the further development of the kit and its field testing.

### Members in action

#### Medicines Management workshop

In June 2010, EPN member institution CME Nyankunde in DR Congo organized a 3-day workshop for 36 staff members of their health facilities. EPN Programme Officer Anke Meiburg facilitated the workshop. The main topics of the highly participative workshop were the medicines management cycle, operational principles for good pharmaceutical procurement and supply management at primary level, focusing on stock records and quantification. The EPN secretariat welcomed this opportunity to engage with local staff from our member organization, learn more about their challenges and needs, and give them the technical assistance they requested.



## LESSONS LEARNT

In the course of the year 2010, EPN has learnt some valuable lessons. These are some of the most important ones:

### MUSTARD SEEDS

The AMR Workshop held in Nairobi in May 2010 provided amazing insights into the work that is going on in different member institutions. With little or no external funds, members have undertaken a wide range of activities related to curbing the development of resistance, raising awareness and implementing containment actions. The potential to do so much with so little has always been a characteristic of Church Programmes and the AMR Campaign has provided abundant evidence in support of this.

### PARTNERSHIPS

The collaboration with WHO, on the Francophone Technical briefing seminar that EPN held in October, was the first of its kind. For the secretariat the possibility to work with both the WHO Regional office for Africa (AFRO) and the WHO Headquarters in Geneva in such a way was exciting and motivating. It boosted our confidence to expand our outlook and renewed our desire to explore new ways of harnessing numerous resources that are within our reach.

## MOVING TOWARDS IMPACT

EPN strives to ensure that all the work we do has an impact on our ultimate beneficiaries: children, women and men who are in need of health and those who are entrusted with helping them attain good health. The work being done on reducing hospital acquired infections in the Network as described below is one example.

### SAVING MOTHERS' LIVES

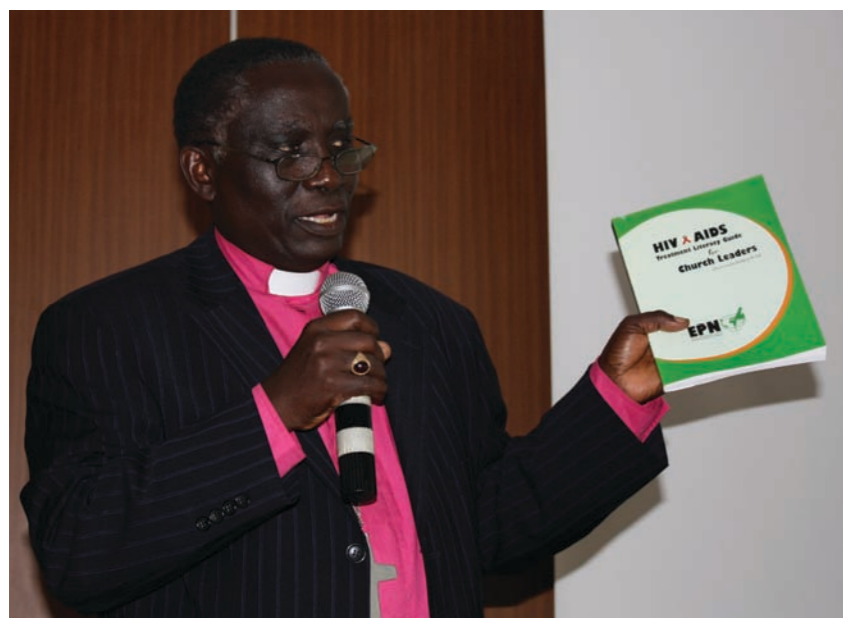
A series of measures implemented at Mboppi Hospital in Douala, Cameroon with support from EPN and funding from ReAct are expected to have a major impact on reducing maternal morbidity and mortality at the hospital. The measures which include implementation of a system to properly dispose of placentas, provision of waste disposal containers, hand washing consumables and equipment and assorted cleaning materials, are expected to significantly reduce the spread of infections in the maternity unit. Infection is one of the major direct causes of maternal morbidity and mortality.



## HIV AND AIDS TREATMENT

### HIV and AIDS Treatment Literacy Guide

The guide that was finalized in English at the end of 2009 was printed and officially launched during the EPN Forum in March 2010. At this occasion, retired Archbishop Dr Benjamin Nzimbi of the Anglican Church of Kenya commended the book as a must read for every church leader who wants to address the issue of stigma

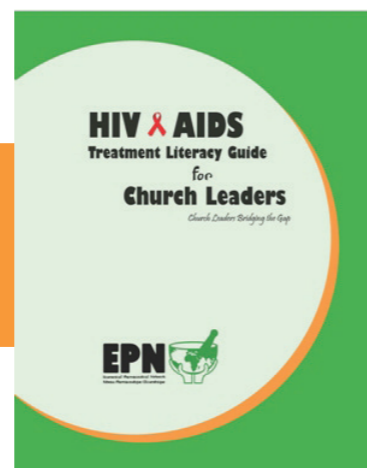


and discrimination in the church and learn how to care for those infected and affected by the virus. The TL Guide was later translated into French. Funding by Difaem allowed a free distribution of 750 English and 500 French books to EPN members, former TL workshop participants, Christian Health Associations and other church organizations across Africa (28 countries) and beyond (Australia, Canada, France, Germany, India, The Netherlands, Oman, Peru, Sweden, Switzerland and the USA).

*The church can still be the place where believers feel comfortable to talk about their HIV status in the confidence that they will receive the support that they deserve.*

Retired Archbishop Desmond Tutu

The HIV and AIDS Treatment Literacy Guide for Church Leaders is for sale in English and French, at a price of 10 USD.



### Treatment Literacy workshops

Following the publication of the HIV and AIDS Treatment Literacy Guide for Church Leaders, EPN decided to offer its Treatment Literacy Courses for Church Leaders on invitation from any church or other group. This training course aims to introduce church leaders to some of the skills they can use to encourage testing and adherence to treatment. The course was costed for both intensive and modular delivery and a flier was developed to market it.



#### St. Paul's University Kenya

St. Paul's University requested EPN to offer training support to the students of its master's programme in community care and HIV and AIDS. The training of 24 third year students (church leaders, HIV programme coordinators and one Medical Officer), coming from Kenya, DRC and Rwanda, was done in August 2010 by EPN HIV and AIDS resource person, Fredrick Kimemia. The benefits for EPN were that St. Paul's has offered recommendation for grant sourcing and is one of the major collaborators in HIV Education for pastors.

#### NNEPOTEC Kenya

NNEPOTEC (Nairobi Network of Post Test Clubs) felt they needed to engage the church in mobilizing the communities to get tested and be supported through treatment. EPN was invited to train 30 trainers, including 5 pastors to help them achieve their objectives, in September 2010.

#### Francophone workshop Central African Republic

A team of facilitators from Cameroon, who were trained during the TOT workshop in Yaoundé in January 2009, held a TL workshop for 29 participants from Bangui and up-country regions in CAR in October 2010. The workshop was organized similar to other EPN TL trainings and a copy of the newly printed French TL guide was distributed to the participants.

#### All African Bishops Conference

In August 2010, EPN accountant James Mireri attended the 2<sup>nd</sup> All African Bishops Conference in Entebbe, Uganda. EPN also participated in the event, in collaboration with one of the organizers Council of Anglican Provinces of Africa (CAPA), by distributing conference bags with a copy of the HIV & AIDS Treatment Literacy Guide for Church Leaders and other EPN materials to all 450 participants at the conference.



## BUILDING PHARMACEUTICAL CAPACITY

### Curriculum for training of non-pharmacy staff in hospitals

EPN is developing a curriculum for training non-pharmacy staff working in hospital pharmacies. The project started with an identification and evaluation of available curricula, courses and training programmes on pharmaceutical management.

### HR mapping studies

The purpose of the HR mapping studies was to identify the capacities of pharmaceutical human resources within church health services as a starting point for working towards building this capacity. It is expected that enhancing the capacity of human resources will contribute to increasing access to medicines. In 2008 and 2009, mapping studies were done in Cameroon (CBC), Chad (Koyom), Kenya (MEDS), Malawi (CHAM), Nigeria (Chan Medi-Pharm), Rwanda (BUFMAR) and Tanzania (MEMS). In December 2010, a mapping study started in Ghana.

|   | Cameroon | Chad   | Kenya   | Malawi  | Nigeria | Rwanda | Tanzania |
|---|----------|--------|---------|---------|---------|--------|----------|
| Total number of facilities surveyed                                 | 13       | 37     | 66      | 106     | 72      | 34     | 64       |
| Number of hospitals   | 4        | 8      | 52      | 50      | 52      | 6      | 64       |
| Qualifications of the head of pharmacy in the hospital <sup>a</sup> |          |        |         |         |         |        |          |
| Pharmacists   |          |        | 3 (6)   | 0       | 25 (48) | 3 (75) | 2 (6)    |
| Pharmacy technicians  | 3 (75)   |        | 33 (63) | 7 (14)  | 6 (12)  |        | 9 (27)   |
| Pharmacy assistants   |          |        | 8 (15)  | 4 (8)   | 2 (4)   |        | 4 (12)   |
| Nurses/CHEW   | 1 (25)   | 3 (50) | 8 (15)  | 19 (38) | 2 (4)   | 1 (25) | 7 (21)   |
| Pharmacy attendants   |          | 3 (50) |         | 20 (40) | 17 (33) |        | 11 (33)  |

a= Qualifications given as number (percentage). Not all respondents provided the required data.

### Francophone technical seminar on pharmaceutical issues

The seminar, organized by EPN in October 2010, was held in Douala, Cameroon and tackled topics such as the WHO pharmaceutical strategy, the WHO prequalification programme, Good governance in the pharmaceutical sector and rational use of medicines. The seminar had speakers from WHO headquarters and AFRO and Cameroon offices. EPN members ASSOMESCA, BCMU, ONG Bethesda, Bon Berger Hospital, BUFMAR, CBC, CBCA, CEPCA, OCASC, OSEELC, PCC and UNAD sent participants to the seminar. For the secretariat, the possibility to work with the WHO Regional office for Africa (AFRO) and the WHO Headquarters in Geneva was exciting and motivating.



### Workshop on advocacy for Francophone members

A three-day workshop on advocacy was also held in Cameroon in October 2010. It aimed at equipping the participants with knowledge and capacities to develop and implement advocacy actions on relevant pharmaceutical issues. The pharmacists and other health professionals who attended, committed themselves to start advocating on issues relevant to their organizations and to work in order to improve the services they offer.

The "How to manual" on Advocacy for Drug Supply Organizations and Church Health Institutions was developed for an EPN workshop in 2006. EPN staff has recently finalized a second edition of the manual in French.

**The technical seminar has induced some ideas for which the advocacy workshop has shown us how to present them to authorities so that action will be taken.**

A participant of the technical seminar and advocacy workshop

### Members in action

#### EPN members organize Benefit concert

In December 2010, EPN-members Difaem and action medeor organized a benefit concert in Germany. Prof. Harald Hamacher, a well known expert in medicine quality issues has supported EPN in different ways, since 2005. He is also a good violin player. Together with some friends and supported by members of the University doctor's orchestra they formed a string orchestra which offered some classical compositions. About 100 people listened to this excellent music and presentations about scaling up of quality of medicines in African countries and increasing access to good quality medicines, by Christine Häefele from action medeor and Difaem director Gisela Schneider. The money collected will be used for a second training that will be organized by Difaem and action medeor in 2011 on standardisation of company audits, with EPN members in Western Africa.

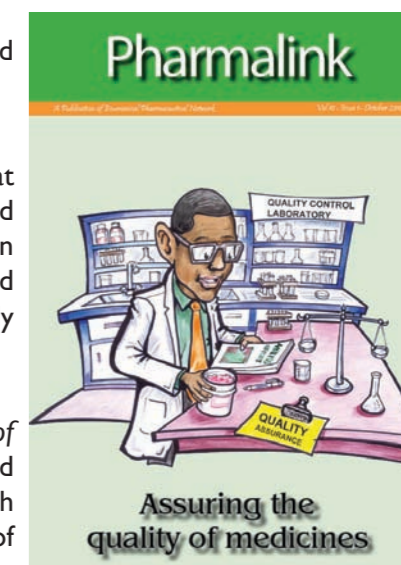
### Publications

Throughout the year, EPN produced several publications and distributed them to members and well beyond the network.

**e-pharmalink:** e-Pharmalink is an electronic EPN newsletter that aims at providing health professionals with current information that could support them in their efforts to provide effective and efficient services. In 2010, 3 issues were distributed (in English) to all Network contacts and pharmaceutical professionals who subscribe to it, totalling approximately 800 recipients.

**Pharmalink:** in October, the 2010 edition *Assuring the quality of medicines* was developed with contributions from EPN members and WHO Geneva. The issue was first distributed electronically in English and French to 800 recipients. At the end of the year, a limited number of prints was made, for gradual distribution over the following months.

**Contact magazine:** issue no. 189 of the Contact magazine was released in May 2010, under the theme "Health System Strengthening: Focus on Church Based Pharmaceutical Human Resources". 1000 copies in English and 500 copies in French were distributed mainly to EPN members and network contacts in 39 countries. An extra 500 copies were distributed during the All African Bishops Conference in Uganda, held in August 2010.



## GOVERNANCE

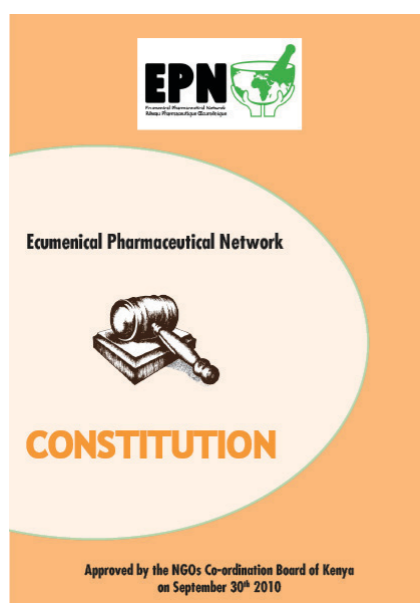
### Forum and General Meeting

The 2010 EPN Forum was held in Nairobi, Kenya in March 2010. A total of 53 participants from 20 different countries attended the two-day forum whose theme was "Health Systems Strengthening: Focus on pharmaceutical service delivery". The forum's attendees came away with a sense that the forum provided them with an immeasurable learning experience and access to information and resources that would help them do their jobs more efficiently and effectively. The General Meeting, which was held after the forum, was attended by 22 members.



### Implementation and distribution of the strategic plan

The EPN strategy 2010-2015, which identifies four priority areas for EPN, was presented to members during the EPN Forum. The strategy provides a clear framework for action, monitoring and evaluation for the next five years.



### Constitution

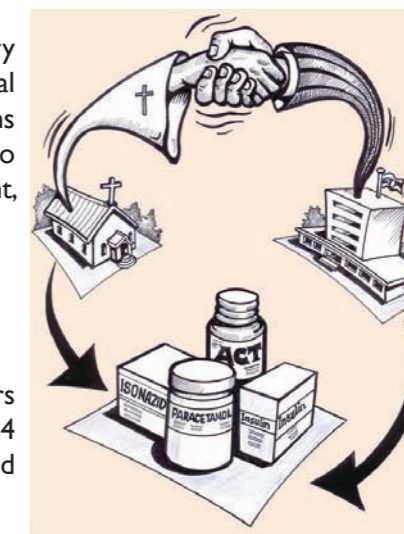
After a lengthy process, the new EPN constitution was approved by the NGO's Co-ordination Board of Kenya on September 30<sup>th</sup> 2010. The constitution was translated into French and will be distributed to all members, together with a summary of the main changes. An electronic version is available from the EPN website.

### Corporate governance manual

In the course of the year, the training manual for corporate governance for faith-based pharmaceutical service providers was finalized. The manual will soon be made available in English and French to members, who may wish to run corporate governance courses.

## NETWORKING

EPN's strength is in its network of members and partners. As of January 2011, EPN counts 78 members from over 30 countries: pharmaceutical supply agencies, Christian Health Associations, other non-profit organizations and individuals. All of them are committed to the provision of and access to essential medicines and quality pharmaceutical services in a safe environment, particularly for people in resource-poor settings.



### Netlink

Netlink is EPN's e-mail newsletter aimed at keeping EPN members in touch and updated on what is going on within the Network. In 2010, 4 issues were distributed (in English and French) to all member contacts and participants of EPN activities, totalling approximately 450 recipients.

### EPN joins MMI

Medicus Mundi International (MMI) is a Network of organizations working in the field of international health cooperation and advocacy. At the end of June, EPN's application was received positively by the MMI Secretariat. During the MMI Assembly in November 2010 in Amsterdam, EPN was officially admitted to the network. Although no representative of the EPN secretariat or Board could be present, the network was represented by member institution CHAK and partners Misereor, Cordaid and Wemos.

*Chief pharmacist Dr Robert Nyarango was delighted to see a member of the EPN secretariat and gave me a tour of the pharmacy department. I witnessed the high standards the hospital observes. It was nice to see how the pharmacist at the dispensing unit took time to explain about the medicine he was giving to the child's parent. He really made sure they understand how to administer it.*

Beatrice Mwangi reporting on her visit to Gertrude's Children's Hospital Nairobi

### Visits by members to the secretariat

In the course of the year, the following members visited EPN offices: Dr Ione Bertocchi from ASSOMESCA, CAR; Stanley Gitari, coordinator of the community health department of Maua Methodist Hospital, Kenya; Potiphar Kumzinda, administrator of CHAM Malawi; Dr Lorna Muhirwe, Executive Director of UPMB Uganda and Dr Mike Upio, Executive Director of CME Nyankunde, DRC. This was a good opportunity for them to have one on one contact with EPN staff.



### Visit by Anthony Boni

In November 2010 USAID Pharmaceutical Management Specialist Anthony Boni visited EPN offices, together with representatives from MSH Dr Mary Wangai and Dr Joseph Mukoko. They discussed the capacity of EPN, especially through its membership. Mr Boni expressed his appreciation and support for EPN programmes.

*The main learning point for me was my role in ensuring the patients passing through my hands get the best quality medicines.*

Veronica Vugutsa on the RMM course, Pretoria

### Scholarships and grants

3 EPN members won a scholarship to attend the Swiss Tropical and Public Health Institute course on Rational Management of Medicines held in Pretoria, South Africa, in November 2010. The 3 successful candidates were Veronica Vugutsa of Kijabe Mission Hospital, Kenya, Eugene Conteh of Christian Health Association of Sierra Leone and Natalia Cebotarenco of CoRSUM, Moldova.

Andrew C. Wasswa of Joint Medical Store, Uganda obtained a scholarship to attend the WHO/UNICEF Joint Technical Briefing Seminar on Essential Medicines in November 2010 in Switzerland. All scholarships were provided by Difaem.



## HUMAN RESOURCES AND ADMINISTRATION

### Board members

EPN Board members as at 31/12/2010:

- Albert Petersen – Chairman
- Donna Kusemererwa (Ex-Officio)
- Jane Masiga – Treasurer
- Karen Sichinga – Member
- Matthew Azoji – Member
- Manoj Kurian – Member
- Ndilta Djékadoum – Member
- Sara Bhattacharji – Secretary



### Staff

EPN staff as at 31/12/2010:

- Anke Meiburg – Programme Officer Pharmaceutical Services
- Beatrice Mwangi – Support Services Officer
- Donna Kusemererwa – Executive Director
- Elisabeth Goffin – Communications Officer
- Irene Tindi – Office Assistant
- James Mireri – Accountant
- Tom Ojeya - Driver

In January 2010, Fredrick Kimemia was contracted by EPN to support the HIV and AIDS programme on a part-time basis.

In May 2010, Elisabeth Goffin joined EPN as the new Communications Officer

In July 2010, Beatrice Mwangi joined EPN as Support Services Officer.

### Angela Mutegi

In May 2010, Angela Mutegi resigned her position as Communications Officer. Angela joined EPN in July 2008. She was the force behind the new EPN website and all communication with members and other network contacts. We wish her all the best in the continuation of her higher studies and further professional explorations.



### Cedric Owuor

Cedric Owuor's temporary assignment as an administrative assistant came to an end in July 2010. In a short time, Cedric became known by many EPN members as he was actively involved in the organization of several events, meetings and workshops. Cedric is now pursuing further studies. We want to thank him for the good work he did for EPN.



## FINANCE

### Audit

Erastus and Company of Nairobi were appointed as auditors for the year 2010. The company conducted its audit in January 2010.

### Income and expenditure account for the year 2010

Operating statement. Year ended 31 December 2010.

|   | *2010             | 2010           | 2009           |
|---|-------------------|----------------|----------------|
|   | KShs              | USD            | USD            |
| <b>INCOME</b>   |                   |                |                |
| Grants received                                       | 44,751,489        | 554,198        | 515,368        |
| Other incomes   | 1,824,062         | 22,589         | 85,941         |
| Special projects                                      | -                 | -              | 57,609         |
| <b>Total Income</b>                                   | <b>46,575,550</b> | <b>576,787</b> | <b>658,918</b> |
| <b>EXPENDITURE</b>                                    |                   |                |                |
| Programme 1 - Access to and Rational Use of Medicines | 15,796,234        | 195,619        | 435,306        |
| Programme 2 - HIV and AIDS Treatment                  | 2,378,734         | 29,458         | 32,211         |
| Programme 3 - Professionalization                     | 2,633,823         | 32,617         | -              |
| Programme 4 - Pharmaceutical Information Sharing      | 5,682,135         | 70,367         | 42,201         |
| Establishment expenses (overhead expenditure)         | 11,842,472        | 146,656        | 99,105         |
| <b>Total expenditure</b>                              | <b>38,333,398</b> | <b>474,717</b> | <b>608,823</b> |
| <b>DEFICIT / BALANCE FOR THE YEAR</b>                 | <b>8,242,153</b>  | <b>102,070</b> | <b>50,095</b>  |

\*Year 2010 figures based on unaudited accounts

### Balance sheet for the year 2010

Financial position as at 31 December 2010.

|                                   | *2010             | 2010           | 2009           |
|-----------------------------------|-------------------|----------------|----------------|
|                                   | KShs              | USD            | USD            |
| <b>NON CURRENT ASSETS</b>         |                   |                |                |
| Property and equipment            | 1,625,578         | 20,131         | 30,528         |
| Intangible assets                 | 59,351            | 735            | 1,676          |
| <b>Total non current assets</b>   | <b>1,684,930</b>  | <b>20,866</b>  | <b>32,204</b>  |
| <b>CURRENT ASSETS</b>             |                   |                |                |
| Cash and bank balances            | 11,609,508        | 143,771        | 163,032        |
| Receivables and prepayments       | 416,993           | 5,164          | 5,714          |
| Treasury bills - held to maturity | 7,957,832         | 98,549         | -              |
| <b>Total current assets</b>       | <b>19,984,333</b> | <b>247,484</b> | <b>168,746</b> |
| <b>LESS: CURRENT LIABILITIES</b>  |                   |                |                |
| Payables and accruals             | 2,212,550         | 27,400         | 62,070         |
| <b>NET CURRENT ASSETS</b>         | <b>17,771,783</b> | <b>220,084</b> | <b>106,676</b> |
| <b>TOTAL ASSETS</b>               | <b>19,456,713</b> | <b>240,950</b> | <b>138,880</b> |
| <b>FINANCED BY</b>                |                   |                |                |
| Property & equipment fund         | 1,684,930         | 20,866         | 32,204         |
| Sustainability fund               | 3,547,913         | 43,937         | 27,872         |
| Restricted fund                   | 14,223,870        | 176,147        | 78,804         |
| <b>TOTAL FUNDS</b>                | <b>19,456,713</b> | <b>240,950</b> | <b>138,880</b> |

\*Year 2010 figures based on unaudited accounts

## ACKNOWLEDGEMENTS

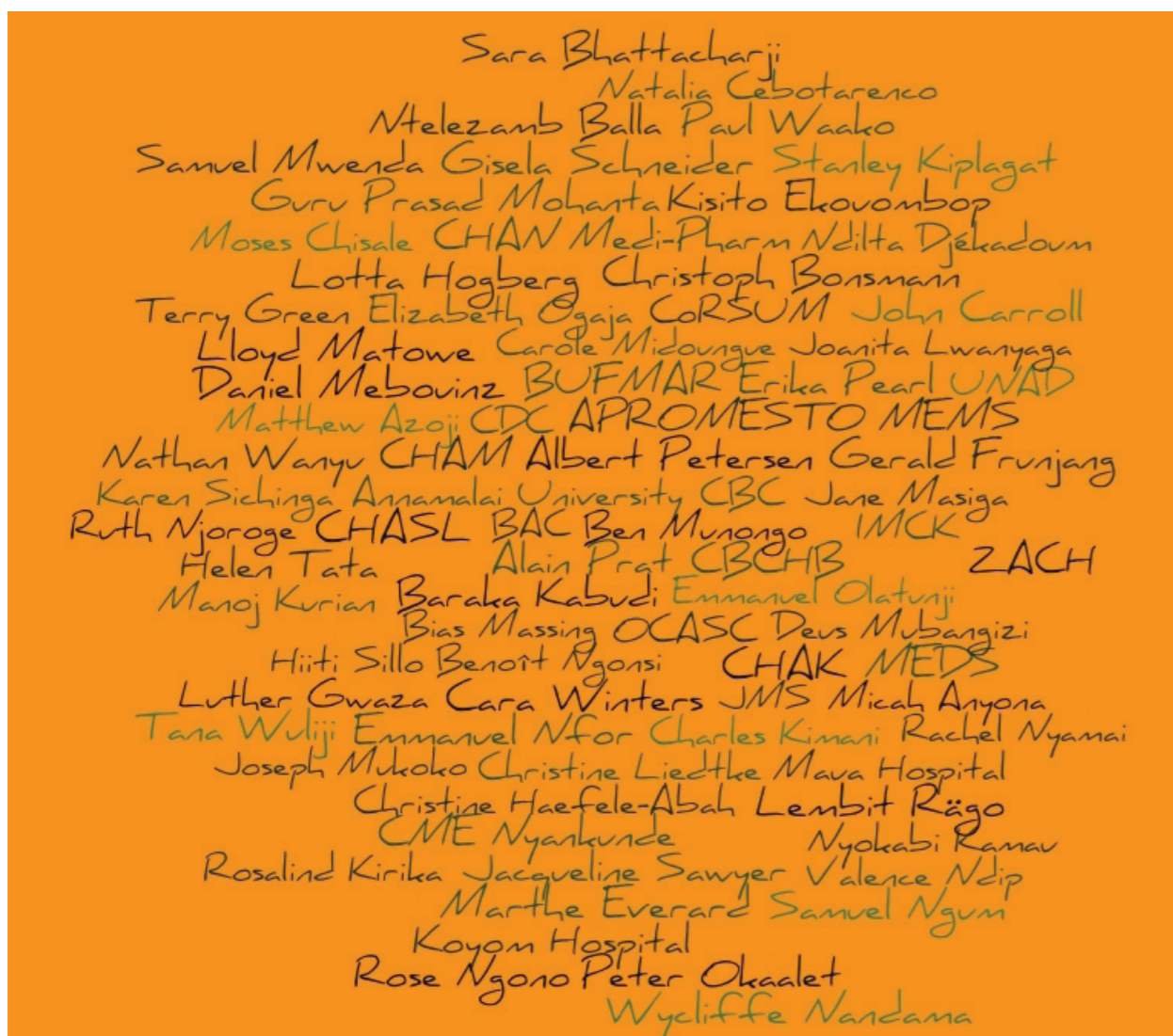
### Key partners

EPN wishes to thank its partners for their financial and technical support for the activities carried out in 2010:

- Bread for the World
- Difaem
- EED
- GARP
- ICCO
- MISEREOR
- ReAct
- United Church of Canada
- USAID supported SPS programme of MSH
- Wemos Foundation
- WHO AFRO
- WHO Headquarters
- WHO Cameroon
- World Council of Churches

### In kind contributions

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



## ABOUT EPN

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

### Origin

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

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

### Network

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

### Vision

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

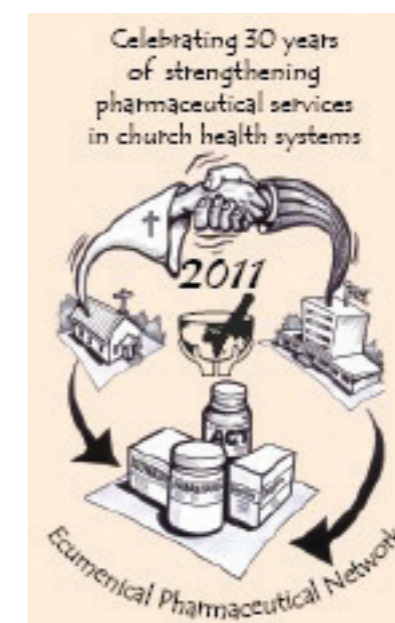
### Mission

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

### Values

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

In 2011, EPN celebrates its 30<sup>th</sup> anniversary



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