ECUMENICAL PHARMACEUTICAL NETWORK

P.O. Box 73860-00200

Nairobi, KENYA

Tel: (254-20) 4444832 / 4445020

Fax: (254-20) 4440306 / 4445095

Email: epn@wananchi.com Website:www.epnetwork.org

ANNUAL REPORT 2004

Contents

Message from the Coordinator

Eva M. A. Ombaka

It is most appropriate to start this report by thanking our donors, members and partners for supporting EPN through another year. Because of the confidence in our work, we can say we have had a wonderful year, working in accordance with our three objectives as defined in our strategy for 2004 - 2006.

High on our list of achievements towards our objective to develop an active network with increased impact, was the successful registration of EPN as in international NGO in Kenya. Furthermore the year also saw the introduction of new communication tools, Netlink and e-Pharmalink in response to the Network members' expressed need for more avenues for exchange of information and lesson learning. In addition to the participation of members in various workshops, meetings and consultations, the annual members' meeting, held for the first time outside Geneva, was particularly successful as it addressed two issues every close to their work: Quality aspects of pharmaceutical products and services, and US President's Emergency Plan for AIDS Relief (PEPFAR). On the latter issue, the members gave out their first ever statement, firmly putting their issues, concerns and suggestions on the world stage.

In addressing our second objective to maximize access to essential medicines, members successfully developed and launched the EPN Guidelines for Effective and Efficient Pharmaceutical Services. Developed in a participatory manner, these guidelines will form one of the major tools for members to assess their progress toward improving access for all in their own work places. As a follow up of the 2003 Drug Supply Organization (DSO) study, a feedback meeting was held where major recommendations and work commitments made. The implementation of these at institutional and at network level will be main tasks in the next few years.

EPN has continued to be active in increasing access though appropriately trained personnel by organizing and supporting the participation of its members in various courses on drug management and promotion of rational drug use, both at the institutional and at the community level. Meanwhile, the expansion of EPN's activities in Francophone Africa countries was put on firm footing with the visit to and from members in Togo and Niger and we organized the second French PRDU course in Ouagadougou, Burkina Faso where our Francophone office is located.

Our objective to increase the capacity of church leaders and church-related health services to respond to the massive challenge of HIV/AIDS treatment began by carrying out baseline studies (starting points) on treatment literacy focusing on churches leaders and church health services in Kenya and Rwanda. The findings of a survey targeting Heads of Churches give an insight into the needs that we will need to address. This work is further supported by our continuing research on access to ARVs in different countries.

¨The year ahead promises to be an exciting one! Although the funds received for the year were inadequate to allow us to do all we had planned, we have managed to gather enough background information and materials to start some implementation work in 2005 while continuing with the necessary groundwork. Our future work plans include continuing our research plans, starting treatment literacy work on ARV in Kenya and Rwanda and carrying out baseline studies on access with the corresponding stakeholders workshops in some countries. This work will be supported by increased communication within the network using an upgraded website and more regular and relevant issues of the Network publications. Funds allowing, there will also be a specific attention to the identified needs of the DSOs. With these exciting plans ahead, one can only look to 2005 with sense of adventure and enthusiasm. Please join us!

Eva M. A. Ombaka
EPN Coordinator

A description of EPN[1]

EPN is an independent, apolitical non-profit Christian organisation that works in a context of increasing poverty and need for health services.

Our goal[2] is to increase **positive health outcomes** through church-related pharmaceutical services. Our purpose is to increase **the capacity** of church-related pharmaceutical activities to provide effective and efficient services.

EPN's **ultimate beneficiaries** correspond with the Network's 'Health for All' ideal, however, there is a specific emphasis on the poor and marginalised. The Network's **intermediate beneficiaries** are its members—church-related health services and their representatives.

We believe our Network is both a means of achieving impact and an end in itself. In view of our goal, EPN believes that the benefits of the Network can be seen through members:

- Having a stronger voice that is more successful in creating policy and practice change at all levels
- Having a better knowledge of issues and opportunities, resulting in improved decision making
- Harnessing their joint power and synergy in order to carry out programmes in identified areas.

We **value** the 'Health for All' ideals, organisational integrity, a culture of lesson learning, and the benefits of networking based on mutual respect.

EPN works with a wide range of **partners** that support similar goals to that of the Network and include: inter-governmental organisations, non-government organisations, governments, the private and public health sectors, and other faith-based organisations.

The Network's primary working methods are research, advocacy, information sharing, and capacity building, implemented through Country Focal Points (CFPs), country strategies, and a central support team

[1] The Network members meeting in October 2003 updated this description.

[2] The reason for undertaking work; the ultimate objective of the network work to which specific interventions will contribute.

Programme 1: Development of an active Network with increased impact

1.1 Improve members' understanding and commitment to the Network

A number of activities were planned for this area including clarification of the structure and the rules of the Network; development of core orientation materials for existing and new members; training of CFP, the Board and Network members in effective governance, networking and core tools; and development and implementation of the Network's institutional lesson learning system. The planned training was not carried out as planned due to funding limitations. However, this is an ongoing activity that started with the one-day governance training done through self-evaluation exercise carried out by the Board in February. This also included setting down guidelines on how to induct new Board members to the work of EPN. Future trainings will be organized in collaboration with other meetings to take advantage of shared costs.

As a necessary step, the registration of EPN in Kenya as an International NGO was completed successfully in June. This was necessary to enable EPN to set its own rules and regulations. The EPN registration certificate has since been delivered to the offices in Nairobi. The approved constitution has been submitted to a task force to work on the rules, and this should be completed in 2005.

The distribution of network materials to our members started with the sharing of the 2003 annual report and EPN flyer (in English and French), the EPN constitution, the strategy plan and the DSO feedback report. A preliminary presentation of EPN in the form of power point slides for distribution to CFPs was also prepared and will be ready for distribution in early 2005. New Board members were introduced to the Network. Also given to the members were past activity reports and history of EPN Setting up our Francophone office in Ouagadougou continued with the installation of a dedicated telephone line and email facilities. Thanks to the support by the German Church Development Service (EED) given to ODE in form of an up-to-date computer that is allocated to EPN, communication to our Francophone members, production of French language materials and a French version on the website (under a common home page address of www.epnetwork.org) have been established.

1.2 Maintain and develop the Network's communications

Three main activities were expected for this objective: the development of a communication structure and strategy to support and allow the Network to communicate effectively and flexibly, the development of communication tools for key information exchange, and the development of inclusive communications activities such as regional and international meeting.

Communication structure and strategy

As an initial step a thorough IT audit was carried out. This identified immediate, medium and long-term needs and a strategy for maximizing the IT opportunities. This was complemented by an overall review of the EPN communications, pointing the way towards a strategic approach. It is noted that, as a young and expanding organization, EPN has to maintain communications and keep abreast with new technologies that will facilitate easy and inexpensive linking with all members in different circumstances. This will include the upgrading of the website to a portal as was requested by the members. The implementation of this strategy will form a main focus in the coming year.

During the development of the strategy, members clearly identified a need for more readable and accessible communication venues targeting in particular their need for information sharing and learning. EPN has addressed this need through the launch of two new electronic communication instruments,

Netlink and *e-Pharmalink*. Five issues of *Netlink* in English and French and four issues of *e-Pharmalink,* currently available in English, were produced and sent to all Network members and contact. Efforts are underway to make *e-Pharmalink* available in French. The original hard copy newsletter *Pharmalink* has been reviewed to become an advocacy tool and will continue to be produced in electronic and hard copy versions. Two issues were produced covering a variety of subjects including the AACC meeting in Cameroon, Pre-ICASA and ICASA meeting in Nairobi, HIV/AIDS Prevention and news from the Network.

Regional and international meetings

Communication through meetings continues to be a major activity of the Network. The Board met three times not only to set policy and provide guidance to the secretariat, but also took the opportunity to visit members, sharing information, lessons and plans. In February the Board members visited St. Luke's Foundation (formerly ELCT Infusion Project) and met with staff of MEMS. During the visit to St. Luke plans were made to hold PAG meeting in Moshi to enable Network members attend the St. Luke's Foundation launch and the first graduation of pharmacy students from the Kilimanjaro School of Pharmacy (KSP). This was an opportunity for members to see the school where the former Pharmacy Assistant training course (PAT) will be relaunched and hosted. Board members also met a team of staff from MEMS, who had been invited to make a presentation at the PAG meeting. EPN also facilitated MEMS' participation at the DSO feedback meeting in Nairobi where they were able to meet other Network members and learn about the experiences of others in drug supply.

Similarly during its meeting in July, the Board visited CHAN/CHANPHARM in Nigeria. The visit came at an opportune time as the PEPFAR plan had just started being implemented, and both the CHAN/CHANPHARM staff and the Board itself appreciated the sharing of information on this issue. Further discussions were held with staff from MSF and Medical Mission Wursburg. It was due to these discussions that PEPFAR was put as a main agenda in the annual meeting.

The link of the Network with WCC and the churches continues to be a priority of EPN. To this end, the EPN secretariat staff and the Board chair met with the head of health desk at WCC in March to discuss among other issues, how the Network can be of more support to the department and also how to maintain the links with the church organs. Participation of EPN in ecumenical meetings such as pre-HIV/AIDS ecumenical conference and the CWME meeting in Athens (2005) were some of the opportunities identified. A second visit to WCC by the Board chair where he met the heads of WCC heath desk, EHAIA and EAA discussed ways of ensuring collaboration between the ecumenical agencies in their work. Some of the ideas were implemented, e.g. in participation at the Bangkok meeting, close collaboration with EHAIA on the HIV/AIDS starting point work in Kenya and Rwanda, participation in each others meetings and the sharing of meeting plans and documents. These initiatives will continue in 2005.

PAG meeting (Moshi)

For the first time, the annual Pharmaceutical Advisory Group (PAG) meeting was held outside Geneva at the Lutheran Uhuru Hostel, Moshi, Tanzania from 5rd to 8th October. There were 53 participants and the meeting covered two main areas: *Quality of Pharmaceutical products and service* and the *US President's Emergency Plan for AIDS Relief (PEPFAR)*. The discussions on quality focused on the importance of quality, the WHO pre-qualification scheme, the use of quality control laboratories and *Minilab*, the importance of SOPs at global and local level and that of trained personnel. The discussion on PEPFAR led by representatives from USAID and Health Gap, focused on the importance of these additional funds for HIV/AIDS treatment and care. EPN members from Christian Health Associations (CHAs), hospitals and DSOs from several countries including Nigeria,

Zambia, Kenya and Tanzania made the meeting rich by sharing their practical on-the-ground experiences. Participants identified implementation problems and presented their concerns while proposing ways to address them. This was presented to the world as an EPN statement on PEPFAR and was quoted in some publications such as *Kenya Times*; *AfricaFocus*, *Le Monde* and *Aidsmap*. Details on how to access full text of the articles *see annex 5*. The full report of the PAG/PEPFAR meeting is available from the secretariat.

1.3 Increase the Network's sustainability with particular reference to funding

The coordinator and the chair of the Board, jointly and individually, visited various donors including CORDAID, ICCO, Bread for the World, Misereor, DanChurchAid, DANIDA, SIDA, Action Aid (Kenya) and Church World Service (East Africa regional office). Communications were also initiated or followed up with CORE Initiative, GTZ, Norwegian Church Aid,..... Thanks to these efforts, EPN was successful in obtaining funding from Bread for the World and ICCO for the years 2004 and 2005. Activity-specific funding for the DSO feedback meeting was received from WHO, CORDAID and DIFAEM. Proposals have also been submitted to SIDA and EPN has been encouraged to submit proposals to DanChurch Aid, Norwegian Church Aid and ..... . Action Aid Kenya has also encouraged EPN to rewrite and resubmit proposal that we had submitted earlier.

EPN was able to raise some funds through consultation work done for Swiss Tropical Institute (STI) involving the Global Fund project assessments in Chad and Burkina Faso.

1.4 Participation in relevant fora

The secretariat and EPN members also participated in various international conferences/meetings and consultations including:

Church Health Association's (CHA) Meeting (Malawi)

The Christian Health Association's meeting was held in Malawi, Sun n' Sand Mangochi from 2nd to 4th November, 2004. Organized by Christian Health Association of Malawi (CHAM) the meeting, held every two years as a continuation of the WCC meetings, provides CHAs with a forum to share information, experience, successes and challenges. Some of the issues addressed included challenges of HIV/AIDS in Africa in terms of: health financing, health information, health delivery and sustainability. The coordinator participated and made a presentation on..... .

International Conference on Improving Use of Medicines (ICIUM) - Chiang Mai, Thailand

With the support of CIDA, both programme staff were able to participate at the ICIUM medicines in Chiang Mai. The coordinator was honoured to present the keynote address. Other EPN members who made presentations included Natalia Cebotarenco (Moldova), Chipupu Kandeke (Zambia) and Marsha Macatta Yambi (Tanzania).

Technical Briefing Seminar (TBS) – Geneva, Switzerland

The programme officer managed to attend this Technical Briefing Seminar, organized by WHO, as sole representative of a church run organization amidst 33 participants from all fields of medical and pharmaceutical works. There was a great benefit in the enormous five days of the event from the up-to-date information given on the most important working fields of the EDM department of WHO, and from the working experiences of other participants.

Heads of Churches summit – Nairobi, Kenya

The coordinator participated at the Church Leaders Summit meeting in Nairobi and made a presentation on strengths of churches in drug supply and distribution, highlighting the findings of the DSO study and the important role that churches play in health care. A survey on different aspect of HIV/AIDS treatment from the Church leaders' point of view was carried out and the findings reported back to the meeting at the same time. (See also page 12 for a summary of the findings. A full report is

available from the secretariat).

PACANet meeting (Ouagadougou/ Burkina Faso)
The programme officer together with the CFP Niger participated at the meeting organized by PACANet in Ouagadougou which brought together representatives from mainly Francophone Western Africa to discuss various aspects of "Coordinating a Christian Response to HIV/AIDS in Francophone Africa" in order to respond to the great need for linking and networking between the varied Christian organizations active in this field of work.

Bangkok Meeting . Workshop

Partner meetings

Interactions with WHO, MSH, HAI, MSF, UNICEF, WCC, SHEF (CFW) on various issues have continued, with participation in each others' meetings when appropriate. Of particular relevance to members in Africa had been the close collaboration with HAI Africa where the coordinator is a member of the Board and has been active in the reorganization of the HAI Africa office and recruitment of new staff. A number of EPN members especially in Kenya and Ghana have become key partners of HAI-Africa.

In addition to the PRDU courses and DSO work that have been carried out closely with WHO/EDM, the year also saw a closer collaboration with AMDS department of WHO when EPN acted as one of the local hosts for the meeting on Procurement and Supply Management for the Global Fund. The participation in the meeting enabled relevant documents to be made available to EPN and these are expected to be used to assist Network members prepare better proposals for submission to the CCMs for Global fund (and other funding bodies).

The coordinator also participated in a brainstorming meeting on addressing antibiotic resistance at the Dag Hammerskjold Centre in Sweden. While there, an opportunity was taken to visit SIDA and introduce EPN. As a consequence the interest in the work of EPN created an opportunity for us to prepare and submit a proposal for strengthening drug supply and distribution as highlighted by the DSO study to SIDA.

Millennium Project

Although not able to attend the meetings in person, the coordinator continued to be an active member of the working group on access to medicines of the Millennium Project, a task made possible by the new communication technology.

Programme 2: Maximizing access to essential medicines

2.1 Drug Supply Organizations (DSO) feedback meeting

Following the completion of the 11 country DSO study in 2003, a preliminary report prepared by WHO/EDM was used as a basis of discussion in a meeting of 33 number of participants who included the researchers and heads of the institutions. The three-day meeting held from 1st to 3rd June 2004 had two main parts. The objectives of the first one-day part were to review the EPN's guidelines on effective and efficient pharmaceutical services in church health services. Specifically, the aim was to familiarize members with the guideline concept and get their agreement on a final list of guidelines, to rank the guidelines and to develop indicators around each guideline.

The other two days focused on the DSO study with the objectives of agreeing on the global report, developing recommendations and developing a plan of action to strengthen drug supply activities in the Network. The intensive discussions resulted in clear identification of lessons from the study and produced important recommendations for improving the services as well as identifying areas of joint or individual actions. Participants also agreed on characteristics of a functional DSO. (*A full report of the meeting can be obtained from EPN Secretariat).*

Also during the meeting, an exercise was carried out where participants were asked to identify where the Ecumenical Network is located. Three very clear and equally ranked answers were forthcoming: that the Network exists in the members, that the Network exists in the members' countries, and that the Network exists in the communication mechanisms associated with it. This clearly indicates that the members feel they own the network and the implementation of plans rests with them.

Further commenting on her involvement in the study, Mrs Macatta-Yambi said, "My initial feeling was one of trepidation at the possible difficulties and extra work, but it has been worth all the effort – being part of the project has definitely added value to my work. The study questionnaires are so well thought out and so comprehensive that the project has given us greater insight into what we do. Also, transparency is so important to us and this project has been one way of ensuring our transparency."

Funding limitations meant that the baseline study on access could not be carried out during this period. This is therefore a priority activity for 2005. The EPN guidelines will one of the tools for the studies.

Mrs Maccatta-Yambi of CSSC, Tanzania a participant in in the DSO study

2.2 Courses on Drug Use and Management

Promotion of Rational Drug Use Course – Ouagadougou, Burkina Faso

In keeping with its commitment to improve the quality of pharmaceutical services through having appropriately trained staff, EPN in collaboration with WHO/EDM and CEDIM (the Burkinabè drug information center) organized the second French PRDU course in Ouagadougou, Burkina Faso from 29th November – 10th December. Amongst the 23 participants from nine West and Central African countries, 15 came from workplaces in the public health sector, two from NGOs and six from Church Health Services. EPN managed to identify sponsorships for four participants (thanks to DIFAEM [who sponsored two], CARITAS Italiana and HAI Africa) and to enable 3 other staff from Church Health Services to take part in this highly participatory course to explore ways of how to improve drug usage. The course also provided opportunity for two EPN members to work as trainee facilitators by joining the highly experienced team of facilitators from Switzerland, France and Nicaragua. To encourage follow-up activities with all the lessons learnt during the two weeks, a competition was announced for the FBO participants to hand in proposals for a drug use study within their own health facilities. The best proposal will be rewarded with a grant offered by WHO/EDM to be put in action in 2005.

PRDU – Nairobi, Kenya, PRDUC – Pretoria, South Africa, NPTC – Nairobi, Kenya

The Network also facilitated the participation of staff from member organizations to courses run by partners, e.g. Promotional Rational Drug Use in Community (PRDUC) where four members from Kenya (SHEF-CFW) Nigeria (CHANPHARM), Cameroon (FEMEC) and Democratic Republic of Congo (CME Nyankunde) participated. Others were four staff from Tanzania (MEMS) and one from Zambia (CHAZ) who attended the PRDU course in Nairobi, Kenya. The two EPN programme staff also participated in a workshop organized by MSH in Nairobi on promoting development of Drugs and Therapeutics Committee at national level. The coordinator and two other EPN members who are active members of INRUD-KENYA, facilitated in some of these courses.

Programme 3: Increasing the capacity of church leaders and church-related health services to respond to the massive challenge of HIV/AIDS treatment

The three main activities carried out in this area were a survey on treatment issues, carrying out baseline (starting points) studies in Kenya and Rwanda, and the continuation of the research on access to ARV.

3.1 Heads of Denominations HIV/AIDS Summit: Survey

In June 2004, EPN carried out a survey among church leaders as a preparation for baseline study on treatment literacy during a Heads of Denominations HIV/AIDS Summit organized by the All Africa Conference of Churches (AACC) in Nairobi, Kenya. The survey elicited 69 responses, in both English and French, from 21 different denominations across 28 African countries.

The results of this survey were communicated to the church leaders and summarized in *Pharmalink*. The results were also presented as poster at HIV/AIDS meeting in Bangkok, and helped in developing of the tool for the treatment literacy baseline study.

The results indicate that: people at all levels, from faith to medical responsibilities, need re-training; the church needs to re-unite its approaches throughout the entire hierarchy; and we need to re-commit, both theologically and financially, to dealing with HIV/AIDS as a manageable disease like any other. Box 1 shows a summary of the findings.

Table 1: Summary results

There were both welcome news and sad news in the results of the survey. There are clearly some examples of success that can inspire replication or adaptation in other churches. There are also, just as clearly, some churches that need to move forward. Should we be looking for 100% positive scores or is less than 100% acceptable? Given the enormous impact that churches have in their communities, whether through the pulpit or church health services, Africa cannot afford for one church, one member of the clergy, or one hospital to be getting it wrong.
Respondents indicated that, of their church health services:· • 33% wouldn't provide PMTCT. • 43% wouldn't provide subsidized or free ARVs to those who can't afford them. • 64% wouldn't provide ARVs to those who can afford them.
There is a need for more up-to-date information: • 57% are unclear about whether a person taking ARVs can still pass on HIV. • 50% don't know if a person has to take ARVs for life.
The welcome news is that 71% of respondents think that HIV/AIDS is NOT a punishment from God, with 80% believing that it is a disease like any other. However, 57% of respondents' churches don't have a health insurance scheme for staff.
Of the 90% of respondents who say their churches provide the clergy with HIV/AIDS information, only 28% provide anti-stigma materials, 30% provide medical information for lay persons, 52% provide theological guidance and 65% carry out training on general HIV/AIDS issues.

3.2 HIV/ AIDS treatment: Starting points for Kenya and Rwanda.

Work in this area started with the development of a manual for use, the use of which helped to iidentify necessary changes. Four methods were used: Desk review of country issues both on line and off line; focus group discussions with groups of local church leaders, youth, PLWHA, congregational groups and women in urban and rural settings, open-ended interviews using questionnaire, and priority interviews using broad questions and areas of guidance.

In Kenya EPN worked with FARST Africa a Christian research consultancy and carried out twelve focus groups discussions, twenty one priority interviews and twnety three open-ended interviews in Nairobi, Kitui and Maua. In Rwanda EHAIA. East Africa provided the necessary contact with the church leasers and our member BUFMAR provided the local logistical support. Ten focus groups discussions, nine priority interviews and nine open-ended interviews were carried out in Kigali, Ruhengeri, Rutongo and Gitarama.

The findings and recommendations for activities at the country level are the subject of discussion in feedback meetings scheduled for early 2005. At the Network level, main recommendations include the need to focus on leaders at all levels in providing up-to-date information on treatment; the need to focus treatment literacy messages on the wider community including those infected and affected by the virus; and the need to bring to the forefront of church health services the importance of food and nutrition as part of treatment. The implementation of these recommendations will also be linked to the country plans and lessons learnt shared in the Network. Table 2 shows summaries of issues to be addressed in the two countries.

Table 2: Interventions needed for treatment intensification in church and church related health services

Rwanda	*Kenya*
1. Support for institutional, cooperative, and information links between CHSs and church-based HIV/AIDS support groups is needed. 2. Church leaders and PLWHA groups need to be provided with full information on ARVs and on spreading the message to the wider community. 3. Advice and opportunities for sharing experiences in developing active and successful PLWHA groups, both within Rwanda and in other countries need to be provided. 4. Provide or support links with income generation and food support good practice materials. 5. Existing HIV and AIDS materials for church leaders and teaching curricula need to be updated to include ARVs. 6. Develop the church-based and related media's understanding of ARV issues. 7. Messages with particular reference to men and their access to VCT and attitudes need to be included to ARVs in new materials. 8. Churches to provide advice and encourage people to have VCT tests as the first step to ARVs	1. Church leaders and church-based PLWHA groups need to be provided with full information on ARVs and on spreading the message to the wider community, with particular reference to overcoming myths and misunderstandings around ARVs in Kenya. 2. Update existing HIV and AIDS materials for church leaders and teaching curricula for future church leaders need to be updated to include ARVs. 3. Advice on how to encourage people to have VCT tests as the first step to ARVs. 4. Advice on the wider picture, in the context of ARVs, of AIDS in the community, HIV, and food and nutrition requirements need to be provided so that advocacy programmes at all levels can take place. 5. Support for institutional, cooperative, financial and information links between churches and CHSs on the issue of ARVs is needed. 6. Links between churches of different denominations and the sharing of their experience and resources need to be supported.

Plans for 2005

The year ahead promises to be an exciting one! Although available funds in 2004 were inadequate to allow us to do all we had planned, we have gathered enough background information and materials to start some implementation work in 2005.

We propose to build upon our efforts of the past year by doing some more background work on HIV/AIDS, possibly in a Francophone country, by using the same instruments developped and used in our survey work in 2004. Feedback meetings will be held in Kenya and Rwanda to share the starting point findings and to plan the way forward for HIV/AIDS treatment literacy. This has acquired an added urgency due to the availability of PEPFAR funds in these countries and the special interest in the work of FBOs.

Our plans also include continuing research on ARV availability. This may include monitoring of the availability of the drugs and/or the impact of PEPFAR, Global Fund or other funding mechanisms on the work of the institutions and the patients.

In access to medicines programme, baseline studies are expected to be carried out in two countries, possibly with the corresponding stakeholders workshops. It is planned that after an initial training of country teams, the studies will be carried out by EPN members themselves, as part of capacity building and also as the process of refining the guidelines.

Our activities will be supported by increased communication within the network using an upgraded website and more regular and relevant issues of the Network publications. Funds allowing, there will also be a specific attention to the identified needs of the DSOs, carrying out more in country work and supporting more capacity building activities. This means an intensification of fundraising activities.

With these exciting plans ahead, we look to 2005 with a sense of adventure and enthusiasm. We hope our members, partners and those who have supported us over the years will join us to make these plans successful!

Eva M. A. Ombaka,
Coordinator, Ecumenical Pharmaceutical Network
(formerly The Pharmaceutical Programme of WCC/CISS)
P.O. Box 73860, Nairobi, Kenya

ANNEXES

- **Annex 1:** List of Abbreviations
- **Annex 2:** List of participants to the Pharmaceutical Advisory Group (PAG) meeting 2004
- **Annex 3:** French PRDU Participants from Church-related Health Services
- **Annex 4:** List of participants to the DSO feedback meeting
- **Annex 5:** List of Network members who attended PRDUC or PRDU courses
- **Annex 6:** A statement of the Ecumenical Phamceutical Network on the US President's Emergency Plan for AIDS Relief
- **Annex 7:** Bulletin on PEPFAR

Annex 1: List of Abbreviations

AACC	-	All Africa Conference of Churches
AIDS	-	Acquired Immune Deficiency Syndrome
APROMESTO	-	Association Protestante des Œuvres Médico-Sociales du Togo
ARV	-	Antiretroviral
BUFMAR	-	Bureau des Formations Médicales Agréées du Rwanda
CFW	-	Child and Family Wellness
CHA	-	Christian Health Association
CHS	-	Church Health Services
CBC	-	Cameroon Baptist Church
CCM	-	Country Coordinating Mechanism
CEDMAP	-	Centre for Drug Management and Policy
CFP	-	Country Focal Point
CHAZ	-	Christian Health Association of Zambia
CIDA	-	Canadian International Development Agency
CISS	-	Community Initiatives Support Services
CORAT	-	Christian Organizations Research and Advisory Trust of Africa
CORE	-	Communities Responding to the HIV/AIDS Epidemic
DTC	-	Drug & Therapeutic Committee
DRC	-	Democratic Republic of Congo
EAA	-	Ecumenical Advocacy Alliance
EED	-	German Church Development Service
EHAIA	-	Ecumenical HIV/AIDS Initiative in Africa
EPN	-	Ecumenical Pharmaceutical Network
FBO	-	Faith Based Organizations
FDA	-	Federal Drug Authority
GTZ	-	Gesellschaft für Technische Zusammenarbeit
HAI	-	Health Action International
HIV	-	Human Immunodeficiency Virus
ICASA	-	International Conference on AIDS and Sexually-transmitted Infections in Africa
ICIUM	-	International Conference on Improving Use of Medicines
INRUD	-	International Network on Rational Use of Drugs
J M S	-	Joint Medical Store
MAP	-	Medical Assistance Program
MEDS	-	Mission for Essential Drugs and Supplies
MEMS	-	Missions for Essential Medicines and services
MSF	-	Medecins Sans Frontieres
MSH	-	Management Sciences for Health
MTCT	-	Mother To Child Transmission
NGO	-	Non-Governmental Organization
ODE	-	Office de Développement des Eglises Evangéliques
PACANet	-	Pan African Christian Aids Network
PAG	-	Pharmaceutical Advisory Group
PAT	-	Pharmaceutical Assistant Training Programme

PCC	-	Presbyterian Church of Cameroon
PEPFAR	-	US President's Emergency Plan for AIDS Relief
PLWA	-	People Living With AIDS
PRDU	-	Promoting Rational Drug Use
PRDUC	-	Promotional Rational Drug Use in Community
SHEF	-	Sustainable Healthcare Foundation
SOP	-	Standard Operational Procedures
STI	-	Swiss Tropical Institute
TBS	-	Technical Briefing Seminar
UNICEF	-	United Nations International Children's Education Fund
WCC	-	World Council of Churches
WCRP	-	World Conference on Religion and Peace
WHO	-	World Health Organization

Annex 2: List of Participants in the Pharmaceutical Advisory Group (PAG) meeting 2004

No	NAME	First Name	Organization	Country	EMAIL
1.	Bertocchi	Ione	ASSOMESCA	Cent Afric Rep.	bkandrewsya@yahoo.com
2.	Biemba	Godfrey	CHAZ	Zambia	biemba@zamnet.zm
3.	Bollinger	Hans Peter	EPN	Burkina Faso	epn.faso@cenatrin.bf
4.	Buckingham	Warren	USAID	Kenya	wbuckingham@usaid.gov
5.	Buckle	Gilbert	NCHS	Ghana	gilbertbuckle@yahoo.com
6.	Castro	Josefa	PROVIDA	Peru	jcastcob@hotmail.com
7.	Cebotarenco	Natalia	DRUGINFO	Moldova	epn_nis@yahoo.com
8.	Chana	Robert	PCC	Cameroon	chana_robert@yahoo.co.uk
9.	Chitimbire	Vuyelwa	ZACH	Zimbabwe	chitimbire@zach.org.zw
10.	Ebuga-Miner	Grace	ECWA	Nigeria	graciebuga@yahoo.co.uk
11.	Essobe	John	FEMEC	Cameroon	essobej@yahoo.fr
12.	Feka	Stella	SCS	Cameroon	scs.medicament@camnet.cm
13.	Fundafunda	Boniface	UNICEF	Denmark	bfundafunda@unicef.org
14.	Hogebrug	Talitha	IDA	Kenya	thogebrug@ida.nl
15.	Kalimwabo	Camille	BUFMAR	Rwanda	bufmar@rwanda1.com
16.	Kandeke	Chipupu	CHAZ	Zambia	kandeke@zamnet.zm
17.	Kintaudi	Ngoma	ECC/DOM	DR Congo	leonkintaudi@sanru.org
18.	Kipyegon	Isaiah	AWCIN	Kenya	ikipyegon@awcsf.org
19.	Kusemererwa	Donna	JMS	Uganda	donnak@jms.co.ug
20.	Logez	Sophie	WHO/EDM	Switzerland	logezs@who.int
21.	Lynch	Sharonann	Health Gap	USA	salynch@healthgap.org
22.	Machira Wairimu	Jane	CWS	Kenya	jmachira@cwsea.org
23.	Manohar	Moses	ICSA	India	icsa@vsnl.com
24.	Masiga	Jane	MEDS	Kenya	jmasiga@meds.or.ke
25.	Masuki	Gerald	Action Medeor	Tanzania	kichi916ger@yahoo.com
26.	Mbengwa	Anglebert	ZACH	Zimbabwe	mbengwa@zach.org.zw
27.	Mbindyo	Regina	MEDS	Kenya	rmbindyo@meds.or.ke
28.	Mfuko	William	MEMS/MSH	Tanzania	williamm@mems.or.tz
29.	Mhango	Desirée	CHAM	Malawi	dmhango@cham.org.mw
30.	Mwiindi	Jonathan	Kijabe Hospital	Kenya	mwiindi@kijabe.net
31.	Nfor	Emmanuel	CBC	Cameroon	cbcpharmacy@aol.com
32.	Okaalet	Peter	MAP Internat'nal	Kenya	pokaalet@map.org
33.	Ombaka	Eva	EPN	Kenya	epn@wananchi.com
34.	Orach	Samuel	UCS	Uganda	sorach2@yahoo.com
35.	Orgenes	Lema	MEMS	Tanzania	orgenesl@mems.or.tz
36.	Padgett	Don	IMA	USA	donpadgett@interchurch.org
37.	Patterson	Jacqui	IMA	USA	jacquipatterson@interchurch.org
38.	Petersen	Albert	DIFAEM	Germany	petersen.amh@difaem.de
39.	Que	Nympha	CHAM	Malawi	nympha@malawi.net
40.	Risha	Peter	MSH	Tanzania	prisha@msh.org
41.	Sabiiti	Benon	UPMB	Uganda	benonsabiiti@yahoo.com
42.	Saunders	Philippa	Ess.Drugs Project	UK	edp@gn.apc.org
43.	Stannard	Paul	Crown Agents	Tanzania	paul.stannard@crownagents.co.tz
44.	Tsogbe	Kodjo	APROMESTO	Togo	ktsogbe@yahoo.fr
45.	Tukai	Mavere	MEMS	Tanzania	maveret@mems.or.tz
46.	Van Praag	Eric	FHI	Tanzania	evanpraag@fhi.org
47.	Van Zyl	André	WHO	Switzerland	vanzyla@who.int
48.	Verhoeven	Pascal	IDA	Netherlands	pverhoeven@ida.nl
49.	Vestskov	Anne	MEMS	Tanzania	annev@mems.or.tz
50.	Wagner	Ursula	AMFA	S. Africa	ursulaw@hollard.co.za
51.	Walekhwa	Pamela	CISS	Kenya	ciss@insightkenya.com
52.	Woldetensaie	Mebrat	HAI-Africa	Kenya	mebrat@haiafrica.org
53.	Wolo	Jérôme	Disp. Kirkissoye	Niger	dispkks@intnet.ne

Annex 3: French PRDU Course Participants from Church-related Health Services

No	Name		Country
1	Agamaraki Adamou Nurse / Coordinator Programme Santé BALD / Elise Catholique BP 11580, Niamey / NIGER Email: ag_adamou@yahoo.fr	2	Am-Mying Nathalie Pharmacist / OSEELC Oeuvre de Santé des Eglise Evangélique Luthérienne BP 06, Ngaoundéré / CAMEROUN Email: amtinacool@yahoo.fr
3	Coulibaly Daniel Nurse / Coordinator ALLIANCE MISSION BP 20, Sévaré / MALI Email : dancoul2002@yahoo.fr	4	Djékadoum Ndilta Med. Doctor / Hôpital Evangélique de Koyom BP 1111, N'djamena / Tchad Email : ndilta@yahoo.fr
5	Mukalay Jean Medical Doctor / Hôpital de la SIM Danja BP 121, Maradi / NIGER mnumbi@danja.sim.ne	6	Tsogbe Kodjo Epidemiologist / APROMESTO BP 53, Atakpamé / TOGO ktsogbe@yahoo.fr
7	Ntumba Muela Jacky (Facilitator) Pharmacist / Centre Médicale Evangélique Nyankundé P.O. Box 21285, Nairobi / Kenya Email: cjmuela@yahoo.fr	8	Bollinger Hans Peter (Organisation, Facilitator) Pharmacist / Programme Officer EPN Ecumenical Pharmaceutical Network c/o ODE, BP 108, Ouaga / BURKINA FASO Email: epn.faso@cenatrin.bf

Annex 4: List of Participants to the DSO Feedback meeting

	NAME	ADDRESS	E-Mail
1	Abah John Sule Christian Health Association of Nigeria (CHAN)	Bukuru-Rayfield Road Jos , NIGERIA	chanpharm@hisen.org chanpharm2002@yahoo.com
2	Akinyemi Akin Christian Health Association of Nigeria(CHAN)	P.O. Box 6944, Jos, NIGERIA	akinyem@yahoo.com
3	Allotey Charles Catholic Drug Centre (CDC)	P.O. Box KA 9712 Accra , GHANA	cdcdoh@ghana.com kallotey@email.com
4	Banda Marlon ; 7 Old Grange Avenue, Ballymena BT42 2 EA , NORTHERN IRELAND		marlonbanda@ukonline.co.uk
5	Biemba Godfrey Christian Health Association of Zambia (CHAZ)	P.O. Box 34511 Lusaka , ZAMBIA	biemba@zamnet.zm
6	Bollinger Hans Peter Réseau Pharmaceutique Œcuménique (EPN)	c/o ODE, B.P. 108, Ouaga-dougou , BURKINA FASO	epn.faso@cenatrin.bf
7	Bonnah Stephen Catholic Drug Centre (CDC)	P.O. Box KA 9712 Accra , GHANA	apandanquah@yahoo.com
8	Budge-Reid Heather	196 rue du Reculet 01710 Thoiry , FRANCE	heatherbr@kclinfo.com
9	Danquah Emmanuel Christian Health Association of Ghana (CHAG)	P.O. Box 7316 Accra-North , GHANA	chagghana@yahoo.com kdanquah2001@yahoo.com
10	Everard Marthe WHO PAR-EDM	Avenue Appia 20, 1211 Geneva 27 , SWITZERLAND	everardm@who.int
11	Kalimwabo Camille BUFMAR	P.O. Box 716 Kigali , RWANDA	bufmar@rwanda1.com
12	Kandeke Chipupu Christian Health Association of Zambia (CHAZ)	P.O. Box 34511 Lusaka , ZAMBIA	kandeke@zamnet.zm
13	Kigadye Fredrick Christian Social Services Commission (CSSC)	P.O. Box 9433 Dar es Salaam , TANZANIA	cssc@cssctz.co.tz
14	Kiliko Jonathan Mission for Ess. Drugs and Supplies (MEDS)	P.O. Box 14059-00800, Nairobi , KENYA	training@meds.or.ke jkiliko@meds.or.ke
15	Kusemererwa Donna Joint Medical Stores (JMS)	P.O. Box 4501 Kampala , UGANDA	donnak@jms.co.ug
16	Lema Orgenes Mission for Essential Medical Supplies (MEMS)	P.O. Box 1062 Arusha , TANZANIA	orgenesl@mems.or.tz orgenes_lema@yahoo.com
17	Logez Sophie WHO – PAR-EDM	Avenue Appia 20, 1211 Geneva 27 , SWITZERLAND	logezs@who.int
18	Madeda John Centrale Pharmaceutique de l'ECC (CEPECC)	BP 4708, Kinshasa , DR CONGO	jmadeda@yahoo.fr
19	Marsha Maccata Yambi	P.O. Box 9433	marsha@cssctz.co.tz

20	Masiga Jane Mission for Ess. Drugs and Supplies (MEDS)	P.O. Box 14059-00800 Nairobi, KENYA	jmasiga@meds.or.ke sahibu@africaonline.co.ke
21	Mavere Tukai Mission for Ess. Medicines Supplies (MEMS)	P.O. Box 1162 Arusha , TANZANIA	maveret@mems.or.tz mtukai@hotmail.com
22	Mlaki Wilson Kilimanjaro School of Pharmacy	P.O. Box 481 Moshi, TANZANIA	wmlaki@yahoo.com mlakiw@kilinet.co.tz
23	Mwandira Ruth Christian Health Association of Malawi (CHAM)	P.O. Box 30378 Lilongwe 3 , MALAWI	chamsec@malawi.net rhmwandira@malawi.net
24	Okaalet Peter Medical Assistance Programme (MAP)	P.O. Box 21663-00505 Nairobi , KENYA	pokaalet@map.org
25	Ombaka Eva Ecumenical Pharmaceutical Network (EPN)	P.O. Box 73850 Nairobi , KENYA	epn@wananchi.com
26	Petersen Albert German Institute for Medical Mission (DIFAEM)	P.O. Box 1307, 7200 Tuebingen , GERMANY	amh@difaem.de albpetersen@gmx.de
27	Que Nympha Christian Health Ass. of Malawi (CHAM)	P.O. Box 30378 Lilongwe , MALAWI	nympha@malawi.net
28	Rwakunda Dominique Kabgayi Hospital	P.O. Box 3070 Kigali , RWANDA	
29	Sthreshley Larry SANRU III Project	75 Av de la Justice, Gombe, Kinshasa , DR Congo	larrys@sanru.org
30	Sylvester Rugumambaju Joint Medical Stores (JMS)	P.O. Box 4501 Kampala , UGANDA	sylvesterr@jms.co.ug did@jms.co.ug
31	Wagner Ursula Affordable Medicines for Africa (AMFA)	P.O. Box 62229, Marshall town 2107, SOUTH AFRICA	ursulaw@hollard.co.za amfa@hollard.co.za
32	Woldentesaie Mebrat Health Action International (HAI)	P.O. Box 73860 Nairobi , KENYA	mebrat@haiafrica.org mebratwt@hotmail.com
33	Mwenda Samwel Christian Health Association of Kenya (CHAK)	P.O. Box 30690, 00100 Nairobi , KENYA	mwenda@insightkenya.com secretariat@chak.or.ke

Annex 5: List of Network memberswho attended PRDUC or PRDU courses

1. Lillian Gitau, Sustainable Healthcare Foundation (SHEF). E-mail lilliangitau@yahoo.com
2. Mavere Tukai, ELTC/MEMS, E-mail: maveret@mems.or.tz
3. Orgenes Lema, ELTC/MEMS, E-mail : orgenesl@mems.or.tz
4. Chibuta Shibemba Chishiba, Zambia consolidated coppermines Ltd Hospitals

Annex 6: A Statement of the Ecumenical Phamceutical Network on the US President's Emergency Plan for AIDS Relief

The Ecumenical Pharmaceutical Network (EPN), comprised of Christian Health Associations and hospitals, non-profit drug supply organisations and church related development agencies, from 22 countries attending our Annual General Meeting held from 5th – 7th October 2004 in Moshi, Tanzania issues this statement on the US President's Emergency Plan for AIDS Relief (PEPFAR).

We recognise and acknowledge that scaling up medical assistance and the care of the men, women and children in our communities who are infected and affected by the scourge of HIV/AIDS, must continue. Therefore, we welcome the initiative and the goals of the US emergency response to provide much needed resources for HIV/AIDS care and support; increase the number of patients under treatment; and, contribute towards the improvement of infrastructure required to fight HIV/AIDS. This gives hope for people living with HIV/AIDS.

However, as a network of health care service providers, we express our deep concern over some aspects of PEPFAR which have been identified as generally applicable, but to varying degrees in individual beneficiary countries:

1. PEPFAR's insistence on FDA approval for all medicines purchased and the 'buy American' requirement for medicines other than ARVs, causes needless delay in making life-saving drugs available and may be inconsistent with national treatment protocols.
2. PEPFAR's overwhelming preference for brand-name drugs and the barriers to the use of more affordable generic ARVs and drugs for opportunistic infections raise four major concerns:
    - It introduces a situation where patients are given different brands of the same drug thus creating a multi-cadre patient system in an institution, leading not only to misunderstandings but also a lot of additional work for an already overstretched health staff.
    - It will be difficult for the institutions to continue providing the same treatment at the end of the PEPFAR programme.
    - Using drugs approved only by the FDA may kill the local industries and threaten the sustainability of the already existing drug supply chains. This is particularly true of drugs against opportunistic infections, which are produced locally at affordable prices.
    - Use of expensive branded products, where equally good but cheaper alternatives are available, is not a cost effective use of resources.
3. In some cases, PEPFAR disregards national drug regulations and local supply chain management systems, which could damage national health systems, especially the pharmaceutical sector.
4. Treatment requires a lifetime commitment, yet there is currently no long-term strategy to provide a continuance of care at the end of the programme. The high level of donor control and little or no country or local ownership further undermines the sustainability of health care and other services.
5. In its current form, the implementation of PEPFAR promotes extensive use of US skills and capacities (personnel and institutions) to the detriment of available local expertise with greater understanding of the issues in their local contexts.
6. There is excessive delay caused by the inherent bureaucracy and conflicting operational rules and regulations. Cumbersome and time consuming documentation requirements; complicated procurement procedures for drugs and other needed items and restrictive expenditure regulations, frustrate and undermine the efforts of institutions trying to implement PEPFAR.
7. The implementation of PEPFAR is predominantly unilateral, undermining other international efforts such as the '3 ones' (one co-ordination, one strategy and one monitoring/evaluation) and the UN Prequalification Project managed by WHO.

In light of the above, we make the following recommendations:

a. PEPFAR should remove the restrictions of its funds to purchase only medicines approved by the FDA and the 'buy American' clause and instead allow the purchase of nationally approved medicines, generics or brand-name drugs, and antiretrovirals pre-qualified by the WHO.
b. PEPFAR should address fears of local drug management and supply institutions that they will be harmed by PEPFAR, and commit to strengthen and improve local structures and systems.
c. PEPFAR should hold extensive consultations with local partners in all areas of the programmes including policy formulation, planning, design, preparation of terms of reference and actual project implementation.
d. PEPFAR should regularly meet with community constituted advisory and oversight bodies comprised of people living with HIV/AIDS, FBO's involved in medical delivery, and health care experts among others.
e. Immediate discussions should start between PEPFAR, other donors, governments and implementing partners on the sustainability of services beyond 2008.
f. PEPFAR should actively identify and involve local experts resident in the partner countries for the effective implementation of activities.
g. PEPFAR should dialogue with local implementing partners with a view of recognising and accepting available and relevant local data or data collection systems and the simplification of documentation requirements.
h. PEPFAR should co-ordinate more effectively with existing international HIV/AIDS programmes including the Global Fund and the WHO '3 x 5' to ease implementation and avoid duplication at local level.

We the members of EPN, in the spirit of goodwill and solidarity, further affirm that the fight against HIV/AIDS deserves concerted effort from all partners to ensure sustainability, effective use of resources, expanded local capacity, empowerment of people living with HIV/AIDS and provision of treatment for as many people as possible. In view of the above, we commit ourselves to play our part in making sure that the PEPFAR programme is implemented to the best interest of those served, the implementing partners and the funding agency.

This statement has been signed on behalf of Ecumenical Pharmaceutical Network.

Mr. Albert Petersen
Chair EPN Board

Dr. Eva M A Ombaka
Coordinator EPN

Kenya Times Newspaper

10th November 2004

How genuine is US in fighting HIV/AIDS

By Isaiah Kipyegon

More than a year since its establishment, the US President's Emergency Plan for AIDS Relief (PEPFAR) still attracts controversy among major parties concerned with the planning and implementation of programmes.

This was the subject of discussion during the Ecumenical Pharmaceutical Network's Annual General Meeting held in Moshi, Tanzania from 5th to 8th October, 2004.

The Ecumenical Pharmaceutical Network (EPN) is a network of various agencies and organizations such as Christian Health Associations and hospital, non-profit drug supply organization and church-related development agencies from Africa, Asia, Europe, South America and the US.

The meeting, which brought together members from 22 countries from across the globe, took time to analyse PEPFAR.

"As a network of health care service prividers, we express our deep concern over some aspects of PEPFAR which have been identified as generally applicable, but to varying degrees in individual beneficiary countries," says a statement released by the network.

The statement expresses the views of the 54 participants in the meeting, representing about as many organizations, and was signed by the coordinator, Dr. Eva M. A. Ombaka, and the Chair of the Network Mr. Albert Petersen. It recognized that the scaling up of medical assistance and the care of the r
women and children infected and affected DS
continue.

The scale-up could certainly benefit imr
PEPFAR f mounting to 1 rie
world

AfricaFocus Bulletin

5th November 2004

www.africafocus.org/does04/acc0411php

Africa: Obstacles to AIDS Treatment

Editor's note:

There is now a wide international consensus that providing AIDS treatment to all in need of it is essential, along with prevention. But the obstacles are substantial, including lack of resources but also flawed policies and lack of political will. Among particular barriers are the failure to make full use of generic drugs and the policy of user fees that further access.

This AfricaFocus Bulleting contains (1) a strong statement by the Ecumenical Pharmaceutical Network, representing Christian medical associations and hospitals in Africa, which calls on the U.S. government to abandon its policy of insisting on U.S.-approved brand name drugs I n its support for overseas AIDS programs, and (2) an international call from AIDS professionals for a policy of free access to a minimal package of care, lud antiretroviral drugs (ARVs) as w necessary measures. The "Free b
reque nal ir d

Le Monde 17 November 2004

Lutte contre le sida: réalités américaines et renoncements européens

Randall Tobias masque, sous couvert de considérations sanitaires, une volonté foncièrement protectionniste. Au point que les récipiendaires confessionnels de Pepfar, à travers la fédération œcuménique Ecumenical Pharmaceutical Network (EPN), ont condamné le 7 octobre l'obligation que les génériques utilisés soient approuvés par la Food and Drug Administration américaine, ainsi que celle d'« acheter américain ».

Mais l'administration de George W. Bush a su aller plus loin encore dans son soutien aux grands laboratoires pour empêcher ces pays de recourir aux génériques. Ainsi, depuis la signature en novembre 2001 des accords de l'Organisation mondiale du commerce (OMC) sur la primauté des exigences de santé publique sur celles de la propriété intellectuelle, le gouvernement américain a signé avec le Maroc, l'Union douanière d'Amérique centrale et le Chili des accords bilatéraux qui remettent en cause ce principe essentiel et limitent davantage les possibilités de recours aux génériques.