EPN Annual Report for 2002

Preamble

We are pleased to share the Annual Report for 2002 with all our partners, friends and members of the Ecumenical Pharmaceutical Network.

The year has been exciting as the network continued to grow and more members became active. There is much potential for the network to have real impact on health and pharmaceuticals both at national and at global level. The full participation of all members is crucial. It is hoped that in the next few years the network through its activities will have made its mark and helped build links between actors in health for sustainable health care services and specifically access for all and rational use of good quality essential medicines.

This report highlights some of our activities towards this goal.

Dr. Eva M. A. Ombaka
Pharmaceutical Programme Director

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1. MAIN LESSONS OF THE YEAR

1.1 Summary of main lessons of the year

SUMMARY OF MAIN LESSONS OF THE YEAR

1. The need for support of church leaders in our work is very important. The contact in Moldova with the Metropolit, the head of Orthodox Church, provides a great opportunity for us and others involved in health care service. We need all EPN members and our partners working in Eastern Europe to continue to foster this relationship.

2. There is high interest in issue around HIV/AIDS care and treatment in which our network can provide leadership. For example, the training in Kenya encouraged others e.g. the Kenya Medical Association, to take up the training of physicians. The struggle by institutions to balance the need for having the highest qualified staff to prescribe the ARVs (i.e. medical doctors) while the reality is that clinical officers or nurses are closest to the patients (geographically and in clinical practice) is something we need to keep in mind and record the experiences. We also need to keep close watch on government policies to ensure that our efforts are complimentary to national plans and to provide the necessary practical experience to guide the policies.

3. There is richness in the network as exemplified by the publication *Nanasi* and the *CHAK times*. But so far we have had access to only a few, but we are sure there are other interesting things happening in other countries. We need more sharing in the network and to accessing publications e.g. Footsteps and World Vision publications etc.

4. In this year, we have had new communication with pharmacists in the church health services and in the coordinating agencies (Tanzania, Cameroon, Democratic Republic of Congo, Nigeria and Lesotho). The outreach activity to SADC countries also highlighted the interest in addressing pharmaceutical issues. In the coming months efforts will be made to make these contacts more regular e.g. via *Pharmalink*, participation in various events, country visits etc.

5. There is increasing recognition of the knowledge, experience, and skills within the network and in the church health services. This is exemplified by participation of network members in important international policy forums e.g. Global Fund and Millennium Project Task Forces; in important meetings e.g. Notre Dame, WHO and HAI meetings; in studies such as the distribution study (JMS and MEDS and more to come), the FBO involvement in GF study, the WHO/NGO roundtable pricing study, and the HAI-Africa/WHO collaboration project. These are positive developments which we should work hard to maintain. But although the year saw new people get involved, the number is still limited. We need more people to get involved in these activities as they serve not only to acknowledge the services of the churches, but are also a very good source of information, training and

contacts. Therefore we need more information about the strength in the network, the main activities members are interested in or are very active in and the availability of staff to offer their time and knowledge.

6. The courses that are being arranged e.g. DMRUD & PAT are very practical and tailored to fit the needs in the region. We have had reports of positive changes following such courses e.g. from DRC, Kenya and Ghana. There is interest in the courses but even the subsidized fees seem to be too high. We need to think of cheaper ways to run the courses. Members also need to be active in carrying out the fundraising activities well in advance.

7. The PAT experience has taught us some few lessons. First, the need for trained pharmaceutical staff is great and institutions are recognizing this. Some of the institutions have been willing to raise funds to train a second person and several institutions including Joint Medical Stores in Uganda has expressed their satisfaction with the quality of the candidates. This need for trained staff is further reinforced by the strengthening of pharmaceutical regulations in the countries, forcing institutions to try to abide by the law. But the increased need has not gone hand in hand with increased training opportunities, nor has it minimized the competition by the more financially able private sector. Secondly, we have learnt that training is expensive and tailored courses even more so. This is forcing the members in the three countries (Kenya, Uganda and Tanzania) to think very innovatively on ways to go forward. We have also learnt that any worthy venture has many challenges but these should not deter people from trying.

8 The studies on drugs distribution and then those on involvement of FBO in GF, highlight the need for research on the strengths (and weaknesses) of the church health services pharmaceutical systems and how interaction with national governments can be facilitated.

9. The Global Fund (and maybe in future similar bodies) are major players in access to essential drugs and the EPN members need to be involved fully. EPN members need to work on how to access the funds, how to participate in policy decisions in their countries, and in setting mechanisms of fund disbursement, transparency and control. EPN members need to be knowledgeable so that they can assist others (especially NGOs) that are getting involved in pharmaceutical issues.

10. Nigeria chose to focus its activities on promotion of RDU through the local church network, and it would appear that there is appreciation by the local church leadership. We need to see this as an opportunity for EPN to move its agenda on EDC/RDU into the community. Our members could also investigate the possibility of having inputs in courses similar to those of CORAT which are run in their countries. This would be facilitated by making an inventory of the courses available in the network.

11. The involvement of MEDS and other EPN members in the Kenya coalition to access to essential medicines has highlighted that church

related bodies can be involved in advocacy in a non-confrontational way.

Not all CFPs were able to achieve their plans. We need to identify factors limiting their activities and also how best to provide support to each other in the network. We are also still not as active in francophone countries as we would wish, but there is hope for a change in the coming years as a candidate to spearhead this work has already been identified.

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2. CAPACITY BUILDING

2.1 Follow up on action plans

The main action plans for 2002 were the country plans prepared by Country Focal Points during the 2001 PAG meeting.

a) **DRC**

The secretariat has provided a copy of the Boston report on drug supply systems to provide some examples of successful drug depots. It was expected that support will also be provided during the evaluation of the project.

b) **Ghana**

There has been no report of specific activities towards the plans. The CFP however shared with the network the news on the involvement of Catholic Drug Centre in the SEAM project for drug supply. As a response , CHANPHARM (Nigeria) is now in contact with Ghana to learn of their experience. It has been agreed that the proposed drug distribution study will be carried out in Ghana through the National Health Secretariat, Catholic Drug Centre. In November, pharmacist from Nigeria, Ghana, Zambia, together with coordinator met in Accra and revised the study instrument. A preliminary agenda for pilot testing in Ghana and Zambia was also prepared.

c) Moldova

A group of PAG members chatting with the metropolit Vladmir (Moldova)

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t meeting were held in Moldova during the year.In collaboration with IPASC, the CFP in Moldova organized a meeting on "C*hurch initiatives in community health, TB and HIV/AIDS*" which also covered various aspects of drugs. The report of this meeting was shared with network members. A planned study on drug use in church health centers started in April with support of EPN. Follow up of this research is expected to include training. A report of the preliminary findings was shared in the workshop organized on 5-6th June. The study will continue into 2003.

In keeping to her plans to raise issues on drugs use and HIV/AIDS, the CFP took the opportunity of the presence of the first EPN board meeting in Moldova (and Eastern Europe), to organize a workshop for participants from Moldova and Ukraine on *"Christian response to HIV/AIDS".* The members of the Board were resource persons. In addition to presentations from Odessa and leading physicians in Moldova on HIV infections in drug users and children (MTCT), participants also heard experiences from Africa, The Netherlands, Zambia, DRC and Kenya. These presentations covered such areas as the extent of the problem, experiences in addressing injection drug users, churches' works with HIV/AIDS-infected and affected people, the use of ARVs and the access to essential medicines campaign. The workshop was opened by the head of the Orthodox church, Metropolit of Chisinau and All Moldova, who also invited the EPN Board members to his office for further discussions. His expressed strong support for Church involvement in addressing HIV/AIDS and his interest in the work of EPN has given both the CFP and the EPN in general, much encouragement in planning more action in this region. (*A full report is available on request)*.
A fourth activity involved the organization of a round table to discuss essential medicines on the 25th anniversary of the WHO Model list on 21st October 2002. About 40 participants attended including nine (9) officials from the Ministry of Health and National Institute of Pharmacy. The participants had presentations on both the WHO EDL and the history of promotion of the Essential Drugs Concept in Moldova. Presentations also included many pictures of various meetings and workshops held since 1995. DrugInfo Moldova (our CFP and member of EPN Board) organized this celebration and WHO Geneva supported the effort by sending copies of the new WHO Model Formulary.

d) **Kenya**

Access coalition

Both the EPN Coordinator and Kenya EPN members have been active in the Kenya coalition for access to essential medicines. Registration problems have hindered the availability of generic ARVs in the country and this has been a priority area of activity for the coalition. The Coalition was particularly challenged by the introduction of a clause in the IP bill which has consequently placed a restriction on parallel importation of generics. This was seen as a major blow to the access to medicines, especially the ARVs. There was intense effort by the Coalition, the media and some parliamentarians who finally saw the reversal of the clause. In addition to this, MEDS worked with the support of EPN member in Germany, DIFAEM, to enable non-commercial importation of some drugs.

In June, the coalition organized a two-day workshop to identify their objectives and activities for the next few years and in this, it hopes to use the church networks to raise awareness of access issues, rights of consumers and rational use at the community level. So far apart from involvement in the initial campaign for the IP bill, the church has not been very visibly involved.

A write up of the process on advocacy for access in Kenya is being prepared with the support of HAI-Africa. This may provide lessons for others involved in advocacy issues. It will be made available to EPN members in 2003.

Training

One course for Doctors on HIV management including use of ARVs was carried out as per plan. Twenty-six doctors attended the course. Members of EPN reported the experience in the annual Pharmaceutical Society of Kenya meeting held early June in order to encourage training of pharmacists on the dispensing and patient counseling on use of ARVs. The EPN-Kenya members met in April and agreed to run courses for the clinical officers who often are working in the institutions. Members therefore agreed to halt doctors' training and carry out an evaluation on the courses done so far. EPN is collaborating with Action Aid (who have agreed to fund the evaluation) and the group "Christian Concerned about AIDS in Kenya" to carry out the evaluation. Further doctors' trainings may follow after the evaluation.

Two Clinical Officers (CO) courses were carried out. The first course was held in early September and second in the last week of November. As the CFP (J Masiga) was participating in a Global Health fund task force on Procurement (on recommendation of EPN), EPN secretariat coordinated and facilitated the courses. The turn out for the course was much more that had been expected (36 participants). The interest exhibited during the sessions including willingness to extend

them into early night, showed that it is indeed a needed course. From the experience gained so far, it would appear that EPN Kenya can run three courses a year.

A section of the doctors in a session during their training in Nakuru

A section of the doctors in a session during their training in Nakuru

A publication by Christians Concerned about AIDS in Kenya, "*Nanasi*", which gives update on HIV/AIDS activities for Kenyan church health programmes, has been shared with network members. It shows the number of trained staff and the number of patients on ARVS. Following the trainings, MEDS has recorded an increase in the number of patients on ARVs to about 700 by 4th quarter of 2002. The number could be higher if the prices were lower still. In Kenya the low price branded products cost about KSh. 6000 per month (~$75). Generic versions in neighbouring countries are as low as KSh 2000 (~$25). The efforts by MEDS, DIFAEM and MSF in bringing generics to the country, (so far only as donations), will serve as an incentive for more effort in this area.

ACAME workshop

The African Association for The Generic Drugs' Stores (ACAME), an association founded in July 1996 by central procurement stores has a membership of about 20. In June 2002 ACAME held its 5th General Assembly in Kigali Rwanda. A total of 148 people registered attendance from 19 African countries and 5 countries outside Africa. Ms. Alice Micheni, Purchasing Manager – MEDS was partially supported by EPN and attended the meeting.

Some of the topics discussed includes: HIV/AIDS and accessibility to ARV's; quality assurance for medical/surgical supplies; harmonization of registration of generic essential drugs; illegal sale of medicines/drugs and drug supply system.

The participants also visited CAMERWA, a central procurement center for Rwandan government, churches and other users which is an autonomous organization that commands a sizable supply market for the country. They also visited BUFMAR, a central procurment store for Christian Health Facilities in Rwanda, courtesy of Dr. Camille Kalimwabo. (now EPN CFP)

e) **Zambia**

As part of their hospital based production plans, CHAZ with partial support of EPN, sent a pharmacist from one of the institutions to a four-day seminar in Moshi, Tanzania. The participant learnt new skill on sterilization validation and the use of reverse osmosis (RO) for the production of water for injection. He is expected to lead in the training of the subject in CHAZ institutions and CHAZ may also consider use of RO for the IV production. (*A short report is available to those interested).*

See also section 1.2.

There had been a proposal submitted to HAI Africa for support in training on advocacy but this was not successful.

The CFP-Zambia, M. Banda was involved in outreach activities for EPN (see 3.2) and the report was shared with network members

f) **Niger**

After several attempts to get in touch, the secretariat was finally able to get short communication with J. Wolo, the CFP. This is expected to be followed up through the proposed WCC meeting in Nairobi in early 2003 and through follow-up of activities by EPN new staff for francophone countries.

g) **Malawi**

The main work has been in follow up on the Poverty Reduction Strategy Paper and on raising awareness on TRIPs agreement in collaboration with HAI-Africa. There are plans to hold a Drug Management and Rational Drug Use course for SADC participants in mid-2003 in collaboration with the Malawi CFP (N.Que).

Malawi is one of the countries that succeeded to get fund allocation from Global Fund. The network hopes to learn from their experience how (if) the funds will also address the issue of access to drugs.

h) **Cameroon**

The Pharmacist from the Presbyterian Church in Cameroon, R. Chana reported some difficulties in setting in place appropriate drug management systems mainly due to staff resistance. He has however been very active in recruiting other pharmacists to identify with the mission of EPN and actively form an EPN group in the country. Through him, contact was made with the

pharmacist as Ad-Lucem, an agency supplying mainly the Catholic institutions. (This contact will be followed up in 2003 as part of EPN activities in Francophone countries). He also encouraged a new pharmacist at PCC to attend with him the 2002 PAG meeting, both covering their fares and accommodation costs. (Unfortunately At the last minute they could not travel to Geneva). A participant from the Catholic Health Secretariat also attended the PAG meeting. These contacts are expected to form the core group for more activities in Cameroon. Cameroon is expected to participate in the drug distribution study.

Robert Chana was sponsored by HAI-Africa, on recommendation of EPN, to participate in the World Health Assembly in May 2002.

i) **Nigeria**

The two planned workshops on rational drug use using parish priests and congregational leaders were carried out in April and July. The second workshop was extended by one day, at the request at the church leaders, to cover HIV/AIDS treatment issues. These workshops involved as resource persons, pastors/priest who had participated a similar workshop held last year. They reported on the progress of the church health action groups formed in the congregations to promote rational drug use. The booklet "*ABC for rational drug use*" was distributed to the participants with a copy allocated to the church library. A member of CHANPHARM zonal store also participated in the first workshop. (*The full report of the workshop is available from the CFP*).

The drug distribution study will also be carried out in Nigeria and both our CFP and the management of CHANPHARM have confirmed their support. One of the CHANPHAM pharmacists was involved in the preparation of the questionnaire.

j) **MAP-Africa**

MAP has focused its training activities in the theological colleges. It has also produced a booklet on " *HIV/AIDS curriculum for theological institutions and bible colleges in Africa*". MAP staff have also given support to the preparation of the EPN concept note for the next phase of the EPN activities.

2.2 Drug Management and Rational Use of Drugs (DMRUD) Course

Initial plans to organize a DMRUD course for participants in SADC countries were explored with N. Que (CFP-Malawi). However, EPN took deliberate steps to encourage the coordinating agencies in Malawi, Zambia, Zimbabwe and Lesotho, to send participants to the DMRUD course scheduled for September/October in Nairobi. This is in line with their request for training support expressed in the CHA meeting in Zambia last year. Four participants (two each from Zambia and Lesotho) attended the course. (Two from Malawi were unable to attend but are expected to participate in the planned in-country training). Some of the participants had identified areas of action and these will form the basis of follow up after the training. *(Zambia group has already submitted its action plan)*.

The plans for a course in French are in advanced stages after meetings with K.Holloway (WHO) and P. Nickson (IPASC) in May. The course of 2 weeks and will focus on Promoting Rational Drug Use (PRDU). It was to be held at Grand Bassam (near Abidjan) on 1st – 14th March, 2003. A short course for

the trainers (ToT) was to be held from the 26th February at the same venue. EPN is collaborating with its member, IPASC, in organizing this course so that in future this IPASC can continue running the course for the network. This arrangement has the support of WHO/EDM. The flier announcing the course was out in mid September 2002. Unfortunately immediately following the announcement there was political disturbance in Ivory Coast. It was necessary therefore to postpone the course and to find an alternative venue. Our CFPs in DRC and Rwanda offered to host the course and it has been agreed to hold the course in Rwanda in June/July 2003

2.3 Pharmacy Assistant Training (PAT)

The Coordinator has continued to give advice to PAT when needed.

In Mid September, three important activities took place. First the PAT graduates had a one day seminar which highlighted a number of issues they face in their practice and also HIV/AIDS treatment. Initial analysis of a questionnaire sent to them in their institutions showed that many hospitals in the three East African countries are not yet involved in providing ARV therapy. Secondly, on 12th September a total of 78 students graduated, bringing the total of graduates from this venture to 148 over the past 7years. The guest of honour was a senior staff from EDM/WHO, Geneva. The six best students were awarded copies of the first edition of the new WHO formulary.

A third activity with long term effect was the stakeholders which took place on 13th September and the accompanying PAT Board meeting. The stakeholders meeting was attended by representatives of CORDAID, WHO, MEDS, JMS and all the Christian Health Secretariats in Kenya, Uganda and Tanzania (except the Kenya Catholic Health Secretariat). In the ensuing discussions, it was unanimously agreed that the training of pharmaceutical staff continues to be a major need of the church institutions. However the PAT, as has been running, was unsustainable. The participants therefore discussed different scenario on the future running of the joint venture and its sustainability. They agreed to stop the current PAT after the graduation of the 2002 intake (i.e. in July 2004). A task force was formed to oversee the transformation of the course into a two-tier certificate/diploma course that would then be in line with the pharmaceutical training requirements and establishment in the three countries. The two-tier system would also allow candidates who may not have direct entry qualifications to a diploma to train at certificate level first then upgrade if capable. The Task Force would also recommend the best place to locate the course to give it permanence.

2.4 Operational Research

1.4.1) Drug distribution in church health services.

In collaboration with WHO and Boston University, EPN secretariat worked on the idea of extending the Boston study to other countries where church institutions have a drug distribution system. All countries with EPN members have been invited to participate and nine (Nigeria, Malawi, Ghana, Cameroon, Rwanda, Tanzania, S. Africa, DRC and Zambia) have indicated their willingness to participate. In addition, Central African Republic, may also participate. The draft study instrument was developed by WHO staff and the

Coordinator and discussed with some of the CFPs. It is to be refined during pilot study in Ghana and Zambia in early 2003. It is expected that the study will have been completed by end of first half of 2003. If successful, the report is likely to also form part of the directory of church health services resources, that is being carried out by Mr. Frank Dimmock (Presbyterian Church, Malawi), and the Emory university (USA).

Information on the report of the first study done in Kenya and Uganda by graduate student at the Boston University, was shared in the network. Apart from MEDS and JMS, a hard copy of the report was sent to members in Germany, The Netherlands, DRC and USA.

1.4.2 Faith Based Organizations and the Global Fund

The Coordinator participated in the effort to encourage NGOs in Kenya to seek funds from the Global Fund. Being actively involved in the discussions of NGOs and the ministry, she shared the experience immediately with the network. Subsequently, in collaboration with Christian Connections Initiative for Health (CCIH), EPN members participated in a survey on the involvement of faith-based organizations in the processes for access to Global Fund. The results of the questionnaire, compiled by Presbyterian Church of USA were shared with the network.

In June, EPN in collaboration with other NGOs and with the support of Kenya AIDS Consortium (KANCO) and with the approval of the Ministry of health, held a consultative meeting for NGOs to discuss their involvement in the preparation of the next country proposal (CCP) and participation in the Country Coordinating Mechanism (CCM). Over 150 participants attended and as a consequence, some collaborated to put together a joint proposal for submission to the country coordination mechanism (CCM). The outcome of this effort is not yet known.

There has been one clear lesson in this process i.e. the bringing together NGOs and getting them all at the same level to be able to prepare a joint proposal is a worthy exercise but needs time and resources. So far this has been done by individuals on voluntary basis but is not sustainable. It may be necessary to find initial funds to help NGOs (and CBOs) to organize and plan their proposals if they are to be able to access the GF. Monitoring of the Global Fund will continue.

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3. RAISING AWARENESS

3.1 Nigeria

Following the two workshops for local church leaders in Nigeria, the secretariat received a letter of appreciation from one of the church leaders. There is need to evaluate the actual impact of these workshops as they are not very expensive and offer alternative ways for EPN to extend its message of RDU in the community. (See 1.1.i – Nigeria)

Report on Rational Use of Medicines by Rev. Orekoya Dele,

(He is the Coordinator Church Health Action Group, Shagamu Nigeria)

The workshop on rational use of medicines held in Shagamu on September 13 and 14, 2001 has helped our churches to plan monthly health seminars.

Since last year, we have had about 10 sessions. Our main focus has been on sharing information on the dangers of self-medication, fake and adulterated medicines that are common in the communities.

To do this effectively in our satellite churches, we work through the youth, men and women organizations within the churches. So far, the responses have been encouraging. About 5000 members have been fitted from our programmes, especially during our periodic retreats and camp meetings.

The materials we got during the workshop have been very useful, especially the book, ABC of Rational Use of Medicines. By God's grace, we were able to translate some of the papers presented into the local Yoruba language in an attempt to make them accessible to as many as could read in the local dialect. About 50% of our members prefer to read and write in the local language than in English.

We hope to sustain the interest further, especially among the youth, by organizing district competitions on rational use of medicines and HIV/AIDS during our next retreat in October. Prizes will be given to members who excel in the programme.

3.2 CORAT course

In July the Coordinator was requested to lead the session on drug management and revolving drug funds for the Corat course for the hospital administrators and other senior staff. (In previous years, this was done by R. Kirika formerly with PAT). The two day session was facilitated by EPN Kenya members ie C. Orata (formally with MEDS) covering stock management and use, L. Kimbo (SHEF) on procurement and revolving drug fund and the Coordinator on ED concept, and selection. It has been agreed that in future this topic may be given a longer time to enable adequate cover the practical aspects, especially on managing drug fund.

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4. EXPANSION AND STRENGTHENING OF THE NETWORK

4.1 PAG Meeting

The EPN Board identified the theme for this years forum as "*AIDS-free generation: Our agenda*". Members were informed of the theme, the call for short articles, the competition and the availability of photo display possibilities. Response was however not very encouraging as only two members have requested space for display and two other members wrote articles on Community Based Health Care work with women and children (Kenya) and on youth and HIV/AIDS (DRC). These maybe included an issue of *"Pharmalink*".

The annual meeting went as per plan even though a number of participants could not attend because of cancellation of the *"Contact*" goup meeting. UNICEF were unable to attend at the last minute but a presentation by N. Upham (AIDS-bell) adequately highlighted the major issues on this theme. Other presentations made by speakers from Thailand (Church of Christ of Thailand), Uganda, Family Impact (Zimbabwe), and country experiences from Zimbabwe, Lesotho, Cameroon and Rwanda raised interesting issues for discussion. (Attempts to get speakers from Rumania and Brazil failed). A summary of the reflections, recommendations and proposed follow up activities will be completed as a special issue of *Pharmalink*. All the papers presented are available from the secretariat.

The participants to the PAG were also addressed by Dr C Benn, the NGO representative on the Global Fund. There is much happening which the churches and their health service institutions need to know. As a follow up on this, the coordinator is working closely with M Kurian (WCC) to organize a meeting to cover some of these issues. The meeting is expected to be held in Nairobi in March 2003.

During the PAG meeting, the CFPs who were there met with the coordinator to discuss activities for next year, and to advise each other on various issues. One main outcome was the agreed plan on how to proceed with the drug distribution study. New CFPs were also welcomed from Zimbabwe (Alec Musiiwa) and Lesotho (G.Nchee), Rwanda (Camille Kalimwabo).

4.2 Increased participant through establishment of Country Focal Points

Outreach activities were carried out in the SADC countries by M. Banda (CFP-Zambia) in April and May. Countries visited included Zimbabwe, Swaziland, Lesotho, Botswana and Namibia. As a follow up, participants from Lesotho and Zimbabwe were invited to the PAG meeting. The action plans from these countries are also expected to be included on the 2003 annual plans. *(Report of the visits is available from the secretariat).*

In March, L. Kintaudi (CFP-DRCongo) visited Cameroon and attended a meeting organized by FAKT and Service Overseas. Discussions on the way forward for Francophone countries' activities were carried out during the visit. Since then, there has been contact with several possible candidates who could spearhead the work in francophone area. Two such contacts from Cameroon and Germany attended the 2002 PAG meeting. There was also regular contact with Service Overseas (SO) on progress in the recruitment of a person, and the EPN coordinator visited Service Overseas in October. The identified candidate is expected to join EPN in July 2003.

4.3 Promotion of country level networking

EPN supported Mr. Sam Appiah Sarpong of the Presbyterian Church in Ghana to attend the CHAK meeting on sustainability of Christian health institutions between April 22nd – 25th. Mr. Sarpong short report has been posted on our website. The report of the meeting including a number of interesting institutional experiences formed the basis of the *CHAK Times, Issue No.11* which was distributed to the network members.

D.Okemo also represented EPN at the CHAK annual health conference. The theme was *"HIV/AIDS and the Church: Are we on track?".* In this meeting Dr. J.Brown made a first report of her study (reported in *Nanasi*).

As reported elsewhere, a member of staff from MEDS was supported by EPN to participate in the ACAME held in Rwanda from 3rd – 8th of June, 2002. This is a follow up of our efforts to make sure our members network with bodies doing similar for mutual strengthening and enrichment.

4.4 Participation in International Advocacy

4.4.1 *International meetings*

World Health Assembly (WHA)

The Network was represented at the World Health Assembly by the Coordinator and G. Buckle (Catholic Health Secretariat-Ghana). During the week, a presentation was made to the NGO Health Forum on the role of networking using EPN as an example. The two also participated in other technical briefings including review of 25 years of EDC, Role of Traditional Medicines (TRM) and the WHO Civil Society Initiative. Useful discussions on the WHO traditional medicines strategy (2002 –2005) were held with the WHO-AFRO traditional medicines staff, which will be useful in defining how the church health services can work in this area.

A number of issues has arisen from the interactions. EPN has been requested to review a publication on TRM from WHO. This task was carried out by the network member working in this area, Dr J. Githae. Secondly, the Coordinator was requested to participate in a short interview by the BBC on innovative ways to bring essential drugs to the population through the franchise model of Sustainable Health Enterprise Foundation-SHEF (formerly Cry for the World Foundation) (first reported in PAG in 1999). Other interviewees were from Boston University and the New Delhi.

Furthermore the Coordinator was invited to speak at the official 25th anniversary of the EDL (21st October) and give the experience of the churches in using the EDL. *(Paper presented available on the WHO website*) In relation to this, in collaboration with EPN member in Germany (DIFAEM) the secretariat called for a media campaign to highlight the importance of the EDL in different settings. *(A compilation of the activities will be made and submitted to WHO Monitor for publication)*

The Coordinator also partly attended the People Health Movement meeting held at the WCC on 16th May.

Notre Dame

The Coordinator and J Masiga from MEDS (at recommendation of EPN) participated in a meeting organized by the University of Notre Dame, USA on *" The ethics of Access to care and medicines for the poor in developing countries*". Participants were from the developing countries, NGOs, (PVOs in USA) and some of the large pharmaceutical companies. The keynote speech was by Bishop Ndugane of the Anglican Church of South Africa.

The 1½-day meeting started to unpack the issues. It was however too short to really address the concerns raised by the developing countries. However, five discussion groups were established on Global Fund proposals, Databases, TRIPs, Advocacy and Social marketing, behavioural change and communications. EPN members are invited to join any group of special interest to them. Active participation of EPN members in the groups would ensure views from our perspectives are taken into account. *(Details on how to join a group available from the secretariat).*

WHO-Expert Committee meeting

E. Ombaka (Coordinator) participated in the Expert Committee on the selection and use of essential medicines in April at WHO. The committee is responsible for the preparation of the model Essential Medicines List. The outcomes of the discussions were communicated by email. It was also published in the 5th issue of "*Pharmalink" (*June 2002)*.* The Network can be a very valuable source of information by giving a feedback on the use of both

the EDL and the new Model Formulary. In September the Coordinator participated in the Expert Committee on Dependence at the WHO.

3.1.2 HAI-Africa

The Coordinator attended the HAI-Africa Advisory Committee meeting and the ways of collaboration between the two networks was discussed. EPN has had access to the briefing papers prepared by HAI highlighting different aspects on essential drugs and access. This information has been shared with the network members.

3.1.3 CFW- project

Lessons continue to be learnt from the CFW model, and an update was given at the 2002 PAG meeting.

4.5 Communication: Newsletter and Website

Two *Pharmalink* issues for June and December were prepared. The main topics covered in the June issue included the new WHO model Essential Drugs List and in December Issue, Kenya EPN conducts training for clinical officers, Famine and AIDS in S.Africa and Faith based communities respond to HIV/AIDS. The June issue also featured EPN member Eglise du Christ du Congo (DRC). Translation of *Pharmalink* issues into French and Russian continued as scheduled.

Unfortunately the EPN staff who had received training on web update left EPN in June and thus the updating of the website has been delayed.

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5. Increase the selection and Dissemination of Information

5.1 Increase the selection and dissemination of information

The DIFAEM booklet on hospital-based production, prepared with input from EPN and its members was distributed to members that are likely to use it. Seventy copies were distributed to PAT for graduates for use and evaluation. There have already been a few feedback comments sent to EPN and DIFAEM. These and others will be considered as the booklet gets reviewed to make it as practical and user friendly as possible.

Regular communication on important notices, courses, meetings etc have been ongoing via email. Requests for specific publications have also been attended to. A large consignment of training materials was made available to TICH, following approval of their request by the Board. Distribution of BNFs has continued and EPN member in UK (P. Saunders) is spearheading the search for some more. .

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6. ESTABLISHMENT OF AN EFFECTIVE MANAGEMENT STRUCTURE

6.1 Legal status

The process of recognition in Switzerland was completed in May. The EPN board discussed the pros and cons of registering as separate entity in Kenya and we are consulting our lawyers on legal basis for working in Kenya.

6.2 Expansion of funding bases

The Coordinator visited the Evangelical Lutheran Church of America, the Global Board of the Methodist church in the USA, Church World Service and Management Sciences for Health to share the projected plans for the next

three years and to explore possibilities of new funding partners. The visits have been followed by communication and sharing of information. After completion of planning of 2003 activities with CFPs, specific proposal will be submitted to potential donors.

ABBREVIATIONS

AIDS	-	Acquired Immune Deficiency Syndrome
ARV	-	Antiretroviral
BNF	-	British National Formulary
CFP	-	Country Focal Point
CHAZ	-	Christian Health Association of Zambia
DRC	-	Democratic Republic of Congo
EPN	-	Ecumenical Pharmaceutical Network
HIV	-	Human Immunodeficiency Virus
HAI	-	Health Action International
IPASC	-	Insitute Panafricaine de la Sante Communautaire
MAP	-	Medical Assistance Program
NGO	-	Non-Governmental Organization
PRDU	-	Promoting Rational Drug Use
SADC	-	Southern Africa Development Community
TICH	-	Tropical Institute of Community Health and Development
UNICEF		United Nations International Childrens Education Fund
WHO	-	World Health Organization

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Annex 5

Organized by:

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Certificate of Attendance

This is to certify the participation of

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in the Training Workshop on

Management of HIV/AIDS including use of ARVs

Nairobi, 27th - 29th November 2002

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