Annual Report
2000

Introduction

We are pleased to share this years' annual report with all our partners, friends of the Pharmaceutical Programme and members of the Ecumenical Pharmaceutical Network.

The year 2000 was significant as it marked the end of the current project period (1997 – 2000) and saw the re-organization of the Programme into an Ecumenical Pharmaceutical Network.

This report gives an account of the activities carried out during the year, a short insight of the Ecumenical Pharmaceutical Network and what it proposes to do over the next project phase (2001 –2003).

Thank you.

Eva M A Ombaka
Pharmaceutical Programme Director

CONTENTS

1. TECHNICAL SUPPORT

The year saw the Programme offering technical support to two organizations: Cry for the World Foundation and MAP-East and Southern Africa.

1.1 Cry for the World Foundation (CFWF)

This organization was introduced to the Pharmaceutical Programme partners in 1999. During the year, CFWF established the pilot drug shops franchise in two districts in Kenya. This is with the support of Christian Community Services (CCS) the developmental arm of the Anglican Church of Kenya-Kerugoya diocese. In addition to giving pharmaceutical advise to the pilot project, we were also able to invite Rev B. Kanina, the Director of CCS to the PAG meeting (see PAG below) who gave a preliminary report on the progress of the pilot.

The outcome of this collaboration has been an opening of a new venue of contact with he church leaders at the community level. In meetings in which Cry for the World Foundation met about 130 church elders (over 100 being priests) who are interested in health issues in their parishes, there was enthusiasm and requests to have church clinics supported especially in drug financial management. Since these are areas covered in the franchise system, the inclusion of church-related health services in the CFWF system may provide another venue for promotion of the Essential Drug Concept and Rational Drug Use at community level.

CFWF is documenting the lessons in this project and details of the project can be found on the website www.cryfoundation.com . CFWF has also produced 3 newsletters, which can be obtained from their offices (see appendix for address).

1.2 MAP-International (East & Southern Africa)

In April, the Pharmaceutical Programme facilitated a one-day seminar for staff at the headquarters and of management staff from partner institutions of MAP-International (East & Southern Africa) in Kenya. The participants needed to understand basic concepts around the essential drugs concept (EDC), drug management including donations and revolving drug funds. We organized the day's programme and the facilitators. The donation video was shown and elicited much reaction confirming once again the need for the donations guidelines. It was also clear that there is not much understanding of the costs that must be considered in running a revolving drug fund. We have proposed that this topic will be included in all our training activities e.g. DMRUD, PAT etc.

We will also like to ask all our partners who run courses to not neglect the financial management of drug funds.

MAP-ESA has become an active member of the EPN and two staff members for MAP (East and Southern Africa) and one from MAP-USA participated in the PAG/EPN meeting in Geneva in September.

2. TRAINING AND LEADERSHIP DEVELOPMENT

2.1 Study tour to ELCT-IUP- Moshi, Tanzania

The Programme faciltated a four-week study tour of the Infusion Fluids (IV) and quality control unit at the Evangelical Lutheran Churches Infusion Units Project, in Moshi, Tanzania for a Pharmacy assistant from the Baptist Hospital of Rwanguba in the Democratic Republic of Congo in the IV production.

Hospital Rwanguba serves 3 other hospitals and 12 health centres belonging to the Protestant, Catholic and Government. As an outcome of the training, IPU has given them start up reagents.

Having had the training, the hospital is trying to establish a mini-laboratory to try and do some Quality Control tests on their products. A request for some laboratory equipment has been submitted to a number of EPN members and partners.

Activities in Congo have not been easy due to the civil unrest. But some of our network members such as Rwanguba, Eglise du Christ du Congo, and Institute Panafricaine de la Santé Communautaire have continued to work even under difficult situations. We continue to give them support as best as we can.

A comprehensive report (in French) and the proposed follow up work are available on request from our offices.

2.2 DMRUD - Implementation of action plans

Three ex-DMRUD participants from the Catholic Drug Centre (C Allotey) Sunyani Diocese (P Adu Peprah), and from Nkawkaw mission hospital (Sr Brenda Guieb) in Ghana, organized and facilitated the first session of a series of three training programmes for dispensing technicians and assistants from the catholic mission institutions in Ghana. The course was made up of 22 participants directly involved in the general dispensing or drug procurement and management. The course included communication skills, dispensing, national drug policies and legislation and the drug management cycle. Although the course duration was judged as too short, there was a general agreement that continuous education be given priority. There was also a call for similar workshops for medical officers, nurses and dispensing staff.

The other two courses are scheduled for early 2001. These courses are jointly supported by the Pharmaceutical Programme and CORDAID.

2.3 WHO Technical Seminar

WHO organized a technical seminar for international staff active in pharmaceutical support programmes. The seminar had four major aims: to bring out an understanding of common problems in the pharmaceutical sector in developing countries; to illustrate ways in which WHO and UNICEFs supply division can support developing countries in strengthening the pharmaceutical sector; to reinforce appreciation of the need for good national drug policies so as to ensure availability of good quality essential drugs as well as rational use of drugs; and to highlight ways of strengthening collaboration with WHO and other organizations supporting the pharmaceutical sector in developing countries.

The 5-day seminar was attended by about 29 participants from 15 countries. A number of them were WHO staff from the field. The good mixture of WHO, staff, governments, NGO and even industry resulted in very interactive discussions. Three areas were of special interest:

(i) TRIPs and WHO. There was a call for WHO to be very pro-active in making countries understand and appropriately include necessary safeguards as they review their laws.

(ii) Donations: Following a presentation of a study (theoretical) of MSF on the potential hidden price tags on disease-specific drugs donations participants realized that there is need to understand and be able to advise which alternatives to use and issues to consider as we address access.

The full MSF paper is available from our offices. According to MSF, disease specific drug donations (usually by the large pharmaceutical industries) are not sustainable and may hurt generic production. Purchasing of quality generics and differential prices for developing world should be promoted. (There is likely to be strong reaction by industry to this study).

(iii) Massive effort and Roll Back Malaria

This area was also of much interest to the participants especially in discussing on potential shortfalls if these end up being vertical programmes. The recently launched Massive Effort was still not clearly understood. However, the participants noted that unless the debt relief is also tied specifically to social issues (health & education) then the objectives may not be accomplished.

3. INFORMATION DISSEMINATION

3.1 Newsletter – Pharmalink

The Programme was able to produce two issues of our newsletter *"Pharmalink"* . It is expected to be published twice yearly. The newsletter is expected to be distributed in February and July to members of the EPN and other organizations sharing the same objectives as the Network. It will cover topical pharmaceutical issues, news on important publications and web pages, as well as a calendar of events and announcements. The newsletter is produced in English but concerted efforts are being made to have it translated into French probably with the French version of "*Contact"*. Contributions on articles, announcements and important events like workshops, seminars etc. are welcome.

The first issue's main article was *"Trips, Pharmaceuticals and You*" which discussed important information on the issue of the World Trade Organization and Trade Related Intellectual Property rights. These two govern the patenting of pharmaceuticals and other medicinal and herbal treatments which in turn affects drug supply and cost, and hence accessibility to essential drugs. It is an important issue as it affects everybody. This is especially highlighted by the inaccessibility of Anti-retrovirals in HIV/AIDS.

The second issue led with an article on *Direct to Consumer Advertising (DTCA)*, an issue that was raised at the NGO roundtable in Geneva. DTCA is the promotion to non-health person, of prescription only drugs. While it is claimed that DTCA will promote awareness of health problems and treatment options, there is also fear of rampant irrational drug use; marginalization of small local drug producers; increase in pricing and patent life; and erosion of consumer protection. The proposal by the Public Interest NGOs is that health impact assessment and estimation of the effects of DTCA on the implementation of public health priorities be done **before** any action is taken.

The electronic version of "*Pharmalink"* is distributed to about 150 readers.

3.2 PAG report 1999

The report of our 1999 PAG meeting was completed and distributed early in the year. The question of access to medicines has continued to get attention by different groups, led by the MSF campaign . Different strategies are being investigated and as part of the follow-up of our discussion, the CFWF progress report was given in PAG 2000 (see 1.1 and 5.2)

3.3 Website

The last meeting of the PMC (September 2000) recommended that a website be established. This was seen as a priority issue. Several developers were contacted during the last quarter of the year and ideas on web development shared. A first draft was expected to be ready and for comments by early 2001.

3.4 Drug donation video

The Programme was pleased to have a request from PIMED to edit and translate the drug donation video "*Partners in Healing"*. A French version is therefore expected in early 2001. It is our hope that all members with partners in Francophone Africa will help in distributing the video.

4. RESEARCH

4.1 Pharmaceutical staff training needs assessment, Cameroon

Pharmaceutical personnel needs in missionary institutions in Cameroon was evaluated in a cross-sectional survey using dispensary attendants, patients, administrators and prescribers.

The result showed that lack of information in drug supply management and drug use is the primordial problem for dispensers. This leads to inadequate provision of instructions to patients. This and inadequate dispensing skills resulted in poor patient compliance. Management problems such as profound drug shortages, frequent emergency demands and inefficient supply systems were also identified.

Administration-related needs, such as lack of information on the Essential Drug concept as a whole, few pharmaceutical trained staff and non-involvement of pharmacy staff in drug related decision making process were also observed, in-spite of the fact that administrators considered the service of pharmacy staff vital.

Training based intervention strategies could be an ideal method of addressing most of the pharmaceutical personnel needs observed in this study.

The complete report will be available in early 2001.

4.2 Herbal Medicines as alternative drug supply to primary health care, Cameroon.

The Pharmaceutical Programme supported a proposal from the Presbyterian Church in Cameroon (PCC) to carry out a study on herbal medicines as an alternative to orthodox drugs in primary healthcare drug supply as well as the possibility of establishing a compedium/formulary of herbs in Cameroon.

The objectives of the study include:

- Identification and quantification of traditional healers,
- Goal setting between traditional healers, locals and the PCC,
- Identification of problems encountered by healers and identification of local herbs for common diseases,
- Laboratory analysis of some herbs and local formulary of herbs, production of a referral policy between the Presbyterian Church in Cameroon and the locals.

The study which focuses mainly on PCC health areas started in 2000 and is expected to be completed in 2001.

5. NETWORKING

5.1 The Pharmaceutical Management Committee (PMC)

The Pharmaceutical management committee met twice during the year. It addressed issues on the restructuring of the Programme into a Network, setting of the agenda for the PAG 2000 and approving activities and budget for the year as well as for the new project phase.

The restructuring is part of the implementation of the evaluation done in 1999. The formation of a Network is expected to enable quality and active participation of all stakeholders. This will result in both improvement of activities e.g. networking and advocacy, and identify needs and participating in training and research activities. The Network will also provide the appropriate structure for such participation.

The PMC had its last meeting in September 2000 and three members L Koech (CISS), C orata (MEDS) and M Morgan (CHASL) ended their services. As per the EPN constitution, a Board was elected by members in September. The Board consists of P Okaalet (MAP), N Cebotarenco (Association DRUGS) and L Kintaudi (Eglise du Christ du Congo), C de Vries (MCS), M Kurian (WCC). E Ombaka (Coordinator) is present as an *ex-officio* member of the Board. The first Board meeting was scheduled to be held during the last week of January 2001 (see also annex 2).

5.2 Pharmaceutical Advisory Group (PAG) meeting

The annual PAG meeting which this year was also the first meeting of Ecumenical Pharmaceutical Network (EPN) members, met on 27th – 28th in Geneva at the Ecumenical Centre. It was the largest meeting so far, bringing 45 participants from 20 countries around the world. There were several new participants who enriched the meeting with their fresh ideas.

5.2.1 Open forum

The theme was "*Traditional Medicines in todays health care*". The main presentations included global view and policy presented by staff fromWHO; the practice illustrated by a traditional healer from Kenya; the role of the church, by a Presbyterian clergy from Ghana; and a proposal for the way forward for recognition of traditional medicines by a physician from England. The practice of traditional methods of healing were further highlighted by presentations from China and India.

5.2.2 Update of last PAG topic: Access

The meeting acknowledged that traditional medicines are playing an increasingly important role in health care, especially in the developing world. The issue of assurance of quality and the setting of standards however, remain a major obstacle to their integration in the mainstream drug supply systems. This is the challenge.

The meeting also continued the discussion last year on access to medicines when it received a preliminary report of the pilot franchise drug system by Cry for the World Foundation in Kenya. Very useful suggestions were made by the members on issues that should be built into the process to also ensure that sound scientific data and lessons can be obtained.

As an outcome of the discussion, the CFWF team in Nairobi is developing an instrument for baseline studies that would help to guide the project to ensure that the real marginalized and poor in the community are served.

This item will continue to be on the agenda of PAG especially as the church leaders become more involved as primary stakeholders in some of the areas. Members of the EPN were requested to continue to give suggestions and comments as they study the results of this experience which will be on the web. The website was in its final preparations but can be viewed on www.cryfoundation.com

5.2.3 Formation of Network

On the business side, the meeting discussed the establishment of the EPN. The most heated discussion was on the name of the Network i.e. whether it should be Christian Pharmaceutical Network (CPN) or Ecumenical Pharmaceutical Network (EPN). In the end it was agreed to retain EPN, which is inclusive yet retains the Christian identity of the Network.

Other issues were on some specific clauses of the constitution. It was agreed that members would get a copy (if not already received) and they would send their comments to the secretariat. The Board, which was elected to reflect the diverse nature of the group, was mandated to discuss and pass the constitution in its first meeting.

The members supported the proposed Network activities and endorsed the proposed increased attention on Francophone countries.

An important function of the PAG is the opportunity for networking even during the informal sessions. This was particularly clear this year, as some old and new members took the opportunity to plan activities together. Of special note are three such outcomes:

(i) The Amity Foundation (China) and Odiamat (Tajikistan) collaboration

The two participants from China and Tajikistan initiated and developed an idea on acupuncture training for Tajikistan doctors while still in Geneva. Since then, they have had encouragement and support form friends, have kept in contact and are working out the details on how to make the idea work. They were preparing a joint proposal for fundraising.

(ii) C.I.S.S (Nairobi) and Food for Children (FFC-USA) orphan support plan

These two members started collaborating on support of orphans who have lost their parents to HIV/AIDS. The support will help cover basics such as food, clothing and education. By the end of the year (21/2 months after PAG) the support for 4 orphans were already in place or in advanced stages of preparation.

(iii) CFWF and School of Alternative Medicine and Technology (SAMTECH) collaboration

Following the presentation of the work of the traditional healer in Kenya and his attempts to produce the medicines and make them available at the community level, Cry for the World Foundation (CFWF) staff had several discussions with the Director,
Dr J Githae to see how they can work together. There was also a visit to the SAMTECH premises.

Follow up is expected, especially on identifying and setting up ways to assure quality of the products and continuity of the work e.g. how communities can be the sources of the raw materials. There are also plans to jointly host in Nairobi an exposition/fair of traditional medicine products. The EPN's role may be in the mobilization of church leaders to make presentations in plenary sessions on how to improve traditional medicines and their image and on mobilizing participation of groups in the church health systems already using traditional medicines in their practice. The fair is expected to be between 24th – 28th September 2001.

The full papers presented at the PAG can be obtained from our offices. There will also be a self-standing report of the whole PAG meeting.

5.3 Workshops

5.3.1 Moldova

In May the Programme sponsored, facilitated and co-organized with Association "DRUGS" of Moldova a workshop on "*Networking meeting on essential drugs in New Independent States"*. It brought together participants from Moldova, Ukraine, Russia, Tajikistan and Armenia from church related groups, non-governmental organizations and semi-governmental groups.

The conference was attended by representatives of the Liverpool Medical School and USP, Ministry of Health of Moldova, Medical and Pharmaceutical University of Moldova and National Pharmacy Institute of Moldova. All in all more than fifty people took part in the works of the conference. The conference was opened by the deputy minister of Health Ministry of Moldova Mr Andrei Usatii.

Three main issues were presented at the conference:

- Essential Drugs Concept and Rational Drug Use; Dr Ilze Ailzilnice; WHO/EURO consultant;
- Humanitarian Drugs Assistance and Guidelines on Humanitarian Drugs Assistance; drug donation guidelines; Dr Eva Ombaka, Director, Pharmaceutical Programme within WCC.
- Drug information; Dr Natalia Cebotarenco, Director of Association "DRUGS"

The discussion on Essential Drugs and Rational Drug Use Concepts showed that the issues were practically unknown for the main part of conference participants.

Many representatives of religious organizations received information about the existence of the WHO Essential Drugs List for the first time at this conference. Consequently, they were not aware if such a list existed in their countries.

The majority of participants, especially those having medical education, were of the opinion that wide implementation of Essential Drug Concept would decrease the physician's role in choosing drugs for the patients. It would also limit their freedom to choose to them, the most modern and effective ones. The role of the pharmacist or nurse in drug management was hardly acknowledged.

The groups working in New Independent States depend quite heavily on donations. Consequently drug donations and the guidelines provoked heated discussion.
The usual problems of expired drugs, unknown language, incomplete dosages, unregistered/unknown, inappropriate quantities etc were highlighted. On the other hand, participants felt that beggers cannot be choosers and to be too strict would be equivalent of "looking a gift horse in the mouth"

During the participants' speeches, a worrying thought sometimes appeared i.e. humanitarian assistance gives birth to dependency in community. The recipients were willing to take all the assistance that comes to them (even expired drugs) in the hope that they may be useful, since they were manufactured abroad. The history of the drugs was of little interest.

The representatives of the National Pharmacy Institute (Moldova) was involved in some of the very heated debates. On one hand the state, even if not very efficiently, is trying to protect its citizens from poor quality humanitarian drug assistance, asking for the quality control/assurance certificates or checking the drugs in laboratories. On the other hand, there is some room for blaming state establishments for slowing down the process to allow good drugs to be accepted. The participants felt since the bureaucracy took so long, they had a right to go ahead and accept the donations. But the question as asked by the state official, of who would be responsible for adverse drug effects if there is no adequate control, was not answered.

One of the main question raised was on how to obtain permission for the important of generic drugs included in the WHO Essential Drugs List. At present, none of the health ministries from NIS find it possible to allow the importation of these drugs without the whole registration procedure being carried out.

The workshop participants felt that to solve this and other problems, it would be helpful to carry out joint conferences with representatives of governments, ministries of health, WHO, religious and international charitable organizations offering humanitarian assistance to jointly address them.

The participants of the conference expressed the following opinions at the end of the conference:

- The conference provided a lot of useful information, thus, increasing the level of participants' knowledge.
- Every topic of the conference requires as a separate training.
- The information provided at the conference can be characterized as simple and accessible
- The conference appeared as an incentive for a further, more effective learning and work in the region.

The participants' wishes for the future were:

- To organize a permanent network of information exchange among the participants of the conference
- To come together in a year for the assessment of work results
- To organize further training on rational drug use as soon as possible

5.3.2 India

The Programme co-sponsored a one-week workshop titled "*Pharmaceuticals for all – A search for options"* in collaboration with Interchurch Service Association of the Comprehensive Medical Services of India. The organization of this workshop was promptly by the fact that in most parts of the world, health concerns continued to present a challenge to the people at all levels. With the advent of globalization and consequent commercialization of medical care, the poor and weaker sections of society were denied access to adequate health services. Options therefore need to be sought.

The 5-day workshop was attended by 53 participants from hospitals, health centres and community-based organizations and charitable health care organizations (see annex 3). The groups looked at the Essential Drugs Concept/ Rational Drug Use, Community Based Health Care, Hospital Based Care, traditional medicines and the inter-relationship as they compliment each other in the search for sustainable and affordable health care. The role of the government in supporting/promoting quality and appropriate policies especially in current globalization trend, was noted.

After deliberation the group felt there were six major findings:

1. Drug price in India is one of the lowest in the world, thanks to Drug Policy of the post-independence era, based on the socialistic principles.
2. As per WTO agreement, Indian government has to implement product patents from January 2005. This will lead to spiralling of drug prices.
3. Pharmaceutical companies are investing on drugs related to "civilizational diseases" such as heart diseases and shy away from investing on diseases such as TB, Leprosy, etc, prevalent in developing world.
4. Sub-standard drugs are still available in the market, despite the efforts of the governments' drug control department.
5. Lack of awareness among patients gives way to irrational use of drugs by medical practitioners and pharmaceutical companies to the disadvantage of the poor patients.
6. Alopathy as a system of medicine and capitalism as an ideology have an unholy alliance. Consequently health has become a tradable commodity.

In discussing the role of the church, the workshop participants were of the opinion that the church was the main agent in popularizing alopathic medicine and suppressing the evolution of peoples health knowledge during the missionary – colonial period. Therefore they recommended that

1. The church must give importance to primary health care rather than competing with private hospitals to provide tertiary services.
2. The church must help the revival of alternative systems of medicines which are people centred and free from commercialization.

The Indian Society for promoting Christian knowledge (I.S.P.C.K), New Delhi has published papers from this workshop into a book titled "*Life-Centered Healthcare – Challenges & Options".*

5.3.3 Sierra Leone

A four-day workshop on Essential Drugs and Rational Drug Use co-sponsored by the Pharmaceutical Programme, was run by the Christian Health Association of Sierra Leone (CHASL) and facilitated by one of our ex-DMRUD course participants. The country WHO representative delivered a keynote address while the Hon. Minister of Health formally opened the workshop with the Principal of the College of Medicine and Allied Health Sciences as chairman at the formal opening ceremony. It was indeed a well publicized event.

The main objective of the workshop was to create awareness on the essential drugs concept and to improve the rational use of drugs. The training was for CHASL health workers and other NGOs in Sierra Leone.

The topics covered included: National Drug Policy and Legislation; Essential Drugs Concept; Estimation of Drug requirements; Procurement; Drug Supply financing; Drug quality assurance; Drug distribution, Inventory Management, Rational Drug Use and Dispensing teaching techniques. In addition to the need to have different trainings for different cadres of staff, the facilitator/participants noted and recommended that:

- Similar workshops to cover all other professional groups and the general public on EDC/RDU to facilitate the proper implementation of interventions be carried out.
- CHASL intensify the effort to institute the plan of action on Central Drug Procurement and Distribution to members. This is because:
- The local drug manufacturing sector is too weak to enhance easy access to quality essential drugs
- It is more expensive for individual health units to import pharmaceuticals from other countries, particularly Europe.
- Most units lack the necessary resources for meaningful quality assurance during drug acquisition.

- There is a need for follow-ups by CHASL officials to assess the implementation process and to assist in resolving matters arising at the facility levels.

The executive director of CHASL has also reported that, based on subsequent calls from the public, the media coverage of the workshop alone had raised the level awareness among the population about the need for rational drug use. Requests have also been received for a repeat workshop for personnel in other NGO institutions in health and this will be given consideration in future.

Workshop follow-ups

The three workshops identified areas of further action especially in capacity building and traditional medicines. These will be part of the annual plans of the EPN in 2001 and will involve country members and the Country Focal Points to be established early in the year.

5.5 Meetings

5.5.1 HAI(Nairobi, Durban)

The Programme staff participated in the HAI-Africa advisory committee meetings held in Durban and Nairobi. These meetings made plans for HAI-Africa activities for the year 2000 and prepared the log-frame proposal for the activities for 2001 –2003. The proposal was submitted to DFID.

Following the submission, DFID proposed an expansion of the project, which would bring in collaboration with WHO/EDM and other NGOs active in this area. The Pharmaceutical Programme was invited and hosted at WCC, in September, the first brainstorming session on the proposal in which DFID, EDM and HAI attended.

This is an important development for the Pharmaceutical Programme (now EPN). Many of the active participants in the HAI-Africa network, work in the church health services. Strengthening of HAI-Africa in encouraging build up of active consumer participation in health issues, will also build up our members.

A planning meeting (HAI/ WHO/DFID) is scheduled for early March in Nairobi. The Programme staff have been invited.

5.5.2 Regional conference on Traditional Medicines-Nairobi

The regional conference on Traditional Medicines was convened by the Environmental Liason Centre (ELCI-Nairobi), Global Initiatives for Traditional Systems (GIFTS-UK) and the Commonwealth working group on Traditional and Complimentary Health systems. The Programme staff attended some of the sessions.

Many sessions were on scientific research on commonly used herbal medicines. A session of particular interest was that on policy and practice of incorporation of traditional medicines in the current health care system. In some countries, e.g. Ghana, the process of recognition and incorporation has gone far. This was particularly so since some of those working on the issue were trained in "western" medicine e.g. pharmacist and were also traditional healers. The example of Ghana may be a model for other countries.

One of the main presenters at the meeting, Dr Jack Githae, was invited to the PAG meeting.

5.5.3 WHO/NGO roundtable

The Programme was represented at the WHO/NGO roundtable meeting, a third in the series. One of the discussion topics was communicated in "Pharmalink 2" i.e. Direct to Consumer Advertising (DTCA).

There was however a general feeling that the meetings are not as productive as would be expected. From the NGO side we seem not to be very well prepared. On the WHO side, the participation is mainly of staff not in a position to affect policy. Next meetings will need to be better organized and articulate if this roundtable process is to be of any value. It will also be important for the Pharmaceutical Programme partners to have an input. The agenda for the next meeting will therefore be circulated in advance to facilitate this process.

5.5.4 MSF-EDL conference

In September MSF convened a one-day meeting to brainstorm on the translation of the essential drugs concept in the 2000 context. The meeting discussed the need for reinforcing and expanding the Essential Drugs List (EDL) to take account of newer essential medicines many of which are very expensive. There was a proposal to add a second list of very expensive or difficult-to-use drugs and "missing" drugs.

Whereas there is a general agreement on the need to improve the process of updating the WHO model essential drugs list, there is not yet a concensus on inclusion of a second part of the process on looking at the procedures. Members who are actively involved in their own making and review of the EDL were requested to give input. The programme staff will collect views from the network for further discussion.

5.5.5 Conference on Improving Access to Essential Medicines in East Africa: Patents and Prices in a Global Economy-Kenya

The Programme staff participated in the organization of this meeting which was sponsored by Médecins sans Frontières (MSF) and Health Action International (HAI). The meeting was attended by 180 delegates from Eastern Africa and representatives from 17 other countries.

The meeting was opened by the Kenya Minister for Medical Services who stated that a strong political will is needed to challenge a status quo which kept life-saving medicines out-of-reach of many East Africans.

Some of the interesting presentations included one which showed that East Africans paid twice what Europeans paid for most of the essential medicines e.g. the potent antibiotic ciprofloxacin cost twice as much in Uganda as it did in Norway! In a panel discussion on the regional pharmaceutical market, the following were identified as contributing factors: high costs linked to patent protection, high tariffs and high wholesale and retail markups.

The issue of funding drug procurement and international pharmaceutical policies were outlined by the World Bank whose involvement in pharmaceuticals procurement is an estimated US$ 800 million p.a. ***(obviously a major player in this field)***. To help countries efficiently use procurement funds, the World Bank supports the use of generics.

Prof Carlos Correia (invited to PAG in 1998) and an expert in patent and international trade law, emphasized that patents were one key factor determining price. This is because patents give the holder a monopoly and thus giving the right to fix whatever price the market will bear. Thus there is need to regulate patent holders in a manner that protects the public interest. He gave the example of price controls that are commonly used in European countries. He further pointed out that problems of access are not always related to legal or patent issues. There is also the issue of preference for branded products when comprehensive national regulatory and quality systems are not in place.

In general there was a consensus on the strong relationship between prices and patents. For this reason, many presenters focused on offering strategies to limit the exclusive marketing rights (patents) when this exclusivity results in prices that put life-saving medicines out of reach of people who need them.

Advice was given to countries to take advantage of the three measures in the TRIPs agreement that could help safeguard health by improving access to medicines i.e.

- Parallel imports – the right to import products when they are sold at lower prices to other countries
- Compulsory licensing – the right to grant a license, without permission from the license holder, on various grounds of general interest including public health.

"Bolar Exception" (early working) – the right of a generic producer to conduct tests and obtain approval from a health authority before the expiration of the patent, so that cheaper drugs are available immediately upon patent expiration.

Prof Correia explained that none of these safeguards are automatic and that "***they must be written into national law"***

In addition to compulsory licensing and parallel importing, the delegates identified other venues open to governments. For example promotion of generics possibly with legal mandates (such as mandatory generic prescribing rules that are applied in the US) was recommended by healthcare providers and pharmacists. Price controls, like those that are in place in most European countries, were also an avenue that delegates felt deserved study.

Participants also agreed the importance of reducing both excise and import taxes on essential medicines; increasing competition among generic producers; improve distribution and quality control systems and standards; and addressing corruption and bureaucracy in the pharmaceutical sector. Delegates further emphasized that there was a lack of information and awareness among national policy-makers, including ministries of health, on access issues. The participants also asked WHO to be proactive in assisting countries with their legal needs on trade issues that impact on public health.

The need to build access coalitions and mobilize networks for international organizations, religious institutions, medical practitioners, pharmacists and NGOs was expressed, and for many, this began at the conference.

5.6 Access to essential drugs: Kenya Coalition group

The Kenyan access coalition group was formed as a result of the East African Access meeting held in June in Nairobi. It is a network of associations, People living with AIDS, Pharmacists, Doctors, lawyers, journalists and other individuals advocating for the improvement of access to essential medicines for all in Kenya.

The coalition includes amongst other organizations, Action Aid International, International federation of women lawyers-Kenya chapter, Network of people living with HIV/AIDS, Women fighting AIDS in Kenya, Health Action International, Innovative Lawyering, MSF, the Kenya Medical Association and The Pharmaceutical Programme as a member of HAI participates in the coalition.

The coalition has on several occasions met with the parliamentary group drafting the Kenya Industrial Property bill and with the Minister of Medical Services to discuss the inclusion of compulsory licensing, parallel importing and the bolar exception in the bill.

It has also pushed for transparency in the ongoing price negotiations between the Kenyan government and five pharmaceutical companies producing HIV/AIDS drugs. On the price reduction, the coalition has emphasized that lower prices may be a step forward but drug deals should not hinder long-term solutions to improve access to essential medicines.

Stimulation of generic production by local manufacturers and /or importation of good quality inexpensive drugs should be high on the agenda of access.

6. GENERAL COMMENTS

The planning of the activities for the year 2000 was governed by the fact that it was the end of a funding phase (to June) and it was a bridging period (July to December). Plans were therefore aimed at short- term activities or completion of activities which had started the year before.

This therefore limited the ability to plan for long-term activities e.g. DMRUD courses or new sub-regional meetings in Francophone Africa. This also necessitated a new way of working through support of and involvement of our partners as was done with Cry for the World Foundation, Association DRUGS, Christian Health Association of Sierra Leone, PIMED and Interchurch Service Association of India; or joining with other groups for a common action e.g. HAI, MSF, WHO and Access Coalition. The support of ex-DMRUD course participants to implement their action plan was also a good way of extending the work of the Programme. It is expected that with the establishment of the Ecumenical Pharmaceutical Network, this way of working where we support activities of members will continue to grow.

One of the limitations has been the inability to visit partners and have frequent face to face discussions. This has also meant feedback on issues raised in our meetings or through the Newsletter have not been frequent. It is expected that once Country Focal Points (CFPs) are established, both feedback and face to face meetings between neighbouring countries will be possible.

Although at the end of the year, the Network was not assured of funding, the staff closed it with high hopes. Hopes that what had been seeded through the work of the Pharmaceutical Programme would grow and have positive impact on peoples' health and access to better health care services. And hopes that come 2001, there will be a mandate to continue the work as Ecumenical Pharmaceutical Network.

Annex 1

EPN STRUCTURE AND OBJECTIVES

A. STRUCTURE

1. Pharmaceutical Advisory Group (PAG)

The PAG will consist of the members of the Network and will form the members assembly. This shall meet regularly at least once a year.

2. Board

The PAG will constitute from among its members a Board. This will be constituted in such a manner that the different types of stakeholders are represented. The Board will oversee the running of the Network as per Terms of Reference.

3. Chairperson of PAG/Board

The PAG will appoint a chairperson from among its members. The chairperson should meet the following criteria:

a) be available for regular consultation with the Coordinator of the Network
b) have technical expertise in the area of health and pharmaceuticals
c) have some knowledge in management
d) have some knowledge of the church health services

The Chairperson of the PAG shall also moderate the Board

4. Host Agency

To capture and foster the ecumenical nature of the network, the Ecumenical Pharmaceutical Network will be set up as an independent body. But until the constitution is agreed upon and legal processes completed, the Board will sign a contract with a host agency (HA). The HA will function as the project holder and be responsible for financial management, employment of local staff, provision of appropriate administration support, office space and facilities etc. The Host Agency will also employ the Coordinator of the Pharmaceutical Network (CPN) or other Network secretariat executive staff in accordance with the contract.

The World Council of Churches (WCC) will be an important partner of the Network. The ecumenical movement will continue to be involved in defining and hence in its commitment to the objectives of the Network. The Council will continue to host the PAG meeting at the Ecumenical Centre when the meeting is held in Geneva. The WCC will continue to administer the fund account for the Network's Europe/Geneva based expenses. While the WCC will not be responsible for fundraising, management or the activities of the Network, it will be able to bring its constituency's issues and concerns to the PAG. The Coordinator of the Network will regularly liase with the Programme Executive for Healing in the Mission and Evangelism Team in WCC. Furthermore, the Programme Executive or a person deputed by WCC, will be a member of the Board.

5. *The Coordinator of the Network*

The Coordinator of the Network (CPN) is responsible for overseeing the implementation, monitoring and reporting on the Network's activities and plans as per proposal and for providing the necessary support to members as they implement their plans. The CPN is an *ex-officio* member of the Board.

6. *Meetings*

6.1 Annual meeting of the Network members

The PAG will meet at least once a year. The WCC will host the annual meeting when held in Geneva. When the meeting is held outside of Geneva at the decision of the PAG member assembly, local country partners will assist the Coordinator of the Network in organizing and running the meeting. The member assembly will decide on the dates and venue of meetings.

6.2 Board meetings:

The Board will meet three times a year at four monthly intervals. One meeting will be immediately before the PAG meeting. The Coordinator, in consultation with the chairperson, will be responsible for calling the meetings.

7. *Country Focal Points*

One of the strategic member organizations in a country will be the Country Focal Point (CFP) and will identify a specific person in the organization who will be responsible for the network activities. The CFP will work closely with the Network Coordinator as per agreed Terms of Reference (TOR).

The CFP is a pivotal member of the Network. Working in a participatory manner, the CFP will gather and disseminate information to the members to ensure that they are connected, involved and strengthened in their work.

8. *Technical Advisory Groups*

Technical Advisory Groups (TAG) can be set up to provide technical information and guidance to members on issue(s) identified by the whole membership or by a specific sub-group which has a specialized issue to tackle. TAGs will be formed on a needs basis. Members of a TAG will be selected on the basis of their expertise and the relevant input they bring to the issue. A TAG can be ad hoc or long term.
The Board will be responsible for forming and dissolving a TAG.

9. *Network membership roles and expectations*

9.1 Roles/Responsibilities

By registering as a member of the Ecumenical Pharmaceutical Network, an organization agrees:

a) To give support to the mission and objective of the Network according to the organizations own context and ability.
b) To support the identified Country Focal Point and at-least once a year, liase with the CFP and contribute ideas and information on ways to improve pharmaceutical services in the country

c) To, as much as possible, participate in PAG meetings and/or other local sub-regional meetings organized by the CFP or the Network.
d) To participate in voting and to be voted for
e) To contribute towards its own expenses while participating in activities of the Network and/or will allow its staff to be members to the Board, Technical Advisory Group or resource persons for the Network.
f) That it will be active also at country level and will be willing to act as a CFP if deemed most appropriate
g) That non-communication or non-participation in the Network for more than a year will lead to cessation of free services/benefits from the Network.

9.2 Expectations

As a member of the Network, an organization may expect:

a) To receive from the coordinator of Network or other members, technical assistance in relation to drugs and pharmaceutical services. Should this involve costs, this will be on a cost-sharing basis.
b) To receive from the Network regular updates in the area of drugs and pharmaceuticals and other health issues
c) To be given opportunity to bring to the attention of other partners issues for which support is requested or to which it can give support
d) To be part of the decision and policy making process of the Network.

B. OBJECTIVES

Objective 1:

To improve the capacity of healthcare staff and managers of institutions/programmes to rationally manage, prescribe and dispense drugs, based on the Essential Drug Concept (EDC).

There are many factors that impede provision of quality healthcare to patients. These may be global issues e.g. poverty, international factors e.g. trade agreements, public health issues such as new diseases (e.g. AIDS) and political factors e.g. wars and conflicts. Other factors are more within the local context e.g. poor policies, mismanagement due to poor training or dishonesty, poor facilities and infrastructure, poor staffing etc. Some of the factors are amiable to change when support and commitment is available.

The Pharmaceutical Programme had been concentrating on raising awareness and imparting the necessary skills to enable the use of the resource – drugs- in the most rational manner. The factors, both external and internal, make it necessary for the Network to continue with this work.

Objective 2

To increase awareness on pharmaceutical issues and promote policy development in church health programmes

Only when appropriate policies are in place, can the attempts to rationalize drug use be successful. Since they are in a position of authority, there is need to enlist the commitment of

church leaders in setting and supporting the policies so as to ensure the training given to those working with pharmaceuticals have the appropriate work environment for the implementation of their plans. The sensitizing of leaders especially those in management and decision-making in the church-related hospitals and health programmes will therefore be an objective of the Network.

Objective 3
Expand and strengthen national and international networking

The Pharmaceutical Programme through the Members'Assembly has provided an important international platform for exchange and sharing of information, sharing of new issues and to some extent, provided a central point for churches advocacy work in the pharmaceutical area. Much more could be achieved at the annual Members' Assembly and beyond, if more of the stakeholders involved in healthcare provision particularly the Christian Health Associations (CHAs), Joint Procurement Units (JPUs), and their members participated in the meeting and became more involved in the planning, implementing, monitoring, evaluation and review of the activities.

Objective 4:
Increase the selection and dissemination of key information on Essential Drug Concept/ Rational Drug Use

Preparation/translation and distribution of selected document.
The increased access to information will be one of the fundamental values that members of the network can expect. Information dissemination will therefore be an activity in and of itself and also a component of most of the other activities. Important in this area will be the translation into French of key practical documents where possible. These will be identified by the Country Focal Points of these countries.

The information is likely to include but not limited to the following items:
World Health Organization (WHO) documents
Health Action International (HAI) publications
Mailings of electronic information gained from mailing lists e.g. E-drug
Printed materials on selected topics
Video and discussion sheets on drug donations
Programme and network updates on activities
Members' Assembly (PAG) and TAG documents/publications
Drug and Equipment Donations guidelines
Members' own publication as appropriate

Objective 5
Establish an effective governance and management structure for the Network

Acquire clear legal status
The legal status and management of the Pharmaceutical Programme has consistently been evaluated as weak. Although this has not presented a problem in the implementation of activities, it is necessary to address it in view of the expected increase in membership in the

Members' Assembly. A proposal for registration of the Ecumenical Pharmaceutical Network (EPN) was presented to the PAG in 2000 and approved. The final set up of the status, constitution and bylaws etc is expected to be completed in early 2001.

D*evelopment of Management of Information Systems and Human Resource Development*
A regular policy setting body (Board) has been explained under objective 3. In order to ensure that the expected outputs and outcomes of the Network are being achieved, monitoring and evaluation will be necessary. A consultant will be hired to develop an appropriate tool and staff will be trained in the use of the tool and in Network management (planning, designing, monitoring, evaluating, reporting and budgeting etc).

Staffing Needs
Throughout all the phases, attempts have been made to keep a small staff. But with the increased involvement of Francophone countries, it will be necessary to add a member who can fluently communicate verbally and in writing in French. For this, a consultant or programme officer will be hired to carry out specific tasks.

Annex 3a

LIST OF PARTICIPANTS IN THE CONFERENCE
Networking meeting on Essential Drugs in NIS
29TH May – 2nd June, 2000
Chisinau, Moldova.

1. Ilze Aiszilniece (F)	WHO/Latvia
2. Natalia Cebotarenco (F)	DRUGS/Moldova
3. Eva Ombaka (F)	Pharmaceutical Programme of CISS/WCC
4. Andrei Usatii (M)	Vice-Minister, Ministry of Health/Moldova
5. Petru Musteata (M)	Archbishop/Orthodox Church, Hincu/Moldova
6. Patricia Nickson (F)	IPASC/UK
7. Kirill Burimski (M)	USP/USA
8. Alexander Minasian (M)	Caritas/Sochi/Russia
9. Gelena Kogenevskaia (F)	Caritas/Moscow/Russia
10. Anaida Aivazian (F)	National Institute of Pharmacy/Armenia
11. Saodat Kamalova (F)	Odamiat/Tadjikistan
12. Tatiana Kazarina (F)	Orthodox hospital/Charnobili/Ukraine
13. Petr Gonciarenco (M)	Live faith/Slavutici/Ukraine
14. Neli Cotulevici (F)	Polish Catholic Church/Harkov/Ukraine
15. Svetlana Stacuza (F)	Welfare deeds/Odessa/Ukraine
16. Igori Kaminik (M)	Orthodox Church/Ukraine
17. Elena Uskalova (F)	ARDIN/Moscow/Russia
18. Tatiana Dobrovoliski (F)	ARDIN/ Russia
19. Maia Sviridenco (F)	ARDIN/Velikii Novgorod/Russia
20. Dimitri Latichevsky (M)	Caritas Luxemburg/Moldova
21. Liviu Gusac (M)	Association of Christian Physicians "Enamuil"/Moldova
22. Elena Jakovenvko (F)	Emanuil's Hospital /Moldova

23. Lilia Turcan (F)	Dalila/Moldova
24. Boris Ghilca (M)	Dalila/Moldova
25. Irina Rogak (F)	A Word of faith/Moldova
26. Natalia Scutelink (F)	A word of faith/Moldova
27. Manana Blaje (F)	Family Planning Association/Moldova
28. Nikolai Karaman (M)	Salvation Army/Moldova
29. Tamara Sliazina (F)	Salvation Army/Moldova
30. Sergei Tchebotarenco (M)	DRUGS/Moldova
31. Angela Greant (F)	Caritas/Moldova
32. Angela Cotet (F)	Mission Without Frontieres/Moldova
33.Nelia Draguta (F)	Association “Spondilita”/Moldova