

ECUMENICAL PHARMACEUTICAL NETWORK

ANNUAL REPORT 2001

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Introduction

We are pleased to share the Annual Report for 2001 with all our partners, friends and members of the Ecumenical Pharmaceutical Network.

This year marked the beginning of the new project period (2001 - 2003) and the start of project implementation as a Network. The Network has shown much potential with interest being shown by many across the continent and globally. It is hoped that at the end of the project period the Network through its activities will have made its mark and helped build sustainable links between organizations to better address health issues

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1. IMPROVEMENT OF CAPACITY BUILDING OF HEALTHCARE STAFF TO RATIONALLY MANAGE, PRESCRIBE AND DISPENSE BASED ON THE EDC

1.1 Follow up on action plans

The action plans followed were those prepared during the previous year, i.e. workshops in Ghana and completion of training needs research in Cameroon. Both these activities were completed and the reports/findings shared with the network. During a meeting of Country Focal Points in Geneva, the EPN Coordinator requested R. Chana, who was doing the Cameroon research, to also provide information on the pharmaceutical personnel needs that were identified during the study.

Francophone

To address issues in Francophone countries, EPN Secretariat sought assistance from Service Overseas (Germany). A Memorandum of Understanding was prepared and signed with ODE, Burkina Faso (the proposed host of EPN staff in Francophone region). In addition to Service Overseas helping identify appropriate candidates. Network members and partners were also requested to help in the search.

1.2 DMRUD Course

An English course on Drug Management and Rational Drug Use was organized between 1st – 26th October in Nairobi. The course coordinators were able to condense the course contents into 4 weeks, thus also reducing costs.

The course targets physicians, pharmacists, matrons, hospital administrators and other health care professionals involved in the management of drug supplies. The main objectives are to improve both the understanding of National Drug Policies, the Essential Drugs Concept and the efficiency in various areas of drug management. Other objectives are to promote rational drug use and strengthen professional capacity. At the end of the course, participants identify an area of activity to address once back home.

Information for the course was sent to EPN members by email and also published in the EPN newsletter "*Pharmalink*". The course was also advertised on E-drug. The Secretariat negotiated a special price for Network members, and out of the 10 enquiries; 6 from Ghana, Kenya, Malawi, Democratic Republic of Congo and Uganda attended the course (see annex 2 for participants list). Four of these applicants requested and received partial funding from EPN.

Plans to hold the DMRUD course in French were delayed as course material was still being translated by WHO. The translation is expected to be complete by early 2002 and the course is now scheduled for July/August 2002.

Enquiries for the course in French have been received from Cameroon, Democratic Republic of Congo, Benin, Rwanda, Burundi and Guinea.

1.3 Drugs and Therapeutics Committee (D & TC) course

The EPN Secretariat in collaboration with WHO and MSH, organized a course on D & TC between 17th – 25th October (this was the second ever D&TC course to be held). The course, meant for policy makers and senior staff involved in drug management, drew a lot of interest and admission had to be refused to some applicants due to over-subscription.

Due to support from WHO and MSH, the course was subsidized and consequently the fee was much lower than would be expected. The request to organize the course showed not only that EPN were respected partners in its collaboration with WHO, but also ensured reserved spaces for EPN members in addition to some funding to provide some support to our training activities. The Secretariat informed the Network members of the course in May and encouraged applications from the church-related health services. Nine enquiries were received from EPN members but unfortunately only 4 participated. In total the course was attended by 36 participants from 15 countries. Participants included physicians, pharmacists, and health officials in hospitals, ministries of health, universities and private organizations who had desire to improve the rational drug use through D&TCs. (full report is available on request).

In June with partial support of WHO/EDM, EPN sponsored Mrs. R. Kirika (immediate former PAT Course Coordinator) to participate in the first course on DTC in Indonesia. She worked closely with the Course Coordinator, assessed the necessary field sites requirements and logistical and pre-training preparations needed for the course. With this information, the EPN was able to prepare the hosting of the course in Nairobi.

1.4 Expansion of PAT course to other countries

These activities have been limited due to management problems that PAT has faced this year in Kenya. These problems also took up a lot of both the EPN Coordinator and the Course Coordinator's time. The situation for PAT course remained unstable at the end of the year following the resignation of the Course Coordinator and lack of a signed Memorandum of Understanding with the host organization.

The course however continues to be of great value to institutions that send participants. Efforts have been made both in Uganda and Tanzania to get the course recognized and discussions have reached an advanced stage with encouraging feedback from the government officials. In Kenya, the EPN Coordinator had several discussions with the Pharmaceutical Society of Kenya (PSK) on streamlining of pharmacy profession training and recognition of PAT. A good relationship has been established with PSK, and the participation of the EPN Coordinator in the Pharmaceutical Professional Training task force was expected to lead to an early recognition of PAT in Kenya too. The task force included staff from the Ministry of Health, University of Nairobi and the Pharmaceutical Society of Kenya.

A meeting of the PAT Board was held in December and was attended by all members. The problems of PAT were discussed frankly and a plan for the way forward agreed on. The three Secretariats pledged to take more responsibility for PAT's success. Dr Giusti of UCMB was elected as chair of the Board.

1.5 Operational Research

No specific proposals were considered this year but there were some enquiries from India and Burkina Faso. During the year the research on Traditional medicines role in Primary Health Care by the Presbyterian Church in Cameroon was completed.

2. AWARENESS RAISING AND POLICY DEVELOPMENT

Input in on-going courses for church leadership

The EPN Coordinator participated at the annual CHAK meeting in March and made a presentation on EPN. As a result of the participation, an article on EPN was published in CHAK-Times, which went to all CHAK members. Members of CHAK were strong members in EPN-Kenya meetings and plans.

At the same venue EPN and PAT Coordinators had an opportunity to meet with Bishop Etemesi, the Chairperson of the MEDS Board. During the meeting it was clear that EPN and the three Secretariats need to do more work on informing the church leadership about PAT.

The EPN and PAT Coordinators were also requested by CORAT to facilitate a session on Drug Management and Quality Health care during one of their regular courses. Mrs. R Kirika (EPN member) facilitated the session. CORAT agreed that in future collaborations they would give more advance notice to EPN for the arrangement of facilitators.

(See also 3.4.5)

3. EXPANSION AND STRENGTHENING OF INTERNATIONAL/NATIONAL NETWORKING

PAG

3.1 Restructuring and strengthening of EPN

The EPN Board met three times during the year as per plan.

3.1.1 PAG Open Forum

The PAG meeting, which was the first since the reorganization into a Network was held on 3rd – 4th October 2001 at the Ecumenical Center, Geneva. It was also the first meeting where a good number of CFPs were represented. There were 43 participants from 22 countries representing church-related health services, low cost drug suppliers, joint procurement units and church-related donor agencies. Other organizations present included WHO, HAI and WEMOS. Several new presenters who enriched the meeting with their fresh ideas.

The PAG theme was “*Massive Effort Against Diseases of Poverty*”. Setting the scene was a presentation by Dr David Heymann, Executive Director for Communicable Diseases at WHO, which explained the global work against diseases of Malaria, HIV/AIDS and Tuberculosis. Participants were given access to important WHO publications including “*Health a key to Prosperity: success stories in developing countries. Removing obstacles to healthy development*” and “*Overcoming antimicrobial resistance*”.

A presentation by Dr Rowan (Medact) highlighted some of the pitfalls and lessons learnt during the last 30 years in addressing diseases as single entities or as vertical programmes. Other

presenters focused on lessons learnt in dealing specifically with TB (Tanzania), Malaria (Ghana and WHO) and HIV/AIDS (Zambia).

The final presentation by Dr Nosa Orobato helped to link the presentations to the fundamental issue of primary health care, and the need for strategic thinking and planning (systems thinking). (Papers available from EPN Secretariat)

The presentations were interspersed with lively group discussions, which served to relate the presentations to individual's own work and experiences. At the conclusion of the day, participants identified main issues that had been raised and their own commitments to action. These were summarized as key messages and role of churches/NGOs. (See Annex 4)

Participants held a lot of bilateral and small satellite meetings during the breaks and in the evening, discussing projects, programmes and collaborative programmes. This further enriched the meeting beyond the set agenda. Such interactions produce lots of spin-offs, e.g. last year participants from Tajikistan and China prepared a joint program, which was implemented in 2001.

The discussions in the PAG meeting are also set to form the basis of a "*Contact*" issue due in early 2002. Therefore the information shared and issues raised will reach beyond the 40 or so participants who were able to come to Geneva. Updates will also be published in the EPN newsletter "*Pharmalink*".

3.1.2 Information sharing session

Country Reports

In a session on information sharing focusing specifically on pharmaceutical developments, reports were heard from different countries including Moldova and New Independent States (NIS), Nigeria, Kenya, Democratic Republic of Congo, Cameroon, Malawi and Niger. Representatives from these countries also shared plans for activities envisaged to strengthen the Ecumenical Pharmaceutical Network and to increase its impact in 2002 (see 4 below).

WHO Model for EDL

Of special interest, was a report by Dr Hans Hogerzeil (WHO) on the review of the WHO Model Essential Drugs List. Participants strongly felt that the initiated process was a very useful one even in their countries or organizations and they welcomed the openness with which the WHO had presented the issue to all stakeholders. Those members who had had opportunity to read, on the website, the comments made by various countries and interested parties, shared some of their concerns. Network members noted the need for their perspective to be recorded and committed themselves to reading about the process and sending their comments/suggestions to WHO. The deadline was quite short (15th October) and although they had noted it might not be possible to have much discussion in-country, at least thirteen (13) organizations from ten (10) countries were able to send their comments in time.

Inventory of church-services

Participants also noted the need to not only strengthen the Network, but also to be more active in bringing the perspective of the people at the grassroots as a network representing a major health care provider especially in rural communities.

They also noted the need to document clearly where they are and to this end, they proposed to first make an inventory of church health services in different countries. This activity should be complete by next PAG meeting (October 2002). EPN secretariat to coordinate the preparation of a common study instrument.

(See annex 3 for participant list).

3.2 Increased participation through establishment of CFP

There are identified Country Focal Points (CFP) in Sierra Leone, Kenya, Ghana, Cameroon (Anglophone), Zambia, Democratic Republic of Congo, Nigeria, Niger and Moldova (for New Independent States). Apart from two countries, Kenya and NIS, there had not yet been much activities in the other countries. The activities for 2002 were identified by the respective CFPs during the CFP meeting held on 1st October, 2001 at the Ecumenical Center, Geneva.

(See annex 4).

The implementation of activities in the nine countries will form a major base of the EPN work for 2002. The Secretariat will provide technical support and monitoring as activities commence. Specific activities would be prepared at country level.

3.2.1 Training on Management of HIV/AIDS: EPN-Kenya

EPN-Kenya met several times and decided to focus its activities focused especially on training in relation to HIV/AIDS. The EPN Secretariat supported the work of the EPN members in Kenya by planning and organizing training workshops on management of HIV/AIDS, including the use of ARVs. The first course was organized in collaboration with MEDS, and support from the WCC Aids Fund. As a result of the first training, which was very successful, a series of 3-day training sessions were planned. It is expected that nine sessions will be needed in order to cover all medical officers in church-related services in Kenya. Two such courses were conducted with the support of Action Aid, Kenya. The next session is scheduled for March 2002. The reports of the training sessions are available from the EPN Secretariat on request.

3.2.2 Massive Effort Against diseases of poverty in Moldova: Access to Medicines

During the year, the CFP in Moldova and NIS organized a workshop, which brought together 36 participants composed of church leaders, officials from government ministries, specialists in TB and HIV/AIDS treatment, NGOs and media. The aim was to increase awareness on diseases of poverty (TB & HIV/AIDS) and the need for access to essential medicines.

The meeting shared alarming statistics on the increase of TB cases, emerging multi-drug resistance strains and a potential growing HIV/AIDS problem. The low drug budget, frequent stock-outs of the necessary drugs and increasing burden of health care borne by a population getting poorer, indicated a need for drastic action.

The participants ended with a consensus statement that calls for increased awareness on the need to implement EDC/RDU; address on drug registration and access issues, especially for TB and HIV/AIDS; and acknowledgement of an increasing role of churches in healthcare. The country plans for 2002 include follow-up on some of the needed actions identified by the group especially on awareness raising. (Full report available on request).

3.3 Promotion of Country level networking

One activity was the participation of EPN-Kenya members in the Kenya coalition for access to essential medicines. Following discussions with WHO staff in headquarters, more country network activities would be planned for next year.

3.4 Participation in International Advocacy (meetings)

3.4.1 *International meetings*

The Network was represented in several international advocacy meetings e.g. Ecumenical Advocacy Alliance (Geneva), WHA-World Health Assembly both attended by Coordinator and Consultation on Use of ARVs in HIV/AIDS Treatment (Germany) by J.Masiga (CFP-Kenya). The EPN Coordinator and Charles Allotey (CFP-Ghana) attended the October NGO/WHO Roundtable.

3.4.2 *EDL Meeting*

In March, EPN participated in a meeting at WHO looking at procedures to update and disseminate the Essential Drug List. Experts with different skills discussed the best ways of updating the EDL in a transparent manner.

With regard to the model process, it was proposed to highlight the procedure by which a product or drug could be proposed to be included on the EDL to include specific requests submitted on a proposed application form. This would also include evidence of why the drug should be on the list with respect to safety, quality, efficacy and cost effectiveness at clinical level. This would then be reviewed by experts around the world, posting of the application and comments on the web, and a recommendation to the expert committee.

Discussions on the model product suggested that a drug on the list be accompanied by relevant information on why it was approved for inclusion. They also indicated that there was a need to review products on the current list especially where reasons for their inclusion on the list has not been established. Another suggestion was to have a two-part list: core and complimentary. The core would have information on clinical cost effectiveness, quality and safety. The complimentary would include drugs with e.g. higher costs and information to include DALY calculations.

From the review process areas identified by EPN for possible action were the inclusion of the EDL process in DMRUD and DTC training, informing of network members of the Global TB Drug facility and participation at the WHA.

Since the meeting there had been reactions for the recommendations by both supporting countries and opposing countries (mainly USA).

EPN members were requested to start activities in their countries so as to have informed input to their policy makers. EPN members also sent comments to WHO/EDM (see 3.1b)

3.4.3 HAI

The EPN also continued to be an active member of HAI, especially in the growing HAI-Africa network.

The Coordinator attended the HAI-International Steering Group meeting that was working to streamline the organization of work of the four regional HAI networks. She also attended the HAI-Africa/WHO preliminary preparation of the DFID-funded collaboration plan. It was planned that collaboration with HAI be encouraged at country level.

Through HAI, EPN was able to get access to several copies of the booklet “*ABC of Rational Drug Use*” shared at the PAG meeting. A workshop at country level (Nigeria) on use of the booklet with church groups was carried out in September. There was also a consultation during the PAG meeting in Geneva that saw the EPN Board meet with the HAI-A Coordinator to discuss ways in which the two Networks could collaborate. An EPN task force comprised of the EPN Coordinator, Sr Nypmha Que (CFP-Malawi and member of HAI Advisory committee) and Marlon Banda (CFP-Zambia and Board member) met in December to discuss collaboration strategies. Areas of collaboration focus for both Networks, general principles of collaboration, collaboration areas and modes of collaboration were identified.

3.4.4 Boston University

The Secretariat and through it, a number of EPN members and contacts, supported a study by an MSc. student at Boston on “*The drug supply system in missionary organizations in developing countries: Evaluation and analysis of the efficiency and capacity of systems*”. A follow up by the student in Kenya (MEDS) and Uganda (JMS) was facilitated by EPN Secretariat.

As more emphasis was put on drug distribution systems, there were several enquiries on use of mission drug delivery channels. The support of the study was to benefit EPN by:

- a) Highlighting areas its members would want to strengthen or offer services
- b) Providing a study instrument for its own study should the demand for EPN member services increase (as this seems to be the tendency).

The report and instrument would be available in time from the EPN Secretariat.

3.4.5 Global consultation on Ecumenical response to the challenge of HIV/AIDS in Africa

The EPN was represented at the meeting, which brought together representatives of churches ecumenically in Africa, ecumenical Christian development agencies from Europe, N. America and Australia and World Council of Churches. The aim of the consultation was to produce a plan that related specifically to the HIV/AIDS-related work of churches in Africa. The EPN Coordinator made a presentation on the perspectives of treatment on the theme “*Making a difference: care, treatment and support*”.

The plan of action arrived at is available from WCC or EPN. In the area of treatment, the commitments were:

- Advocating for access to health care, and to drugs to treat opportunistic infections, relieve pain and distress through palliative care and prevent mother to child transmission
- Supporting of efforts of those who are campaigning for access to anti-retroviral drugs.
- Strengthening church-related hospitals and clinics that are providing treatment and pharmaceuticals to people living with HIV/AIDS.
- Exploring and promoting the contribution that traditional medicine and wisdom can offer as a therapeutic resource.

These would also form part of the discussion of plans for 2002 on the initiatives that EPN would take to fulfill these commitments.

3.4.6 WCC Consultation meeting with capacity building institutions/agencies

EPN attended a WCC consultation with capacity building institutions/ agencies held at the CORAT center in Nairobi, Kenya. The consultation was initiated with the aim of identifying the role of ecumenical capacity building institutions in the WCC with special focus on Africa and the New Partnership for Africa's development (NEPAD). In attendance among others were heads of training departments of Mindolo (Zambia), Christian Council of Mozambique, Christian Council of Tanzania, Presbyterian Church of Cameroon, Association of Christian Lay Training Centres (Zimbabwe), Kgolagaka (Botswana), Methodist training center (Sierra Leone), Lweza (Uganda) and All Africa Council of Churches.

The meeting focused on identifying the contributions that the Capacity Building institutions can offer and their potential in the future as the WCC Special Focus and the NEPAD got underway. EPN's role was recognized specifically in advocacy and research (in health) and in providing a forum for brainstorming and information dissemination (PAG). EPN would also concentrate on bringing the WCC Special Focus and NEPAD health issues to its network. Participants agreed to form informal networks to keep each other informed of progress.

As a result of the consultation, EPN will help distribute NEPAD and WCC Special Focus documents to the network members, it would also follow up on contacts for identification of potential EPN members and also put NEPAD on the EPN Board agenda (Feb, 2002) for further discussion. For EPN, the meeting was also important in providing contacts with church-related training centers. Not only does this provide venues for our meetings/training sessions, but also opens doors for contact with church leaders/ elders and opportunities to include pharmaceutical issues and policy development in their training programmes.

3.4.7 Christian Health Association meeting of SADC countries in Zambia

The meeting whose theme was "*Churches Joining Hands for Health*" was attended by representatives from CHAs, health desks or health institutions from Zambia, Malawi, Lesotho, South Africa, Botswana, Namibia and Zimbabwe and brought together 30 participants.

Presentations were made on different areas of partnerships by various speakers from Zambia and other countries. Of special interest was the Memorandum of Understanding between CHAZ and the government, which had a lot of positive outcomes. Other Christian Health Associations (CHAs) hoped to learn from this partnership experience.

Other areas of focus agreed upon included sustainability of CHAs and HIV/AIDS. Areas of common action agreed on included training of church leaders on HIV/AIDS and their role in its defeat, and training on various aspects of drug management.

Participants noted the need for regular meetings of information and experience sharing and agreed to meet every two years on a rotational hosting. The next meeting was set for 2003 to be hosted by Malawi. The participants also agreed to contribute by covering own travel expenses.

In addition to participating in the discussions and presenting the pharmaceutical angle, the Coordinator of EPN also introduced EPN to potential members, met several new CHA leaders and distributed information documents e.g. drug and equipment donation guidelines and “*Pharmalink*”.

The action plans identified by EPN at the end of the meeting were: follow up on developing training courses on HIV/AIDS care and treatment; Follow up of contacts made with the CHAs for establishment of EPN in Southern African countries and follow up on country action plans which included some pharmaceutical issues.

3.4.8 Meeting with Dr Paula Donovan, UNIFEM

The EPN Coordinator met with Dr Donovan in June to discuss strategies and activities towards achieving advocacy goals and objectives on “*Ethics of life: HIV/AIDS*” the topic for the Ecumenical Advocacy Alliance. Dr Donovan who had formerly worked with UNICEF in Kenya was the regional Director focusing on women and HIV/AIDS.

Suggested strategies and activities that churches could be involved in included:

- Ensuring women had access to the GAF, advocating for each dollar spent on men, a dollar should be spent on women.
- Advocating and supporting presence and participation of women in all decision-making organs, e.g. those to allocate and monitor the Global Aids Fund e.g. UNIFEM was trying to establish a women’s council to have input on the issue. Similar groups needed to be founded at national level.
- Facilitating joint youth/parent/teacher/church leader meetings/trainings to ensure similar message is spread all through.
- Divide treatment into mother, children and men to ensure there is no marginalization especially in the case of MTCT.
- Raising awareness on the pros and cons of ARV. Note also ARV given to symptomatic people and this may discourage the HIV positive who may become asymptomatic if not given the drug.
- Using of role models to draw out youth to discuss sex and sexuality openly e.g. Graca Machel-Mandela.

- Advocating for significant state involvement in support of Community Based Organizations (CBO) and Health Based Care (HBC) of the Global Fund for AIDS. It was agreed that the church was best placed to collect data to show that without the support of CBOs these emergency measures would fail.

3.4.9 Meeting with A. Thomas, Voluntary Service Overseas

A meeting with the Senior Advocacy Officer of VSO established that there was a need to advocate for pricing reduction for HIV/AIDS / Opportunistic Infections drugs through influencing of the British Government by VSO. A number of areas were identified as of major concern: Training on access to essential drugs, access to HIV/AIDS drugs and information and training of prescriber/community on the use of ARVs.

Issues of major concern that needed to be included:

- Advocating for no conditions to be set so as prices can be lowered i.e. no TRIPs plus.
- Pushing for negotiation of the TRIPs especially the 20-year patent period
- Pushing of HIV/AIDS to be seen as a global issue
- Magnification of civil society between North and South groups. Support by North partners to raise voices of South groups.
- Putting in place measures to ensure governments of developing countries were committed to action of HIV/AIDS.

3.5 Communications: Newsletter and Website

A website for EPN was established. Although not yet up to the required standards, members could access it. Comments and suggestions for its improvement are welcome. The website link is www.epnetwork.org

The EPN newsletter *Pharmalink* was produced as per schedule. The July-December issue covered Harvard HIV/AIDS treatment consensus and featured EPN member CHAZ (formerly CMAZ). All issues of the newsletter are available in Russian, translated by EPN member "DRUGS" of Moldova. EPN member, IPASC-Ivory Coast, translated December 2000 and June 2001 issues into French. In addition, a special issue was produced for the PAG 2001 theme "*Massive Effort against Diseases of Poverty*" The newsletter is also available in Russian.

4. INCREASE THE SELECTION AND DISSEMINATION OF SELECTED DOCUMENTS

The Secretariat sent by email and hard copy documents/publications from WHO, HAI and Catholic Health Association of India (CHAI). It also continued to distribute Drug and Equipment donation guidelines together with drug disposal guidelines. Copies of research reports were made available to interested members.

Copies of the BNF were received and distributed to members of the Network who had requested for them. Distribution would continue in 2002. The offer for BNFs was made through the support of EPN member in UK, Phillippa Saunders (EDP).

The EPN three-year activity plan and EPN registration were translated into French and sent to prospective EPN members in the Francophone region.

Copies of the CHAK Times newsletter on “*Health Sector Reforms*” and the Christian Health Association of India health calendar for 2001 were also distributed to members.

During the period, the Annual and PAG reports for 2000 were prepared and distributed. With the advise of the Board and other members of the network, EPN participated in the review of the local production booklet prepared by DIFAEM and other partners. The book was scheduled to be ready in 2002. The Secretariat will distribute copies to members.

5. ESTABLISHMENT OF EFFECTIVE GOVERNANCE AND MANAGEMENT STRUCTURE

5.1 Legal status

After getting comments from EPN members, the constitution was revised and prepared by a lawyer in Kenya. The lawyer also met with the EPN Board and after discussions, it was agreed to first register in Switzerland and then in Kenya, most likely as a company limited by guarantee and not having a share capital. With advise from colleagues in WHO and after meeting with the body dealing with NGOs at Geneva Welcome Center, the relevant documents were submitted. The registration in Geneva was expected to be completed in 2002.

5.2 Agreement with WCC

With the support and advise of the EPN Board, a document outlining the relationship between EPN and WCC was prepared and presented to WCC. This was expected to be signed in 2002.