

EPN



Ecumenical Pharmaceutical Network
Réseau Pharmaceutique Œcuménique

ANNUAL REPORT 2005



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EPN ANNUAL REPORT 2005

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Facilitating the development of compassionate, just and sustainable quality pharmaceutical care in and through the church health care system.

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ABREVIATIONS AND ACRONYMS

AGM	Annual General Meeting
AIDS	Acquired Immune Efficiency Syndrome
ART	Antiretroviral Therapy
ARV	Antiretroviral
CCIH	Christian Connections for International Health
CHAG	Christian Health Association of Ghana
CHAK	Christian Health Association of Kenya
CNLS-Rwanda	National Council for Controlling AIDS
CMSI	Christian Medical Services International
DIFAM	German Institute for Medical Mission
EED	Evangelischer Entwicklungsdienst - Germany
EHAIA	Ecumenical HIV/AIDS Initiative in Africa
FBOs	Faith Based Organizations
FGD	Focus Group Discussions
FIP	International Pharmaceutical Federation
HAI	Health Action International
HIV	Human immunodeficiency Virus
ICASA	International Conference on AIDS and Sexually-transmitted Infections in Africa
ICSA	Inter - Church Service Association
ICCO	Interchurch Organization for Development Cooperation - The Netherlands
IDA	International Dispensary and Medicines
M&E	Monitoring and evaluation
MEDS	Mission for Essential Drugs and Supplies
MSH	Management Sciences for Health
NIS	Newly Independent States
ODE	Office de Developpement des Eglises Evangeliques
PACANet	Pan African Christian HIV/AIDS Network
PAG	Pharmaceutical Advisory Group
PEPFAR	President's Emergency Plan for AIDS Relief
PHA	People's Health Assembly
PMTCT	Prevention of Mother to Child Transmission
PRDU	Promotion of Rational Drug Use
SEAM	Strategies for Enhancing Access to Medicines
SIDA	Swedish International Development Cooperation Agency
SOPs	Standard Operating Procedures
UNICEF	United Nations Children's Fund
VCT	Voluntary Counselling and Testing
WCC	World Council of Churches
WHA	World Health Assembly
WHO	World Health Organization

A DESCRIPTION OF ECUMENICAL PHARMACEUTICAL NETWORK

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

Our goal 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 marginalized. The Network's **intermediate beneficiaries** are its members—church-related health services and their representatives.

WE BELIEVE

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

We **value** the 'Health for All' ideals, organizational 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 organizations, non-government organizations, governments, the private and public health sectors, and other faith-based organizations.

OUR PROGRAMMES

The network carries out its work through three main programmes:

1. Development of an active Network with increased impact
 2. Maximizing access to essential medicines for church health services and their clients
 3. Increasing capacity of Church leaders and church-related health services to respond to the massive challenge of HIV/AIDS treatment
-

OUR WORKING METHODS

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.

MESSAGE FROM THE COORDINATOR



Our work in 2005 would not have been possible without the support of our donors and partners. A special mention of our Network members must also be made as they actively implemented our activities. We express our sincere thanks to them all.

Using the information gathered and the baseline established in 2004, we embarked on a fairly successful second year of implementation for our three year organizational strategy.

Our communication, a mainstay of our networking, improved with the appointment of a communication officer, increased and regular issues of Network publications and the production of an edition of *Contact* magazine which focused on access to medicines. The Network was also actively represented by the secretariat, board, Network members and partners in national, regional and international meetings.

In our programme on access to medicines, we finalized the access baseline instruments and carried out training in their use for Network members from Burkina Faso, Cameroon, Ghana, Malawi, Tanzania and Togo. Our Network members also completed baseline studies in Malawi and began other studies in Cameroon, Ghana and Tanzania. These will be completed by the end of the first quarter in 2006. Our work in promoting rational drug use continued through advocacy work at international level and the preparation of research and intervention work in Cameroon.

In the HIV/AIDS area, we carried out planned research and started HIV/AIDS treatment literacy for church leaders through a number of feedback and planning meetings in Kenya, Rwanda, and Burkina Faso. In the Newly Independent States in Eastern and Central Europe, the focus was on sensitization on the availability and use of antiretroviral drugs (ARVs) in those countries.

We also had some setbacks. Our plan to have an upgraded website by the end of 2005 was not successful. This has limited both our communication within the network and also outside the network. Completion of this work is a priority for 2006. The mid-term review, while acknowledging the good progress we have made in programmes two and three, has highlighted a weakness of our Networking programme. The concept of networking, that means, involvement of the members in offering support and being supported by the Network is not yet fully embraced. The Network is therefore not as strong as it can be. This will also be an area of priority in 2006.

Our plans for 2006 therefore, are to continue the work we have started as per the strategy. We close 2005 encouraged to continue with the plan and determined to address those areas in which we are lagging behind. We hope once again that our donors, partners and members will continue to support, encourage and advise us as we move forward in 2006.

Eva M. A. Ombaka
Coordinator

CHAPTER ONE:

PROGRAMME 1: DEVELOPMENT OF AN ACTIVE NETWORK WITH INCREASED IMPACT

1.1 IMPROVE MEMBERS' UNDERSTANDING OF AND COMMITMENT TO THE NETWORK

The Network experienced a pleasantly busy year in 2005. Since members are the core group of the Network, the secretariat ensured that they were well informed and kept up to date with ongoing programme activities. At the beginning of the year, members, partners and close friends of EPN received copies of the Annual Report for 2004 and a special edition copy of the Pharmalink newsletter. The newsletter highlighted key activities at the Pharmaceutical Advi-

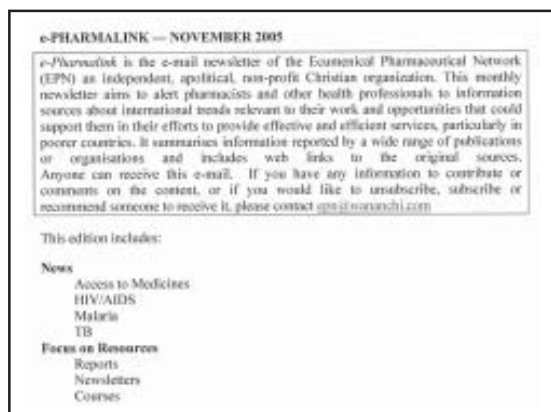
sory Group (PAG) meeting held in October 2004 in Moshi, Tanzania.

This was an improvement from previous years when the production of the newsletters was inconsistent.

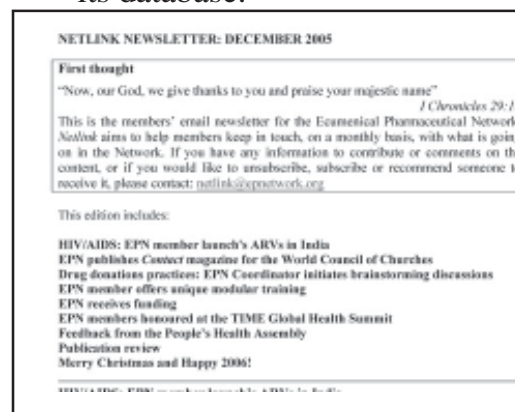
During 2005 members also received five electronic copies of the *e-Pharmalink* newsletter and five copies of the *Netlink* newsletter in English and French lan-

guages. This was an improvement from previous years when the production of the newsletters was inconsistent. Regular production of the newsletters will continue in 2006 with bi-monthly distribution of the newsletters. The quality and variety of articles is expected to improve as more members contribute articles.

In order to update the Network's records an update of the Network database was done. As at the end of 2005, the Network had 81 registered member organizations on its database.



Outlines of EPN's electronic newsletters e-Pharmalink (left) and Netlink (right)



1.1.1 Training of human resources, country focal points, the board and network members in effective governance, networking and core tools

After the completion of the communications strategy in 2004, EPN's focus in 2005 was to implement the suggested recommendations to ensure that the Network was in a position to maintain and expand links with its members despite their geographical location and circumstances. This implementation began in earnest with the redesigning and restructuring of the Network's website which was unfortunately not completed in 2005. Part of these activities also included the training of the Programme officer and Communications officer on the website application software to enable change, update and maintenance of the website's content. The management of the website content will be an ongoing process which is to be done on a regular basis to keep the site current and ensure that it is indeed a members' meeting place.

In addition to the website training, the Communications officer attended a five day training session on Development of logical frameworks and Monitoring, Evaluation and Impact Assessment. This was organized by HAI-Africa, an EPN partner.

1.1.2 Development of skills and approaches around monitoring, evaluation and impact assessment

As part of monitoring and evaluation a Midterm Review was conducted on EPN's work according to the organizational strategy document 2004-2006. The purpose was to review the progress of implementation of activities in the three programmes as well as make necessary changes to incorporate lessons learnt and observations made in the first half of the strategy's implementation period.

The review was conducted through several means including the distribution of questionnaires which were designed for various groups associated with EPN. These groups are board members, Network members and EPN's special friends. A summary of the findings was compiled into a report giving various recommendations. The report is available from the secretariat on request. An observation made from the review was the need to ensure that

all projects have their logframes clearly shown, with their set of activities, indicators and means of verification. The midterm review also highlighted the need for more effort and time to be put into developing the Network. (Programme 1). To implement this, the Network will require contact staff in each Country Focal Point (CFP) organization to give more time to EPN activities. The board is in the process of exploring ways for the Network to be more efficient in all language areas.

The monitoring and evaluation training which had been scheduled to take place in 2005 was postponed to 2006 to take place during the EPN Forum in Tuebingen, Germany. In order to implement the recommendations, the strategy will have to be extended for one year (to 2007).

1.2 MAINTAIN AND DEVELOP THE NETWORK'S COMMUNICATION

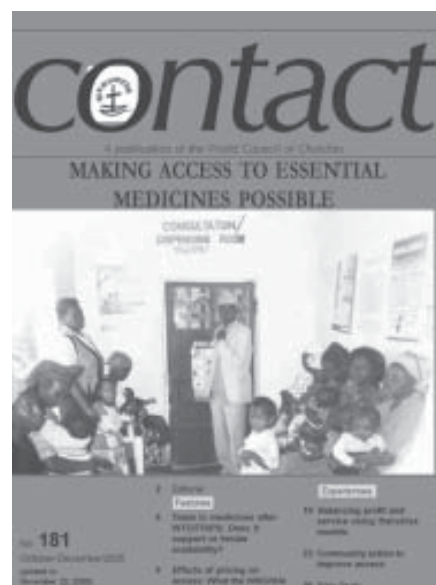
1.2.1 Communications structure and strategy

The communication and information technology strategy document which was developed in 2004, recommended that a communications office be set up at the Network's secretariat to ensure effective information exchange and lesson learning for the members. This was implemented in April 2005 with the setting up of an equipped communications office and the appointment of a fulltime Communication's Officer. The Ouagadougou office also engaged the services of a bilingual secretary to enhance the effectiveness and efficiency of the operations at the Francophone office (See EPN Secretariat issues).

a) Publication of 'Contact' magazine

EPN, with the assistance of various members and partners, wrote and published one edition of *Contact* magazine, a publication of the World Council of Churches (WCC). This issue titled "*Making access to essential medicines possible*" highlights best practices in resource-poor environments. Articles included "*Trade in Medicines after WTO/TRIPS*" written by Dr. Srinivasan an associate of LOCOST, a firm which manufactures low cost drugs for the NGO sector. This article highlighted issues and concerns in reference to the WTO/TRIPS bill which was passed in the Indian parliament in early 2005.

"*Effects of pricing on access*" was another article written by various authors from WHO and HAI. The article was a summary of findings following a survey conducted by WHO and civil society organizations on the effects of pricing of medicines in around 40 countries. Donna Kusemererwa, an EPN Board member and the General Manager of Joint Medical Store (JMS) a not-for-profit Church-founded



The front cover of the *Contact* magazine published by EPN

pharmaceutical supply agency in Uganda wrote the article “*Getting medicines to the people*”. This article highlighted the different ways of supply and distribution systems and the factors which hinder them.

The article “*Human Resources for health*” was written by Chipupu Kandeke, the Pharmaceutical and Logistics Manager for Churches Health Association of Zambia (CHAZ) and CFP for Zambia, and Eva M. A. Ombaka. It explained the causes of human resources deficit in the health care system and gave examples of ideas to retain healthcare workers where they are needed the most. Annie Barton, the Communications officer of the Sustainable Healthcare Enterprise Foundation (SHEF), wrote the article “*Balancing service and profit using franchise models*”. This article gave details on the franchise system being developed by SHEF in Kenya. The model is expected to provide a way to ensure that populations in rural settings in developing countries have access to affordable quality healthcare. The final article was written by Ione Bertocchi, a medical doctor from Central African Republic (CAR) and CFP for this country. Her article was on “*Community action to improve access*” which gave an example of a community in

CAR, developed its own primary health care provision system with the help of the Catholic Church. The bible study was written by Moses Manohar of Inter-Church Services Association (ICSA).

In addition to the above articles, a resource page gave details of various publications dealing with access to essential medicines.

Copies of the magazine are available at the secretariat and an electronic version is available at www.wcc-coe.org/wcc/news/contact.html



A medicines warehouse at MEDS

b) Website development and restructuring

A key area for the Network which was highlighted in the communications strategy was the website. Unfortunately this was not completed in 2005. However progress has been made to ensure its completion by the end of the first quarter of 2006. The new site will meet the changing needs and requirements of not only Network members but of partners and friends.

1.3 INCREASE THE NETWORK'S SUSTAINABILITY WITH PARTICULAR REFERENCE TO FUNDING

1.3.1 EPN Board meetings, visits to partners and supporters

The Network's board members held three scheduled board meetings in February, August and October. The meetings were held in Kenya, Ghana and Switzerland respectively. It has become a tradition to hold the first board meeting of the year in January/February in Kenya to allow the board to have direct discussion of the financial aspects of the Network with the auditors. The second meet-

ing is held to coincide with another activity. The third meeting is held to coincide with EPN's annual general meeting (expect in 2005).

During the meeting in Kenya therefore, the board members met with the auditors and received, discussed and approved the Network's audited financial reports for 2004 and established the work plan for 2005. In Ghana, the board had the opportunity

to visit some of EPN's members and partners namely the National Catholic Secretariat, Catholic Drug Centre, Christian Health Association of Ghana (CHAG) and EHAIA.

In Geneva the board members held discussions with partners and supporters of EPN including WCC and WHO. The board chair and coordinator also visited one of EPN's partners, EED, in Germany. During this visit a request for continued personnel support through Programme Officer of Francophone Africa (a seconded staff from EED) was made.



EPN board members at the board meeting held in Naivasha, Kenya (From left to right: Jane Masiga, Sara Bhattacharji, Albert Petersen, Natalia Cebotarenco and Donna Kusereremwa)

1.4 PARTICIPATION IN RELEVANT FORUMS

The EPN secretariat staff and members organized and/or actively participated in various international and local (regional and country) conferences.

1.4.1 International Conferences and meetings

WHO Expert Committee on the Selection and Use of Essential Medicines - Geneva, 7th – 11th March 2005

The Coordinator participated in the 14th expert committee meeting on the selection and use of essential medicines. During the meeting 312 medicines were selected for publication in the new model list.

University of Notre Dame Meeting – USA, 24th – 26th April, 2005

The Coordinator participated in the meeting that addressed the activities involving HIV/AIDS. These included dialogue with key funders on getting money to the people on the ground, monitoring & evaluation, and ARV generic drugs. Also discussed was how to follow up with UNICEF on a proposal to provide drugs for children.

World Health Assembly – Geneva, 9th – 19th May, 2005

EPN staff, Board Chair and an EPN member participated in the WHA where EPN in collaboration with Health Action International (HAI) facilitated a session on “*Rational Drug Use – Prospects for the future*”. EPN and HAI hosted a brainstorming session on how to include rational drug use on the political agenda. The outcome, (See Box 1), was included in the *Netlink* newsletter and received positive reactions from WHO.

Strategies for Enhancing Access to Medicines (SEAM) Conference – Accra, Ghana, 20th – 24th June 2005

The Coordinator participated in the SEAM Conference and made a presentation on “*Making Access to Medicines everybody's business*” featuring EPN's Guidelines for effective and efficient pharmaceutical Services. She also presented the preliminary findings of the Malawi baseline access survey.

2nd Peoples Health Assembly (PHA) - Cuenca, Ecuador 17th – 23rd July 2005

The Network was represented at the 2nd Peoples Health Assembly (PHA) by member and CFP for Peru, Josefa Castro from Servico de Medicinas Pro-Vida.

The goal of the People's Health Movement (PHM) is to re-establish primary health and equitable development as top priorities in local, national and international policy-making. The assembly highlighted key issues in relation to access to essential medicines, rational use of drugs, pricing and patents of medicines, all of which are of great importance to EPN. Concerns that were raised during one of the sessions on forces in the market and access to medicines included the high prices especially for the poor. For example in Argentina, the poorest fifth of the population spends 80% of its health budget on medicines and the richer fifth of the same population spends only 4.1% of their health budget on medicines. Other concerns were the observation that prescribing of generic medicines without addressing pricing and supply factors does not necessarily lower the cost of medicines. The lack of research by the pharmaceutical industry for medicines that affect the poor was seen to be a major issue as well. Ideas and proposals that were raised in relation to these included the creation of a world fund to assure the research and development of essential medicines, development of strategies in the pricing of medicines and strengthening of the medicine supply system.

Health is a social, economic and political issue and above all a fundamental human right

Josefa recommended that EPN continue to form partnerships with organizations that have similar goals as EPN for the purpose of speaking as one voice to advocate and lobby for these and more issues. A full report of the plenary sessions and workshops attended is available at the EPN secretariat.

BOX 1

Strategies to put rational drug use on the political agenda: (An outcome of EPN/HAI Session at WHA 2005)

1. Measuring the impact/obtaining the evidence

Studies should be done in areas where rational drug use policies have been developed and successfully implemented and the findings documented and disseminated to all stake-holders. This will provide the evidence that rational drug use can save treatment time and costs and finances and can improve health of individuals, consumers and their communities on a large scale. The same data can also be used to show the harmful/negative effects of not having rational drug use policies in place e.g. acquiring infections, death due to inappropriate medication etc.

Examples of activities proposed include carrying out cost benefit analysis; providing cost implication of irrational drug use to politicians; quantifying the drug misuse; documenting the cost in terms of burden of disease, mortality and morbidity due to irrational use; and publicising financial incentive fuelling irrational drug use.

2. Formation of alliances

Alliances should be formed between prescribers, consumers (community members) and politicians as this will ensure that all stake-holders are working towards common goals. In addition, policies and strategies to promote rational drug use should overlap with major health programmes like HIV/AIDS, malaria, TB and drug and substance abuse.

Examples of activities proposed include inviting politicians to venues where the benefits of rational drug use to their constituencies is highlighted; provide evidence to youth and communities on the links between irrational drug use and their lack of access to useful and safe drugs; integrate rational drug use requirements in development programmes.

3. Communication strategies

By using the media on a wider scale, clear communication strategies can be developed to put rational drug use on the political agenda. This gives knowledge to individuals, consumers and their communities and raises levels of awareness in areas like exposing risks of irrational use and giving information on the drug resistance problem. *Examples of activities proposed include providing regular updates to media on positive messages for rational drug use; highlighting consequences of irrational drug use such as deaths from resistant organisms; naming and shaming activities promoting irrational drug use.*

4. Empowerment of consumers and communities

Consumers and communities can be empowered in the use of medicine e.g. in areas of antibiotics use which are amongst the most abused medicines.

Examples of activities proposed include carrying out in simple rational drug use activities with in the communities with communities for simple step by step learning of rational drug use; providing communities with information to enable them and grassroots groups to demand appropriate use of their medicines.

5. Providing practical messages

Countries that have managed to implement policies with positive outcomes should document and promote their successes. This can be done by starting to use simple and practical messages focusing on one issue at the time so to avoid information overload that can cause confusion or misunderstanding.

Examples of activities proposed include market-

ing widely the Sweden model on antibiotic use; make the positive ICIUM outcomes more widely known and replicated; local successful experiences be shared within the country through support of local WHO offices and / or Ministries of Health.

6. Advocacy and lobbying

Advocacy for rational drug use should be done with all stake holders i.e. governments, donors, training institutions and student associations. This ensures that all who are involved in medicines are made part of the political agenda.

Examples of activities include making RDU part of training curriculum; making presentation on RDU at all possible venues; providing politicians with data for their deliberations in parliament; providing factual sheets on RDU to lobbyists.

7. Address at global level

Policies on rational drug use should be clearly defined and supported by organizations at the global level e.g. WHO, World Bank, Global Fund, PEPFAR etc. which makes it easier to implement the policies at lower levels i.e. regional, national, and community level.

Examples of activities include passing of a strong resolution on RDU at the World Health Assembly; allocation of funds for promoting RDU in the budgets; including RDU as requirement in agreements; include addressing RDU as part of strengthening health systems.

8. Address industry power

WHO and other international organizations should address “big pharma” issues such as the pharmaceutical industry in developed countries which are producing and promoting drugs mainly for the very profitable markets of industrialized countries, while neglecting much-needed medicines for illnesses that affect the poor and vulnerable people in resource limited countries.

Examples of activities include providing leadership in addressing excesses of the pharmaceutical industry that lead to irrational drug use; holding industry to live up to their social responsibilities.

Work in NIS and Central Asia

Through the representation of Natalia Cebotarenco (EPN CFP for NIS and board member) who participated in a ten day workshop in Uppsala, Sweden, EPN was mentioned and good networking contacts made with people from Tajikistan, Armenia and Kyrgyzstan. She also participated in a workshop in Odessa where networking contacts were made with people from Ukraine, Uzbekistan and Byelorussia. These contacts were followed up through involvement in Network activities and invitation to the planned EPN Forum in 2006.



EPN Board Member and CFP of Moldova /NIS, Natalia Cebotarenco

FIP's Pharmacy and Pharmaceutical Sciences World Congress, Cairo 3rd – 8th September, 2005

The Coordinator wrote a paper for the Congress entitled; “*Pharmaceutical Human resources - Achieving the targets*” which focused on the severe shortage of human resources for health. Due to ill health, she was unable to deliver it personally.

Antibiotics Resistance meeting in Uppsala 14th - 17th September, 2005

The Coordinator participated in a meeting to discuss antibiotics resistance which was organized by the Dag Hammarskjöld Foundation. The theme of the meeting was “*Will we respond to antibiotics resistance in time?*” Since EPN members have built rapport at the community and grassroots level, they have a great role to play in data collection in relation to antibiotic resistance, and have the opportunity to raise issues relate to access to medicines and antibiotic resistance at various levels.

The global health situation and the mission of the church in the 21st century - Breklum, Germany 25th – 30th September 2005

EPN was represented at this important meeting by its board member, Sarah Bhattacharji. The outcome of the meeting highlighted the importance of advocating for increased role of the church in health. This advocacy was to be part of work of EPN at the WCC assembly in Brazil.

Pre-ICASA Meeting - Abuja, 1st – 4th December 2005

The Coordinator attended a Pre-ICASA (International Conference on AIDS and Sexually Transmitted Infections in Africa) meeting in Abuja, Nigeria from 1st – 4th December 2005. The event was organized by the Pan African Christian HIV/AIDS Network (PACANet) and the Catholic Church of Nigeria in collaboration with Catholic Relief Services and Christian Connections for International Health (CCIH). The participants were mainly Christian groups working in the area of HIV/AIDS. The theme of the symposium was ‘*Improving the Standard: Building Partnerships with the Faith-Based Community.*’ The EPN coordinator made a presentation at the plenary on treatment in HIV/AIDS and also facilitated the treatment theme working group. This group noted that churches have the infrastructure provided via the Christian Health Associations (CHAs) which have decades of supply chain management system experience in delivering drugs and supplies to hospitals. Further details of the treatment theme working group are available at https://www.pacanet.net/News_and_Events.html

1.4.2 Regional and Country Conferences

Christian Health Association of Kenya (CHAK) AGM – April, 2005

EPN's secretariat staff member attended CHAK's Annual Health Conference and AGM, during which the treatment of HIV and AIDS was discussed, especially the use of Antiretroviral Therapy (ART) in relation to adherence was discussed.

ActionAid's International HIV/AIDS campaign – Nairobi, Kenya – May, 2005

EPN's secretariat staff member attended the launch of ActionAid's International HIV/AIDS Campaign. A call was made by developed countries to ensure that HIV-positive people in need of treatment have access to antiretroviral medicines by giving generic drugs as alternatives to expensive branded ones. especially the use of Antiretroviral Therapy (ART) in relation to adherence was discussed.

Development of German EPN movement – May 2005

One of EPN's members, the German Institute for Medical Mission (Difäm), invited all German organizations that are involved in procurement of drugs on behalf of Faith Based Organizations (FBOs) and secular institutions to discuss issues related to ARVs. It was proposed that this became an annual event organized by EPN through Difäm. The event would be named "EPN Germany". The report of this activity was included in the July 2005 *Netlink* edition.

German government's discussion on ARVs

The chairman of the Board participated in a meeting organized by the German government to discuss the general overview of ARV production, participation in future projects and how to improve quality standards of medicines.

VIII Congress of the Christian Union of Medical and Paramedical Personnel, in Koudougou / Burkina Faso, 6th to 10th August 2005

The network secretariat facilitated EPN's representation at the VIII Christian Union of Medical and Paramedical Personnel (UCMP) Congress by supporting the participation of three staff of its member and host organization ODE – Office de Développement des Eglises Evangéliques in Burkina Faso. The two main themes of the congress were "*Changing the face of the hospital*" and "*Spiritual care for PLWHA*".

Launching of ARVs by a network member - 28th October, 2005

One of the Network's members based in the India, Inter-Church Service Association (ICSA), through its service unit called [The Comprehensive Medical Services India (CMSI)] launched the ARV medicines Nevirapine and Zidovudine. Jane Masiga one of the board members, represented the network at the launch. The launch of these medicines means that patients will pay less for the medications on the Indian market. The manufacturing of these medicines will hopefully reduce the cost of medicines for their use in Africa as well, should export from India be possible.



EPN Board member Jane Masiga (left) launches the drug Zidovudine assisted by a member of ICSA

CHAPTER TWO: PROGRAMME 2: MAXIMIZING ACCESS TO ESSENTIAL MEDICINES FOR CHURCH HEALTH SERVICES AND THEIR CLIENTS:

2.1 ACCESS BASELINE STUDIES

After the development of EPN's Pharmaceutical guidelines for effective and efficient pharmaceutical services, it was agreed that activities aimed at maximizing access to medicines for church health services shall begin with baseline surveys conducted in three countries: Malawi, Cameroon and

Ghana. The aim of the surveys was to establish the baseline level of implementation by church health facilities to the principles of the guidelines. The surveys were conducted through use of four information gathering tools: a church-health services self-assessment questionnaire, a desk review, a drug

supply organization self-assessment survey and a guided CHS self-assessment including focus group discussions. Each study is expected to have its unique findings.

The first country baseline survey was conducted in Malawi from 5th – 19th April 2005. Since the survey was the first, it doubled up as a training session for participants from Ghana, Cameroon, Togo, Burkina Faso, Tanzania and Malawi. After the training the participants were required to facilitate two workshops in 10 different hospitals. The first workshop was with the hospitals' man-

agement teams and sought to discover how access to essential drugs had changed in the last five or less years depending on the age of the hospital. They also sought to find out what forces increase and decrease access to essential drugs for people in different service districts.



Participants from Burkina Faso, Cameroon, Ghana, Tanzania and Togo with EPN staff members and trainer at the Access Baseline study training workshop in Malawi

During the second workshop, participants met with church leaders as community members who live near the hospitals or obtain their health services from these particular hospitals. The Focus Groups Discussions (FGD) centered on the factors that affect drug access to the hospitals.

The participants were prepared and motivated to carry out similar studies in their own countries and those from Cameroon, Ghana and Tanzania started their surveys in 2005 and are expected to complete the work in the first quarter of 2006. The participants were appreciative of the knowledge they acquired and described the workshop as "having met more than their expectations." They emphasized the importance of networking and interaction because they were able to learn from each other's experiences.

2.2 COURSES ON DRUG USE AND MANAGEMENT

2.2.1 Pilot Course on Supply Chain Management – South Africa, 6th - 8th February 2005

The Network facilitated the participation of a member to this course which was organized by the International Dispensary (IDA). The aim of the course was to find ways of applying principles to ensure uninterrupted supply of HIV /AIDS medicines and supplies. After the training, the participant posed the following questions to network members through the *Netlink* newsletter:



Jonathan Mwiindi, the HIV/AIDS Community Manager at the Kijabe Mission hospital in Nairobi, Kenya. He participated in the pilot course on supply chain management in South Africa, 2005.

- What role does the pharmacist play in policy design and development?
- Are we in a position as a network, to develop strategies to ensure we are involved in the process of policy design?
- How can we ensure implementation of the strategies to improve the health of our communities?
- Should pharmacists be involved in the designing of Standard Operating Procedures (SOP) for supply chains on a national level?



HIV/AIDS medicines: a greater role for pharmacists?

2.2.2 PRDU Proposal writing competition

Following the Promotion of Rational Drug Use (PRDU) course in 2004 in Burkina Faso, the Network in collaboration with the World Health Organization (WHO) launched a follow up activity through a competition. The competition was to have participants write a proposal to conduct a study on the rational use of medicines. Six participants from church-related health services in Cameroon, Chad, Mali, Niger and Togo took part in the competition. The Cameroonian participant, a hospital pharmacist at the Health Department of the Lutheran Church in Ngaoundéré, Cameroon emerged as the winner. She received a WHO/EPN grant worth 5,000 Euros which she will use to conduct a study on *“The abusive use of antibiotics for acute respiratory infections in children under five years in the health structures of the Lutheran Church.”*



The winner of the PRDU competition, Nathalie Am-Mying.

CHAPTER THREE:
**PROGRAMME 3: INCREASING THE CAPACITY OF CHURCH LEADERS AND CHURCH-RELATED
HEALTH SERVICES TO RESPOND TO THE MASSIVE CHALLENGE OF HIV/AIDS TREATMENT**

3.1 FOLLOW UP ON PEPFAR STATEMENT

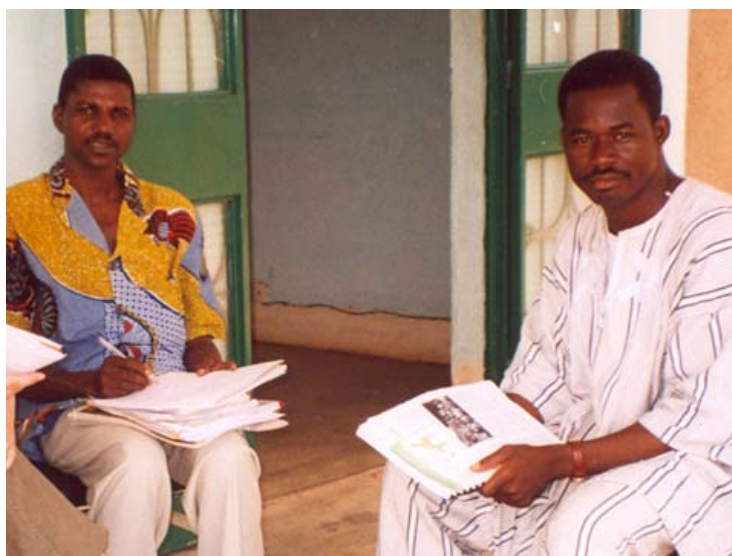
In June the EPN secretariat staff together with one of EPN's supporters from Health Gap did a follow up with institutions currently on the PEPFAR programme. The follow up was in regards to the EPN PEPFAR statement made at EPN's PAG meeting in 2004. The two visited MSH, MEDS, Coptic Hospital, Kijabe Mission Hospital and CHAK. They found out that the issue of supply chain management was still of concern to the supply organizations. For the institutions the main concern was the uncertainty about funds for the scaling up on ARV provision.

3.2 HIV/AIDS TREATMENT ACTIVITIES

3.2.1 ARV starting point study in Burkina Faso

To find out the level of understanding of ARVs by church leaders, their perception of the treatment and access to ARTs in general through church health services, a study was carried out in Burkina Faso between 13th June and 1st July 2005, after similar researches had been undertaken in Kenya and Rwanda in 2004.

The study was done in collaboration with EPN's country focal point for Burkina Faso, the "Office de Développement des Eglises Evangéliques" (ODE). The ODE/EPN team visited government health departments, a national hospital, churches and church organisations, church-related health service units, VCT test centres, associations of PLWHA, a Christian TV and radio station and other organisations active in HIV/AIDS and mainly ARV related issues. In four different locations across Burkina Faso, the team conducted key informant interviews and focus group discussions. The work was concluded with a desk review.



Pastor Mathias (left) taking notes during and interview with a National Council for Controlling AIDS (CNCLS) representative during the Burkina Faso ARV study

The study provided interesting insights in the provision and understanding of ARVs, the role of the church in treatment literacy of ARVs, the encouragement needed when visiting a VCT, the need for advocacy for affordable access to ARVs, and the impact of stigmatization when taking ARVs. Summarized versions of the study report, in either French or English, are available at the EPN secretariat.

BOX 2**A participant's response to the HIV/AIDS Feedback meeting in Nairobi, Kenya**

“I would wish to extend my appreciation and thank you for the good work you are doing. As a result of the EPN meeting you invited me to attend at Gracia Hotel in February; I have since been interviewed by reporters of a local radio station. The interview has been on air on Wednesdays and the response has been overwhelming. I have received calls from people asking for advice on various issues related to HIV/AIDS. The interview has also helped to promote work done by the African Network of Religious Leaders Living with or Personally Affected by HIV and AIDS (ANERELA+) and the Kenya Network of Religious Leaders Living with or Personally Affected by HIV and AIDS (KENERELA+). Church leaders have contacted me for advice and members of church congregations struggling with denial have called on me to offer them encouragement. One of the members of the inter-faith support group that we have formed was busy with household chores while listening to the Wednesday broadcast. When she heard me, a church leader, talking about my HIV positive status, she travelled a long distance to be part of the support group. Thank you as you touch the lives of people of God.”

3.2.2 HIV/AIDS Feed Back Meetings and next steps

Following the starting points studies held in Kenya, Rwanda and Burkina Faso in 2004 and 2005 respectively, feedback meetings to disseminate the findings of the researches were held in the cities of Nairobi, Kigali (both in February) and Ouagadougou (July). A total of one hundred and twenty one participants from different churches and church-related health organizations attended the meetings (See Annex). The meetings were each held for three days. On the first day of the meeting, invited speakers from the government, PLWA and church-related health organizations gave presenta-

tions on their activities and the lessons learnt in relation to ARV issues. These include dispensing of ARVs, advocacy for free access to ARVs and the role of the church in ARV provision. The main findings of the study were also presented.

On the second and third days of the meetings, the participants held plenary discussions and group work on the issues raised during the study. From these discussions, the participants came up with country-specific lists of what they believed are the most important activities for the church to undertake to ensure access to ARVs. These next steps are shown below for each country.

a) KENYA - Next steps

The key lessons learnt at the Kenya feedback were:

- Church health services and church leaders can and should work together.
- You can start small and go in the direction of growth.
- Information must be appropriate for those living in poor settings (poverty-focused).
- Training and re-training of church health personnel in ART treatment is crucial.
- Lessons can and should be learnt from church health services personnel.
- With more help and support within the church, both internal and external change is possible.
- Individual actions count, and policy helps them to count forever.



Participants listen attentively during the Kenya next steps and feedback meeting

b)RWANDA - Next steps

Under a general desire to speak out more on ARVs, the participants at the Rwanda feedback and next steps meeting identified the following key activities:

- Develop case studies for best practices
- Make contact with ARV specialists for technical information
- Involve people living with HIV/AIDS in all activities
- Address misunderstandings and ignorance through proper information
- Develop good communication and leadership skills

The participants ranked the key lessons from the feedback meeting as follows:

- The church has a role in community treatment literacy and adherence.
- There is a need for accessible information for church leaders and communities.
- Church-based HIV/AIDS support groups are an important way of addressing ARVs.
- Every CHS can provide ARVs and PMTCT.
- Church leaders and CHSs can address ARVs.



Archbishop Emmanuel M. Kolini, President of the National Council for Controlling AIDS (CNLS-Rwanda), speaking at the Rwanda HIV/AIDS study feedback workshop

c)BURKINA FASO - Next steps

Although there are only a small number of church-related health organizations in Burkina Faso, the participants at the meeting expressed their interest in working together on what they believe are the most important activities for the church to undertake to ensure access to ARVs. These are:

- Advocating the relevant authorities to ensure access to ARVs for those who need them the most
- Networking and reinforcement of existing structures
- Harmonizing strategies to access ARVs
- Promotion of income generating activities for vulnerable groups
- Making a commitment to offer free ARVs.



Participants at the Burkina Faso HIV/AIDS feedback meeting enjoy a team building exercise

3.2.3 Increasing access to ARV in Ukraine, Moldova and Byelorussia

Our member in Moldova (also the CFP for NIS and board member) Natalia Cebotarencoiu collaborated with Dr. Ulankul Tilekeeva, member of the RDU association of Kyrgyzstan facilitated a workshop on “*The situation on ARVs in Kyrgyzstan Republic – Bishkek*” on 14th October 2005. She also facilitated another workshop on “*Increasing access to ARV in Ukraine and Moldova*” from November 17th -18th 2005. The workshop was attended by 29 participants among them physicians, pharmacists and church representatives.

They discussed among other topics the availability of HIV/AIDS drugs in Moldova and Ukraine, ways

to increase the churches' role in the access to treatment and WHO's guidelines on ARVs treatment. The participants also viewed a film: "AIDS patient speak about the access to ARVs in Moldova." The report of this activity was included in the December 2005 *Netlink* edition.

3.2.4 EPN ARV access surveys.

In 2005, we continued to carry out access to ARVs surveys. At the end of the year representatives from 16 countries had filled in the questionnaire and the information was being analyzed



Participants at the ARV workshop in Moldova.

CHAPTER 4: EPN SECRETARIAT ISSUES

4.1 NEW STAFF MEMBERS

In 2005, two new staff members joined the EPN offices in Nairobi, Kenya and Ouagadougou, Burkina Faso respectively.



In April, Ms. Jacqueline Nyagah (Jackie) joined the Nairobi office as Communications Officer. Jackie will be responsible for the development, publication and dissemination of the Network's publications primarily *Netlink*, *e-Pharmalink*, *Pharmalink* and the annual reports. In addition to other tasks, she will also be responsible for updating, posting and maintaining items on the website content when it is completed. Since joining the Network, the production of the electronic newsletters has become regular.

Left: The Network's Communications Officer Jackie Nyagah

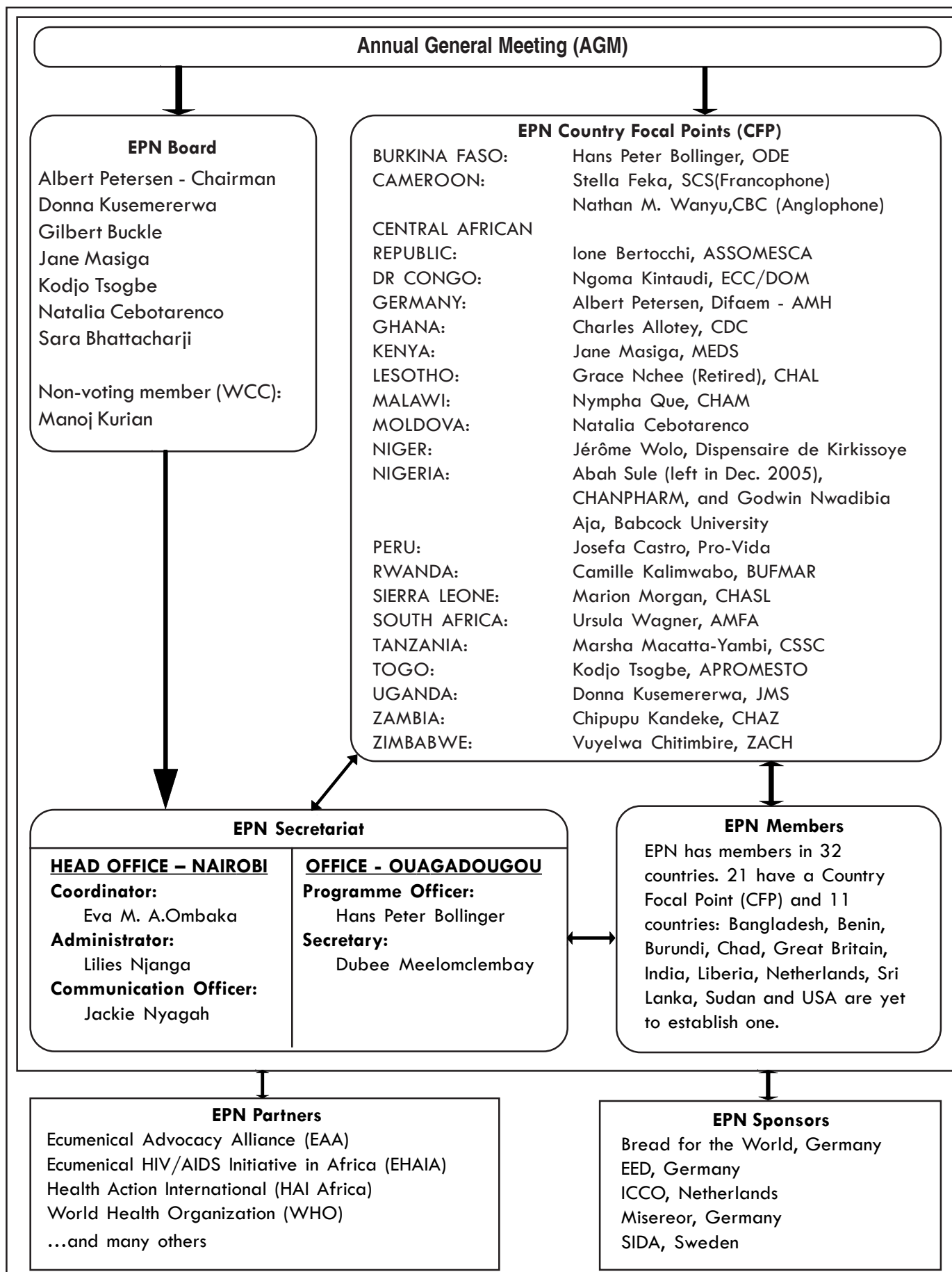
The EPN office for Francophone Africa in Ouagadougou has been strengthened by the appointment of a bilingual secretary. Starting her work for EPN in September 2005, Miss Dubee Meelomlembay (Meelom) will assure all secretarial services in the Francophone office and assist in communication with the Francophone members and the head office in Nairobi. During the first three months, Meelom demonstrated her excellent computer knowledge skills for the benefit of the Network activities, and also good success in making more of our documents and newsletters and other items available in French.

Right: The bilingual secretary for Francophone Africa Dubee Meelomlembay



4.2 ECUMENICAL PHARMACEUTICAL NETWORK - ORGANOGRAMME

Figure 1 (below) shows the current organogramme of the Network as of December 2005.



4.3 FINANCIAL REPORT

In 2005, EPN experienced excellent relationships with its development partners and supporters. EPN endeavoured to maintain accountability and prompt feedback on expenditure and reports.

The Network had a total income of US \$ 439,728. Of this amount, US\$ 413,825 was in the form of grants and US \$ 25,903 was from other sources of income. The Network spent a total of US \$ 313, 992 on the three programme areas and US \$ 5,381 in the payment of outstanding debts. Some planned activities were rescheduled to early 2006 and access studies in three countries were ongoing at the end of the year. A summary of the income and expenditure is as shown below.

4.3.1 Income and Expenditure

ECUMENICAL PHARMACEUTICAL NETWORK	
INCOME AND EXPENDITURE STATEMENT FOR THE YEAR ENDED 31ST DECEMBER 2005	
INCOME:	US\$
Grants	413,825
Other incomes	25,903
TOTAL INCOME	439,728
EXPENDITURE:	
PROGRAMME 1 - DEVELOPMENT OF AN ACTIVE NETWORK WITH INCREASED IMPACT	
Network Meeting	45,605
Communication	19,685
Staff and Office Cost	145,261
Fundraising Cost	2,931
Other Miscellaneous Expenses	1,591
Monitoring and Evaluation	4,928
Institutional and Lesson Learning	528
PROGRAMME 2 - MAXIMIZING ACCESS TO ESSENTIAL MEDICINES	
Baseline Manual Draft Preparation	1,050
Baseline Review and Training of Country Focal Points (CFP), facilitators and staff	11,313
Baseline Studies Country 1 (Malawi)	18,262
Baseline Studies Country 2,3 and 4	15,838
PRDU Follow-up Activities	66
PROGRAMME 3 - INCREASING THE CAPACTIY OF CHURCH LEADERS AND CHURCH-RELATED HEALTH SERVICES TO RESPOND TO THE MASSIVE CHALLENGE OF HIV/AIDS TREATMENT	
National Feedback/strategy meeting in Kenya and Rwanda	13,589
Baseline Study in Burkina Faso (starting point)	5,166
National Feedback meeting (Burkina Faso)	11,798
Increase Access to ARVs in NIS	10,700
Access to ARV Research	300
Outstanding debts (for activities carried out in the previous year)	5,381
TOTAL EXPENDITURE	313,992
CARRIED FORWARD TO 2006	125,736

4.3.2 Contributions in kind

In 2005 EPN received contributions-in-kind from its supporters and partners. The Network appreciates and acknowledges all these donations. Some of them are:

CONTRIBUTIONS RECEIVED IN KIND IN 2005			
	ORGANIZATION/INDIVIDUAL	CONTRIBUTION	MONETARY EQUIVALENT (USD)
1	APROMESTO	Release of staff to attend EPN Board meetings	1,000
2	CHAZ	Release of staff to attend EPN activities	1,000
3	Christian Medical College, Vellore, India	Release of staff to attend EPN Board meetings	2,000
4	Dag Hammarskjold Foundation	Organized travel to Sweden allowing for a visit to SIDA	200
5	“DRUGS” Moldova	Release of staff to attend EPN Board meetings. Representative of EPN in various meetings in EE and NIS	2,000
6	DIFAEM, Germany	Release of staff to attend EPN Board and other EPN meetings. Covered part of travel costs to EPN meetings. Distribution of publications to CFPs	6,200
7	EED – Germany	Contribution to Ouagadougou Office	36,000
8	EPN Members	ARV study facilitation	1,500
9	EPN member - organizations (Ghana, Cameroon, Tanzania,	Facilitation and release of the staff to participate in the baseline studies: training on work in Malawi	1,600
10	JMS Uganda	Release of staff to attend EPN board meetings	2,000
11	Josefa Castro	Contributed and represented EPN at PHM	188
12	Kirkwood Communications Ltd	Advise on preparing EPN website specifications and proposal write up for WHO	1,750
13	MEDS Kenya	Release of staff to attend EPN board meetings and other EPN activities	4,000
14	National Catholic Secretariat, Ghana	Hosting Board Meeting and release of staff to attend EPN Board meetings	2,500
15	Network Members	Participation and facilitation of access studies and contribution to EPN newsletters	4,000
16	PROVIDA	Release of staff to attend EPN activities	1,000
17	Staff of EPN	Hosting of consultant in Nairobi	1,000
18	WHO/DAP, Geneva	(In addition to financial support for specific activities) publications, technical support and professional advise	2,500
19	WCC Geneva	Part of administration support during visits to Geneva, professional support through other staff members	1,000
		TOTAL	71,438

4.4 ACTIVITIES IN PICTURES



Participants at the Kenya feedback and next steps meeting - Patricia Sawo (right) and Gibson Mwadime (left) from ANARELA+



Father Moses Makram from the Coptic Church hospital makes a presentation during the Kenya feedback and next steps meeting while Nadia Kirst listens attentively.



The EPN sign board at the entrance of Christian Health Association of Kenya (CHAK) compound where the Network's secretariat office in Nairobi, Kenya is located.



Hans Peter Bollinger, the Programme Officer for EPN Francophone Africa stands next to the office sign board in the ODE building where the EPN Francophone office is located.



Left: Participants at the Malawi Access to medicines workshop conduct a dispensary check



Participants at the Burkina Faso feedback and next steps meeting listen keenly to the facilitator.



Reverend Francis Karemera of the Episcopal Church of Rwanda (PEER), makes a presentation "ARVs, Rwanda and the Church - What church leaders can do in their church work" at the Rwanda ARV feedback and next steps meeting

4.5 PLANS FOR 2006

The year ahead has a number of scheduled activities in which greater participation of members is expected.

EPN will celebrate 25 years since the inception of its pharmaceutical activities in WCC. The highlights of the celebrations for the anniversary are scheduled to take place in May 2006 in Tuebingen, Germany. Activities to mark this event will continue in different countries through the year. 2006 will also see one of EPN's members, DIFAEM celebrate its 100 year anniversary.

After the completion of the mid-term review of the organizational strategy, it was recommended that more time and energy be dedicated to developing an active Network while giving prominence to increased impact. As a matter of urgency, the website will be completed and launched. This will aid in the network's communication both within the network and on an international level. Other activities will be identified by the board. These will include the already planned country activities. Collaboration and networking will continue with several meetings planned in 2006. These include WHO meetings and the WCC 9th Assembly. At the WCC assembly, which is held every seven to eight years, EPN and partners are scheduled to make several presentations in workshops known known as "mutiraos", which means "working together to make a difference." EPN will also have a display stand showing its work.

Under the access to essential medicines programme, activities include a feedback meeting and next steps meeting in Malawi, Cameroon, Ghana and Tanzania. Training of second group of countries and studies for baseline studies for those countries are also on plan. Also on the schedule are plans to visit the francophone PRDU competition winner for support and supervision as she implements her winning proposal.

As a follow up to the feedback meetings held in Kenya, Rwanda and Burkina Faso in 2005, several HIV/AIDS treatment literacy workshops are scheduled to take place in 2006. These will be both national and international workshops. Also in the pipeline are plans to prepare a treatment literacy booklet(including use of ARVs) for use by church leaders.

As always, we count on the support, advice and encouragement of our members and partners for the planned activities of our Network in 2006.

ANNEX

List of participants at the HIV/AIDS Study Feedback meeting - Kenya

List of participants at the HIV/AIDS Study Feedback meeting - Rwanda

List of participants at the HIV/AIDS Study Feedback meeting - Burkina Faso

List of participants at the HIV/AIDS study feedback meeting - Kenya

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List of participants in the HIV/AIDS study feedback meeting - Rwanda

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List of participants at the HIV/AIDS study feedback and next steps meeting - Burkina Faso

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