

EPN



Ecumenical Pharmaceutical Network

ANNUAL REPORT 2007



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ABBREVIATIONS AND ACRONYMS

ACHA	Africa Christian Health Associations
ACT	Action by Churches Together
AIC	African Inland Church
AIDS	Acquired Immune Deficiency Syndrome
ARV	Antiretroviral
ART	Antiretroviral Therapy
BftW	Bread for the World
BUFMAR	Bureau des Formations Médicales Agréées du Rwanda
CDC	Catholic Drug Centre, Ghana
CFP	Country Focal Point
CFPO	Country Focal Point Organisation
CHA	Christian Health Association
CHAK	Christian Health Association of Kenya
CHAM	Christian Health Association of Malawi
CHAZ	Christian Health Association of Zambia
CHI	Church Health Institutions
DSO	Drug Supply Organisation
EAC	East African Community
EED	German Church Development Service
EPC	Evangelical Presbyterian Church
EPN	Ecumenical Pharmaceutical Network
FBO	Faith Based Organisation
HAI-A	Health Action International - Africa
HEARD	Health Economics and HIV/AIDS Research
HIV	Human Immunodeficiency Virus
IGWG	Inter-Governmental Working Group
JMS	Joint Medical Store
M&E	Monitoring and Evaluation
MEDS	Mission for Essential Drugs and Supplies
MSH	Management Health Sciences
PAT	Pharmaceutical Assistant Training
PHD	Pharmaceutical Healthcare Distributors
RUM	Rational Use of Medicines
SCMS	Supply Chain Management System
SIDA	Swedish International Development Agency
TL	Treatment Literacy
USAID	United States Agency for International Development
WCC	World Council of Churches
WHA	World Health Assembly
WHO	World Health Organisation

A DESCRIPTION OF EPN:

EPN, a former programme of the World Council of Churches (WCC), is an independent non-profit Christian organisation that works to increase access to medicines and health services through facilitating the development of compassionate, just, and sustainable quality pharmaceutical care through the church health care system. Our purpose is to increase **the capacity** of church-related pharmaceutical activities to provide effective and efficient services.

EPN's **ultimate beneficiaries** are in line with the "Health for All" ideal. However, there is a specific emphasis on the poor and the marginalised. The Network's **intermediate beneficiaries** are its members. These are church-related health facilities and their representatives.

WE BELIEVE

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

1. A stronger voice that is more successful in creating policy and practice change at all levels
2. Better knowledge of issues and opportunities, resulting in improved decision making
3. Joint power and synergy in order to carry out programmes in identified areas.

WE VALUE

We **value** the "Health for All" ideal, 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 its goals. They include inter-governmental organisations, non-governmental organisations, governments, the private and public health sectors, and faith-based institutions.

OUR PROGRAMMES

EPN carries out its work through three main programmes, whose objectives are:

1. To develop an active network with increased impact
2. To maximise access to essential medicines for church health facilities and their clients
3. To increase capacity of church leaders and church-related health facilities 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. These are implemented through country focal points (CFPs), country strategies, and a central support team.



MESSAGE FROM THE CO-ORDINATOR:

Welcome to the 2007 EPN annual report. We hope you enjoy reading it. Let me highlight a few areas of our work.

As part of developing an active network with an impact, we had several activities in our communication area. We developed our database to manage our information better and improve our communication with our members, donors and partners. We also streamlined the publications and documents filed at the secretariat. In this process, we made key documents available to our members and partners. A number of them went to training institutions, including the Kenya Medical Training Centre and Great Lakes University in Kisumu. We are sure the materials will be put to good use!

We also distributed the regular publications to members. They included the *Contact* issue on promoting rational use of medicines, *Netlink*, *Pharmalink*, and even a hard copy of *Pharmalink*, which was used as an advocacy tool at the World Health Assembly.

The Network was also represented in several meetings, some of which the EPN-participant gave a presentation. For example, during the WHA, EPN was part of a strong team that successfully lobbied and advocated for the passing of the RUM resolution.

The secretariat also developed some documents to streamline the organisation. They include a job grading and salary structure, an HIV policy, an advocacy paper, and a fundraising strategy.

The secretariat also hosted interns, and the interaction was useful to both the interns and the staff. To further this concept of involving young people in our work, the secretariat will prepare an internship policy to be shared with our partners and donors.

The year also saw the external evaluation of the Network. The findings and recommendations were discussed by the Board, and the plan to implement the recommendations will be discussed by members in their meeting in June 2008.

Maximising access to essential medicines for the most vulnerable continues to be the core business of the Network. We therefore continued to promote and support activities and organisations that worked towards this goal. Early in the year, we concluded the competition on RUM and the overall winner was part of the EPN team at the WHA.

The findings of the commissioned studies on drug distribution, software options, quality assurance/control, and local production were presented to Network members in August and elicited much discussion. One of the key outcomes was the start of internal reflections by the drug supply organisations on their relevance and sustainability in a globalising world. This process is expected to lead to key changes in how they work, in order to increase their efficiency and effectiveness. Understanding that they are still needed, they will also assess and implement strategies to make them key drug supply organisations on the continent.

Access baseline studies continued in Nigeria and Togo. Plans for Kenya, Zambia and Ethiopia were finalised. The studies and feedback meetings are expected to be completed within the first half of 2008. The results will be reported at the June members' meeting.

The year also saw much capacity building in areas such as the preparation and implementation of standard operating procedures (SOPs) and continuous pharmacy education on key concerns

about HIV and malaria. The identified points of weakness in skills and knowledge will inform our future capacity building activities. The feedback received from the participants, and in some cases the institutional changes that have occurred, indicate that the trainings are necessary and useful. These activities are therefore expected to be extended to more countries in the coming years.

The SCMS/EPN task force collaboration continued to facilitate the process of stakeholder discussions in two countries. As a result, in Zambia, there was a clearer relationship and better understanding of the roles between the partners. Processes had also started for increased involvement of BUFMAR in the supply chain in Rwanda.

The year saw the most productive and informative work in our HIV programme. We continued our treatment literacy workshops at St. Paul's University, Kenya, and with church leaders in Zambia and Uganda. Informed by these activities, we reviewed the draft treatment literacy manual and developed a trainer's guide. Following the series of workshops carried out in Uganda, we carried out an impact assessment and gained useful insights, which we plan to share with others at the HIV meeting in Mexico in 2008. The discussions also highlighted the importance of us being active in advocacy work on the crucial issue of medicines for children. Our programme officer was actively involved in the discussions in various forums, and this work will continue.

In 2008, we will continue the work we already started. But we also expect to have increased action in the USAID programme on Strengthening Pharmaceutical Services (SPS) through a joint programme with MSH. Having completed the piloting of the tool on mapping of pharmaceutical human resources in church institutions, we expect to start the work in a number of countries in 2008.

None of the work we have done or plan to do would be possible without the support of many people and organisations. I wish therefore to thank most sincerely, our members, the EPN board, our partners, and last but not least, our donors, for the encouragement, active participation, and of course, financial support. We look forward to 2008, counting on you to walk with us again.

Thank you and God Bless.

PROGRAMME 1:

Development Of An Active Network With Increased Impact

1.1 Development of a communication structure and strategy that supports and allows the Network to communicate effectively

In 2007, EPN strived to complete the activities it had mapped out according to the organisation strategy (2004-2007).

a) Development of an information management system (database)

One of the main achievements of EPN in 2007 was the development and installation of a comprehensive information database. It was developed by a consultant with guidance from the EPN secretariat.

The system incorporates EPN members' database, programme activities, and contacts. Since the database can also monitor fundraising activities, it is expected to facilitate the implementation of the fundraising strategy, which was also developed in 2007. Details of the strategy are highlighted later in this report. The database is expected to assist the EPN secretariat to manage all its information more effectively. Training on the database for EPN secretariat staff members was deferred to 2008 to accommodate new staff.

b) Streamlining publications and documents in the EPN secretariat

In efforts to streamline its publications and documents, the EPN engaged a consultant to conduct a weeding exercise of its information material. The process involved perusal of publications and files, including audio and audio-visuais, and coming up with a list.

With the assistance of the EPN secretariat staff, the consultant weeded out material that were no longer deemed useful to the secretariat. These were donated to various institutions. Through this exercise, the secretariat created more room for future publications.

1.2 Development of communication tools for key information exchange (reporting relevant research/news, notice board facilities, and group communications), such as an improved website and Pharmalink.

a) Continued upgrading and maintenance of the EPN Website

In 2007, an efficient tracking system was installed on the EPN website. The system replaced the previous one, which was not user friendly, and was less efficient. For example, it required the physical counting of visits to the website. The new system tracks among other things, the number of people visiting the site, the regions from which they visit, the number of pages they visit, and how long they stay on the site.

Translations on the French side of the website were also initiated in 2007. These should be completed in 2008. The translations will ensure that the Network's francophone members are kept up to date with developments within the Network.

Also updated was the section on the website where several newsletters from the various Drug Supply Organisations (DSOs) were uploaded. This ensured that members were informed of the activities of other member organisations.

b) Publication and dissemination of *Contact* magazine – 2006 and 2007 editions

The 2006 edition of *Contact* magazine experienced a delay in its printing and dissemination, which was done in January 2007 (2000 copies were printed). The edition, titled "*Promoting Rational Use of Medicines*", highlighted the best practices to ensure rational use of medicines as well as the negative practices that encourage irrational use of medicines. The magazine served as a tool to advocate for Rational Use of Medicines at the World Health Assembly (WHA) in May 2007. It is available on both the EPN and WCC websites.

Unfortunately, the production of the 2007 edition of the *Contact* magazine was not completed by the end of the year as scheduled. This was mainly due to the delay in receiving the articles for the edition. The magazine will be completed by the end of the first quarter in 2008.

Reaction from recipients of *Contact* magazine:

We acknowledge and appreciate the efforts of your organisation in producing the magazine

- Dr. Samuel Mwenda, General Secretary,
Christian Health Association of Kenya

The publication is motivating and inspiring. It has highlighted an important issue

- Rev. Ronald Otieno – Kamreri Church
of God Dispensary, Kisumu, Kenya

To stop any future delays in the publication of the magazine, the board members have resolved to discuss possible topics in good time to ensure that articles are requested early enough to give their authors ample time.

c) Dissemination of Network publications

In 2007, EPN's regular newsletters were disseminated to members and partners. These were four editions of *e-Pharmalink* and six editions of *Netlink*.

Also disseminated was one edition of *Pharmalink* newsletter. It was a collection of the winning essays from the Promoting Rational Use of Medicines (RUM) essay writing competition organised by EPN. The essay competition required entrants to write essays that best described practical ways in which rational use of medicines could be implemented within institutions and communities.

Reaction from a recipient of *e-Pharmalink*:

I'm grateful for keeping in touch. I look forward to receiving more educative updates. God bless you.

- Susan Nyandwaki

The newsletter was distributed during the WHA in May, and was used as an advocacy tool to promote rational use of medicines. The writer of the winning essay was sponsored by EPN to attend the WHA as a member of the EPN delegation. Details of the winner's experience at the WHA are highlighted later in this report.

The March 2007 edition of *Practical Pharmacy* was also distributed to members and hard copies sent to all the Pharmaceutical Assistant Technician (PAT) graduates. The *Practical Pharmacy* is a newsletter that offers information on issues about medicines to front-line health workers who may not have a background on pharmacy. EPN staff is part of the editorial committee for this publication. Also distributed in 2007 was the EPN Forum 2006 report, which gives a summary of the deliberations and activities that took place during the forum, held in Tuebingen, Germany.

d) Africa Christian Health Associations Platform update

In 2007, the Africa Christian Health Associations (ACHA) was established. Hosted by the Christian Health Association of Kenya (CHAK), the ACHA Platform is set up to assist the Christian Health Associations in sub-Saharan Africa to collaborate and network among themselves for greater impact in their activities.

With the formation of this Platform, a new quarterly newsletter – *The Africa CHA Platform Update* – was developed. Two editions of the newsletter were produced (May-August and September-December). The EPN communications officer was part of the editorial committee for the newsletter and also contributed an article for each edition. The first article was on EPN's role at the World Health Assembly (WHA), specifically highlighting the Network's role in advocating for Rational Use of Medicines in Church Health Institutions (CHI). The second article was on EPN's feedback meeting for DSOs held in Lagos, Nigeria, in August 2007.

1.3 Increasing the Network's sustainability

a) EPN Board meetings and visits to members

Previously, the EPN Board members held three meetings in a year. In 2007, the board met only twice following a decision to reduce the number of annual meetings to save costs.



EPN Board members

The first meeting took place in Nairobi, Kenya, and as is the norm, discussions on the previous year's audited report and the following year's annual plan were on the agenda.

The second meeting was held in October in Vellore, India, and was hosted by the Christian Medical College (CMC), Vellore, and ICSA Bangalore, both being active members of EPN. Other items included discussions about the venue for and participants to the EPN Forum scheduled for June 2008.

While in India, the board members participated in an EPN's Church Health Facilities Pharmacists' workshop. This was in line with the EPN board policy to combine

one of the board meetings of the year with a members activity so as to foster interaction with EPN members and to receive feedback of activities. The workshop was organised in collaboration with EPN members in India, namely Christian Medical Association of India (CMAI), Christian Medical College (CMC) Vellore, and Inter-Church Service Association (ICSA).

Some of the board members also visited *Ranbaxy* – a major producer of generic products and the main producer of antiretroviral drugs (ARVs) procured by EPN members in Africa. Also in the team was the ARV procurment officer from Mission for Essential Drugs and Supplies (MEDS). The purpose of the visit was to discuss how to shorten the times between the development of new drugs and having them in the clinics. The board members were also keen to know their views on Trade-Related Aspects of Intellectual Property Rights (TRIPS), especially the question on how to export newly developed generics from India to Africa under the existing Indian patent law. Also discussed was the future of second and third line ARVs.

b) Evaluation of EPN 2004-2007 Strategic Period

Being on its last year of the strategic period 2004-2007, EPN commissioned an evaluation of its work and structure, with special emphasis on the implementation of the Strategic Plan. The evaluation took place between August and December 2007. The overall purpose of the evaluation was to ascertain what difference EPN had made over the strategic plan period.

The evaluation considered both the strategy and the programmes under it. The report that presents the findings, conclusions, and recommendations of the evaluation team will be made available to EPN members, donors, and partners in early 2008. The implementation of the recommendations by the secretariat and members will be discussed during the AGM in Yaounde, Cameroon.

Key results/recommendations

EPN achieved most of its objectives during the period, particularly in its Programme Two and Three. The Network model of working through one Country Focal Point (CFP) was found to be inadequate because communication did not take place effectively. Of particular concern was the lack of focus for the different types of EPN members (DSOs, CHAs, and other church health institutions). The EPN board discussed the draft report in October 2007, and the proposals for the way forward will be shared with the donors and members in the 2008 EPN Forum.



EPN consultant during the evaluation exercise

c) Development of an EPN fundraising strategy

In April 2007, EPN undertook to develop a fundraising strategy. This was necessitated by the fact that funding for the faith-based health sector, more so the funding for faith-based pharmaceutical-related services, was not well documented or understood.

In developing this strategy, EPN recognised that until the funding situation for the sector was better understood (and specifically for pharmaceutical services, which often account for 60 percent of the budget for a health care facility), it was impossible for donors and health service planners at all levels to draw up strategies to support and strengthen this crucial element of health service provision in developing countries, particularly in Africa.

The strategy was completed in September 2007. The year 2008 will mark the beginning of the implementation phase. The fundraising strategy addresses three key issues:

- i) The lack of funds available for the faith-based pharmaceutical sector (including EPN)
- ii) The need for stronger fundraising systems and skills within EPN
- iii) The need to increase membership fundraising capacities.

The strategy also notes key advocacy messages that need to be taken up. They are:

- i) Better funding for the faith-based health sector. About 50 percent of the work requires 50 percent of the funding.
- ii) Greater recognition of the role of the faith-based health sector as part of the civil society and national health provision in international funding systems, such as the Global Fund and the Paris Declaration, as well as by governments.
- iii) Increased commitment from churches in support of their own faith-based health sector through closer linkages between health facilities and churches, both in-country and internationally.

1.4 Development of inclusive communications activities such as regional and international meetings

EPN members and secretariat staff organised and actively participated in various international and local (regional and country) conferences and meetings. Details of these activities were reported in the *Netlink* newsletters. The newsletters can be viewed on the EPN website.

a) EAA regional meeting: Nairobi, Kenya, 19th January, 2007

The EPN co-ordinator facilitated a session during the Ecumenical Advocacy Alliance (EAA) Africa Regional meeting in Nairobi, Kenya, that was held as part of the World Social Forum (WSF) meeting. The purpose of the session was to assess and find ways to increase access to medicines at global, country, and individual level. The participants at the meeting proposed some activities towards this goal. These were taken up by EAA for further action.

b) Christian Health Associations conference: Bagamoyo, Tanzania 16th -18th January, 2007

EPN's HIV programme officer, Jonathan Mwiindi, and a graduate of the PAT, Ms. Sarah Byaruhanga, attended this meeting on behalf of the Network.

The presentations done during the meeting focused on different topics, including the Millennium Development Goals (MDG), the Human Resources for Health Crisis in Africa, Health Management Information System (HMIS), enhancing private public partnerships and identification of strategies for effective partnerships with local Faith Based Networks in Africa. EPN's presentation titled: *EPN, a tool for Christian Health Associations*, centred on how to address the pharmaceutical human



A section of the participants who attended the CHA meeting in Bagamoyo, Tanzania

resources needs. During the presentation, members of the CHAs were requested to help the Network to identify and support opportunities that would assist pharmaceutical personnel.

EPN identified the need to advocate for the pharmaceutical human resource who were often forgotten during such discussions. As part of following up this concern, the EPN co-ordinator made a presentation at the AGEH/Misereor workshop on "*Human Resources as Key Factor in Health Services*", held in October 22 to 25, 2007, in Bagamoyo, Tanzania. She also made a presentation to a group from various US organisations at the ActionAid International-USA office. The presentation was titled, "*Pharmaceutical Human*

Resources: Strengthening and Sustaining An Under-Recognised Pillar of Health Care Delivery Systems". It highlighted the need to pay attention to this cadre of health workers.

c) WHO study feedback meeting: Nairobi, Kenya, 6th -8th February, 2007

The Network's Administration officer participated in a WHO inter-regional feedback meeting on the "*Multi-country study on public medicine supply systems on the African continent*". The objectives of the meeting were to discuss the key results of the study and to develop an activity plan based on identified priority areas in order to strengthen public drug supply systems. The administration officer made a presentation on the *Multi-country study of medicine supply and distribution activities of faith-based organisations in sub-Saharan African countries*, conducted by EPN and WHO in 2004. Each of the participants received a copy of the report from EPN. They emphasised the need for public and faith-based DSOs to work together.

d) Accountability and transparency in the Pharmaceutical Industry: Washington D.C, USA 27th - 28th February, 2007

EPN's HIV programme officer participated in a meeting organised by Essential Action to map out strategies to ensure objective technical assistance for developing countries regarding intellectual property rights.

The meeting identified a need for partnership between developing and developed countries, and the need for transparency in how medicine prices are arrived at. EPN looks forward to being a part of a forum encouraging transparency in the pharmaceutical industry.

e) Medicines Transparency Alliance (MeTA) meeting and follow-up meeting: London, UK, 13th March, 2007 and 18th April, 2007

The UK Department for International Development (DFID) convened the first Medicines Transparency Alliance (MeTA) meeting. Access to medicines in resource-poor settings is hampered by different reasons, key among them being the lack of transparency and accountability. The meeting was therefore to find ways of curbing this. EPN was represented by its HIV programme officer.

Since MeTA was in its design phase, the meeting also sought to explore the potential for a global initiative to promote transparency and accountability in distribution, procurement, selection, and sale of essential medicines. The discussion sought to answer various questions, including:

- i) Which data on medicine quality, availability, and pricing are already in the public domain?
- ii) What do we already know about consumer awareness levels, preferences, and choices regarding medicine consumption in developing countries?
- iii) What other kinds of information are needed?
- iv) How could greater access to information be facilitated?

The HIV programme officer and the co-ordinator also attended the follow-up meeting. The participants at this second meeting raised a number of concerns regarding the alliance, among them being the need to have a clear objective that MeTA must fulfil. The meeting also felt that MeTA should be repackaged so that governments in different countries can take ownership. A long term commitment on funding for the alliance was suggested. The pilot countries to be used when setting up the alliance should be clearly monitored in order to document best practices and lessons learnt. EPN noted the importance of the Network being involved in monitoring the implementation of the alliance activities. DSOs who are members of the Network need to be informed of the formation of the alliance, so that they can give their input.

Following these transparency meetings, EPN submitted a proposal to DFID Governance and Transparency Fund, for building the capacity of the management of church health institutions and drug supply organisations. Results are expected in 2008. Links have also been made with other groups interested in the issues MeTA is to address.

f) Evaluation of the impact of PEPFAR Workshop: Washington DC, USA, 30th March - 1st April, 2007

The workshop was organised by the Institute of Medicines (IOM) to discuss design considerations for the evaluation of PEPFAR. It was of importance to EPN due to some Network members' involvement in the implementation of PEPFAR's Supply Chain Management System's (SCMS) in Africa. Participants observed that PEPFAR needed to harmonise its activities with other HIV/AIDS global players.

The countries in which PEPFAR intends to implement the SCMS should be brought on board during the design of the implementation process. The workshop participants also suggested that PEPFAR needed to shift from being an emergency programme to a long-term programme, and further noted that stakeholders needed to agree on the performance indicators to be used in gauging the impact of PEPFAR.

Following the meeting, EPN expressed the need to monitor PEPFAR activities very closely at country level, and give motivation to EPN country focal points to contribute to the ongoing discussions on implementation of SCMS in Africa. The individual countries also need to develop performance and impact indicators with which to evaluate the system. Discussions continued at the EPN/SCMS taskforce meeting in September 2007.

g) World Health Assembly: Geneva, 14th – 23rd May, 2007 (Rational Use of Medicines resolution is passed)

The EPN co-ordinator, board chairperson, a former board member, and the winner of the Promoting Rational Use of Medicines essay-writing competition, Dr. Sujith Chandy, made up the EPN delegation to the WHA 2007. The hard work, dedication, and commitment put in by the delegation, which represented the voice of the Church at the assembly, paid off when the Rational Use of Medicines (RUM) resolution was passed.



EPN Co-ordinator, Eva Ombaka, making a presentation during the WHA in May

EPN's activities to lobby the delegates of the WHA to pass the resolution started long before the meeting. In collaboration with Health Action International - Africa (HAI-A), the Network developed a document for the delegates, appealing to them to support the resolution. The document highlighted facts on RUM, the benefits of strengthening the resolution, and gave specific areas in need of input from the member states.

During the WHA the EPN co-ordinator, through her presentation titled "*Churches advocating for rational use of medicines*", not only urged delegates to pass the resolution, but also highlighted the importance of the involvement of multi-disciplinary bodies in addressing rational use of medicines at country level. The co-ordinator emphasised the important role played by faith-based DSOs in the supply of medicines. Through the DSOs and its members, EPN committed itself to closely support the national bodies to implement national plans of action within its member institutions to ensure rational use of medicines.

As follow-up, EPN, in collaboration with HAI-Africa, hosted a pan-African Experts Meeting on Access to and Rational Use of Essential Medicines, in November 2007, in Nairobi, Kenya. The meeting shared and discussed the content of the WHA 2007 resolution.

h) Pan-African Experts Meeting on access to and Rational Use of Medicines: Nairobi, Kenya - 14th - 16th November, 2007

In November, EPN, in collaboration with HAI-Africa, organised a meeting to evaluate the progress made in access to and rational use of medicines since the development of the essential medicines concept 30 years ago. Held under the theme, "*Saving lives and saving money: Making Access to and Rational Use of Medicines a Priority*", the meeting drew participants from civil society organisations (CSOs) and faith-based organisations (FBOs). The meeting was also an opportunity for the participants to forge links and to generate ideas on partnerships to ensure access to and rational use of medicines.

Key topics discussed during the meeting included the ethical question of advertising and promoting medicines, compliance and adherence of medicines, the impact of Free Trade Agreements (FTAs) on access to medicines, and procurement of medicines. The meeting also discussed how to communicate the rational use of medicines (RUM) message, and how to develop medicines that met the needs of children.

The participants made a number of recommendations, which included the need to develop medicines for children and to involve them in the formulation process, the importance of documentation and dissemination of best practices and lessons learnt in medicine issues, and the importance of educating consumers on medicine use. The full report of the meeting is available on www.epnetwork.org.

(Please see Annex for details of other meetings/conferences that EPN attended)

PROGRAMME 2:

Maximising Access To Essential Medicines For Church Health Services And Their Clients

2.1 Promoting rational use of medicines

Conclusion of Promoting Rational Use of Medicines essay-writing competition

In November 2006, EPN launched an essay-writing competition to promote the rational use of medicines. Titled *Promoting Rational Use of Medicines Essay-writing Competition*, it was open to all members of the Network, and required the contestants to write real stories describing their experiences with irrational use of medicines within their institutions, organisations, or in their countries. They were then required to suggest practical and achievable mechanisms that could be put in place to effect a lasting change towards rational use of medicines.

The winners of the competition were announced in March 2007, and their corresponding prizes were:

1. **Sujith Chandy (India)** - 1st prize: Expenses paid trip to Geneva for WHA 2007
2. **Joe Varghese (India)** - 1st runner up: US\$300 to purchase professional books
3. **Jacky Ntumba Muela (DR Congo)** - 2nd runner up: US\$200 to purchase professional books
4. **Guibrina Ouédraogo (Burkina Faso), Godwin Aja (Nigeria), and Subal C. Basak (India)** - 3rd runners up: US\$100 each to purchase books.

On returning from the WHA, the winner of the competition termed the experience “a once-in-a-lifetime opportunity”. He was glad to have been a part of the EPN delegation. He praised EPN for the “extremely commendable job” it was doing to not only promote RUM, but to also raise awareness on issues about quality assurance, drug manufacturing, pharmacovigilance, and intellectual property rights.

2.2 Drug Supply Organisations

a) DSO Studies

The *Multi-country study of medicine supply and distribution activities of faith-based organisations in sub-Saharan African countries* conducted by EPN in collaboration with WHO in 2004 showed that customers of DSOs were generally pleased with the services provided. However, the study also identified areas that needed of improvement. These included quality assurance, training, distribution and delivery services, procurement, storage and drug management capacity, sustainability of DSO operations, and collaboration.

To assist in addressing these gaps, the EPN secretariat commissioned studies on drug distribution and delivery systems, software options, quality control, and local production. A feedback meeting to review the outcomes and recommendations of these studies was held in Lagos, Nigeria in August 2007. The reports of these studies are available at the secretariat.

b) Drug Supply Organisations feedback meeting: Lagos, Nigeria, 13th - 17th August 2007

The meeting was held to discuss findings and recommendations from various studies commissioned (as explained in (a)) to follow up on the multi-country study of WHO/EPN medicine supply and distribution activities of faith-based organisations. The studies were on distribution systems, software options, quality control, and local production.

The meeting was attended by 35 participants from 14 different countries. Eleven DSOs from sub-Saharan Africa were represented. We were also honoured by the presence of Marthe M. Everard from WHO, Geneva, and M. Murray from ReAct, Upsalla.



A section of participants at the DSO meeting in Lagos, Nigeria, paying keen attention

Participants also discussed antibiotic resistance, and antiretroviral medicines. They outlined the activities they had undertaken since the last DSO meeting in Nairobi in June 2004.

Further, the meeting highlighted the need to develop tools to assist in key decision making processes and to emphasise the dangers of antibiotic resistance (ABR). The participants further stressed the importance of using appropriate language when passing information to different audiences, e.g. church leaders and health professionals.

The future roles of DSOs were issues of intense discussions. The meeting went ahead to identify concerns that needed addressing, chief among them being the question of sustainability in the face of mounting competition from the private sector, and the emergence of global donation projects, such as PEPFAR and the Global Fund.

A key outcome of the meeting was a recommendation to hold a strategic consultation in early 2008 on the future of church drug supply organisations. The consultation will have two objectives:

- i) To discuss the current global environment around issues of drug supply and their impact on the church drug supply systems
- ii) To chart the way forward for church related pharmaceutical services to keep being relevant and thus strengthened as they work in the current context.

Comments from some of the meeting participants:

The level of knowledge and expertise of the DSO managers or representatives who participated in the meeting was high. The reports of the small working groups, which were presented during the plenary sessions, led to rich discussions and clear recommendations for the Network to follow up on.
- Marthe Everard, Technical Officer, WHO/PSM

The meeting in Lagos was great. The list drawn by participants on the requirements of software for DSOs was very helpful. MEMS has shared the list with an agent (in Dar es Salaam) of the software we intend to implement, and the agent has indicated areas that the software is unable to undertake, areas that the software can handle with a limited level of customisation, and areas which the software is already capable. This has now led us to negotiate for the software to be customised further to meet possible future requirements.
- Orgenes Lema, MEMS, Tanzania

c) Training of Trainers workshop on Standard Operating Procedures: Nairobi, Kenya, 1st - 3rd October, 2007

One of the identified areas of weaknesses for DSOs and the institutions they serve is the lack of Standard Operating Procedures (SOP). To address this, EPN organised a series of country workshops for participants from DSOs and health institutions. The first workshop was held from 1st - 3rd October, 2007, in Nairobi, Kenya. The purpose of the workshop was to strengthen the training capacity of the participants on how to develop effective SOPs in DSOs and Church Health Institutions (CHIs). The participants were later expected to successfully facilitate SOP training courses in their respective countries.

Nine participants from Joint Medical Stores (JMS), Mission for Essential Drugs and Supplies (MEDS), Christian Health Association of Malawi (CHAM), and Mission for Essential Medical Supplies (MEMS) actively participated in the workshop, which they described as "well organised", "informative", and "an eye-opener". By the end of the training, the participants had identified an SOP that they could develop for a prioritised area in their organisations. They had also developed tentative plans for the training of CHIs.

d) EPN/SCMS Task force meetings

Following discussions during the EPN Forum 2006 on the Supply Chain Management System (SCMS), a joint EPN/SCMS task force was formed to explore ways to address the issues raised.

From EPN, the members are Jane Masiga (MEDS), Matthew Azoji (ChanMediPharm), and Eva Ombaka (EPN). Alternate members are Donna Kusemererwa (JMS) and Stephen Bonnah (CDC). The task force met for the first time on 11th -12th September 2006. In 2007, the team met on 11th -12th January, in Dar es Salaam, and on 28th - 29th September in Kigali.

Taskforce Objectives established at 11-12 January 2007 meeting in Dar es Salaam

Objective 1: Provide a platform for continuous dialogue

Objective 2: Provide a formal mechanism for information sharing and feedback for all levels

Objective 3: Contribute to the SCMS supply chain strategy at a global level

Objective 4: Provide information on interventions in the EPN and PEPFAR countries

Objective 5: Identify specific issues of mutual concern and agree on mechanisms to ensure they are addressed in a timely and appropriate manner, e.g. pricing disparities, developing risk management strategies.

Objective 6: Receive and deal with specific tasks as assigned by the EPN Board and SCMS management

Objective 7: Be a rapid response mechanism for concerns raised in-country

Objective 8: Disseminate examples of best practice, lessons learned and success stories

Objective 9: Facilitate introductions and access to other stakeholders of mutual interest.

The meeting in January set up the objectives of the task force (see box), and identified priority activities and tasks. The main issue was the development of tools for use by members to access support of SCMS if needed. This tool was distributed to EPN members. The other issue involved the support to CHAZ (Zambia). A visit by EPN co-ordinator and a SCMS partner resulted in a clear collaboration between CHAZ and the SCMS partner in Zambia.

The September meeting focused on strategising how to increase FBO involvement through support from SCMS in Rwanda, Tanzania, and Ghana. Visits to the partners in the countries were planned for 2008.

2.3 Access to essential medicines: Baseline studies

By 2007, studies and feedback meetings had been completed in Malawi and Ghana. Studies had also been completed in Uganda, Tanzania, and Togo, where feedback meetings were expected to

take place in early 2008. Though studies had been undertaken in Cameroon, very little feedback had been received. It was therefore not possible to hold a meeting. However, a report of the findings will be made available. In Nigeria, the studies were initiated and were ongoing at the close of 2007. A feedback meeting is expected in mid 2008.

The studies will continue in 2008 and Zambia, Ethiopia and Kenya are the target countries. The results of the studies and feedback meetings will be presented and discussed during the 2008 EPN Forum, with a focus to chart the way forward.

2.4 Continuous education for pharmaceutical assistants

In August 2006, MEDS, in collaboration with EPN, conducted a seminar for the PAT graduates, during which the benefits of the training were shared, and the challenges the graduates encountered in their work discussed. The participants requested EPN to continue involving them in short-term trainings in order to build their capacity to manage the challenges facing them at work. In response, EPN conducted seminars for the PAT graduates in the three East African countries in 2007. They were aimed at updating the PAT graduates on new developments on malaria and HIV treatment, and also on other policy implications.

The seminars took place in the following order:

- Tanzania: October 2007, facilitated by Mission for Essential Medical Supplies
- Kenya: November 2007, facilitated by Mission for Essential Drugs and Supplies
- Uganda: December 2007, facilitated by Joint Medical Stores.

The pharmaceutical assistants appreciated the unique opportunity to meet and share their professional experiences. They requested that the seminars be made an annual event, and suggested future topics, which included update on pharmaceutical practices and guidelines, drug costing, drug quantification, overview of PMTCT, adherence to antiretroviral therapy (ART), and paediatric ARVs.

The PAT programme was a two-year certificate course in pharmacy for staff from church health facilities in East Africa. It was first offered in 1995, and was concluded in 2004. The course was initiated by EPN and managed by Mission for Essential Drugs and Supplies (MEDS) on behalf of the three East African countries.

2.5 Church health facilities pharmaceutical workshop: Chennai, India, 14th – 16th October 2007

EPN, together with its members in India – Inter-church Service Association (ICSA), Christian Medical Association of India (CMAI), and Christian Medical College (CMC) Vellore – held a workshop for church health facilities pharmacists to mainly introduce EPN guidelines for effective and efficient pharmaceutical services. This was followed by an exercise to develop similar guidelines, but with a local perspective.

Indian church hospitals procure their medicines separately from local suppliers. This creates confusion on many occasions, arising from the many different brand names for the same product, hence part of the agenda to discuss ways of limiting the list of used products and to explore possibilities of pooled procurement. Further, there were discussions on the possibilities of having a church-based drug supply organisation in India as is the case in many African countries. The participants also got an opportunity to visit the ICSA manufacturing plant. Most participants' health facilities were customers of ICSA, and were therefore happy to have the chance to visit the plant.

PROGRAMME 3:

Increasing The Capacity Of Church Leaders And Church-related Health Services To Respond To The Massive Challenge Of HIV Treatment

HIV/AIDS treatment activities

a) HIV and AIDS Treatment literacy guide for church leaders

The development of the HIV and AIDS Treatment Literacy Guide for church leaders was not completed. However, the delay led to the learning of various lessons that would be taken into consideration in the development of future publications. These are highlighted later in this report, within the chapter on lessons learnt. It is hoped that the document will be completed by the first quarter of 2008.

b) Facilitation of session on HIV/AIDS treatment at St. Paul's University in Limuru, Kenya

The HIV programme officer continued to have sessions at St Paul's University, focusing on treatment literacy for the students (as church leaders). This has been extended by physical visits to Kijabe Hospital.

c) Training of trainers workshop on HIV and AIDS treatment literacy

EPN, in conjunction with its member – the Churches Association of Zambia (CHAZ) – organised a one day training of trainers workshop in Lusaka, Zambia in March, 2007. The purpose of the training was to build the capacity of the participants, who would in turn train others on HIV and AIDS treatment literacy. The participants of the training termed it “very relevant and timely to Zambia.” They were eager to learn, and stressed the importance of treatment literacy in the country.

This was followed by a treatment literacy workshop for church leaders from various parts of Zambia. The training was similar to those held in Nairobi in January and November 2006, but had participants from Zambia only. Its purpose was to equip church leaders to effectively respond to HIV and AIDS treatment issues within the church-health services context. At the end of the training, the participants developed action plans for implementation in all the Zambia provinces.

d) HIV treatment workshops in five districts in Uganda

Participants to the international workshops on TL from Uganda worked with a team from EPN to implement their action plan on increasing HIV treatment literacy in their churches in five districts.

The process included the training of trainers and roll out to other church leaders at dioceses levels. An internal evaluation through focus group discussions carried out after the workshops has shown that the religious leaders can be a critical channel for sending out message of HIV

treatment. Many of the trained religious leaders are attached to support groups or host support groups in their churches, and serve as sources of patient referral.

Involvement of local religious leaders helps to decrease stigma in the community and to enhance community ownership of the HIV treatment programme. Based on the work in Uganda, EPN has made a proposal to make a presentation at the international HIV conference in Mexico in 2008 as part of its sharing of lessons learnt.

EPN SECRETARIAT ISSUES:

4.1 General administration issues

Strengthening of the EPN secretariat

i) New staff members

In February 2007, the Francophone programme officer, Mr. Hans Peter Bollinger, a seconded staff by EED, left EPN after expiry of his term. A replacement, Ms. Anke Meiburg, who is also a seconded staff by EED, joined EPN in November 2007. Further, in the same month, EPN recruited a new accountant, Mr. James Mireri. He holds a Bachelor of Arts degree in economics, and he is a certified public accountant. He is expected to improve EPN's accounting and financial reporting.

ii) Internship programme

For the first time since the inception of the Network's activities, the secretariat hosted three interns. They were expected to perform activities that were in tandem with the Network's activities or programmes.

Two of the interns were from The Netherlands. Ms. Aster den Bok (a master's degree student in Theology at the University of Utrecht) and Ms. Willeke Neels (a fifth year medical student at the Erasmus University of Rotterdam) were in Kenya from March to June 2007. They conducted academic research in fulfilment of their specific degree requirements. Their research was also beneficial to the Network's HIV programmes.

Aster and Willeke carried out their research at Nazareth Hospital, Africa Inland Church (A.I.C) Kijabe Mission Hospital, Kitui Catholic Diocese HIV facility, and Maua Mission Hospital. During these visits, the two interviewed community members, church leaders, People Living with HIV, and health care personnel. They identified key practices implemented by these institutions, and the lessons that could be drawn from the practices.

The results of the study will be shared with members of the Network through an issue of *Contact* magazine, which will run articles on the summarised findings from each hospital.

The secretariat also hosted Tobias Staib, a social economist student in Germany, for a three-month internship from November 2007. He assisted the secretariat to streamline its action plan for fundraising activities.

With the successful hosting of three interns, the secretariat deemed it necessary to develop an Internship Policy. The document will guide the process of hosting interns in the future.

iii) Job Evaluation: Job grading and salary structure

In April 2007, EPN, with the assistance of a human resources consulting firm, conducted a job evaluation exercise, which resulted in the development of a job grading and salary structure. The objective of this exercise was to enable EPN to put in place a rationale for the different job



One of the interns in a VCT centre

grades and remuneration of the various staff. The exercise was participatory. All the staff members were involved in the development of the various job descriptions and specifications. This enabled staff to have in-depth understanding of their jobs. The developed job grading structure is flexible enough to accommodate future changes, including growth of secretariat staff and activities.

iv) Staff retreat

The EPN secretariat staff went on a retreat on 27th and 28th April. The retreat sought to motivate the staff to enhance their work performance through exercises in leadership and team-building.

The mode of training was experiential, whereby the participants went through physical and mental exercises that carried key learning points. The exercises were conducted in a non-formal outdoor setting. This facilitated the sharing of experiences among participants and facilitators.

The areas addressed in the training included:

- Understanding self and learning to complement each other as members of a team
- The importance of investing in a good plan
- Building of trust among team members
- The importance of co-ordination and networking
- Resource management
- Time management
- Matching individual/team needs with situations
- The power of vision
- Attitude and performance
- The art of decision making.

4.2 Advocacy strategy

In June 2007, EPN embarked on the development of an advocacy strategy aimed at increasing the capacity of its members to play key roles in advocacy work.

The strategy is expected to introduce an advocacy agenda that will raise the capacity of EPN and its members to influence policies that will ensure not only access to essential medicines, but also care and treatment in a safe environment, particularly for people in resource-poor settings.

The goal of EPN's advocacy strategy is to develop, implement, and monitor global, national, and local health-related policies and systems that are responsive to the needs of the populations being served. Emphasis is on the underserved.

The key objectives of the advocacy programme are to increase capacity of EPN members (and their constituencies) to do advocacy work regarding health issues (with special emphasis on medicines), and to boost input of EPN member concerns in processes related to pharmaceutical policy and systems development.

4.3 Partner relations

In 2007, EPN had excellent working relationships with its partners, and reiterates its commitment to the prudent use of its financial and in-kind resources. Special thanks go to BftW-Germany, Misereor-Germany, ICCO-Netherlands, United Church of Canada, and SIDA-Sweden, who funded the various activities carried out in 2007.

Following is a summary of the income and expenditure for 2007:

INCOME AND EXPENDITURE ACCOUNT STATEMENT	
FOR THE YEAR ENDED 31ST DECEMBER 2007	
	2007
	USD
INCOME	
GRANTS	411,532
Other Income	77,163
TOTAL	488,695
EXPENDITURE	
PROGRAMME 1 - Development of An Active Network With Increased Impact	
Upgrading of technical infrastructure and support of communications in the secretariat	2,188
Promotion and maintenance of the EPN website	800
Development, publication and distribution of EPN materials to members and partners	7,929
Network meetings	36,584
Support of meetings and communication of EPN members with their in-country representatives, partners and allies	1,178
External EPN Evaluation	22,515
Development of advocacy tools and materials	1,300
Increasing Advocacy skills & capacity of members	19,852
Staff/Personnel Costs	44,977
Overhead Office Costs	8,349
SUB TOTAL	145,672
PROGRAMME 2 - Maximising Access to Essential Medicines	
Completion of access baseline surveys	14,368
DSOs-(SIDA) Increased access to essential medicines	96,505
Increase of Pharmaceutical Human Resource skills & competencies in Church Health Institutions	12,975
Staff/Personnel Costs	106,146
Overhead Office Costs	19,704
SUB TOTAL	249,698
PROGRAMME 3 - Access to HIV/AIDS Treatments Literacy	
HIV/ AIDS Treatment challenges	36,960
Staff/Personnel costs	28,785
Overhead office costs	5,344
SUB TOTAL	71,089
OTHER EXPENSES	
Reimbursable Expenses	15,875
Medico - EPN/SHF Special Project Expenses	8,851
WCC-Contact No.181 & 183 Expenses	2,783
Loss on disposal of fixed asset	321
Depreciation of fixed assets	9,596
SUB TOTAL	37,426
TOTAL EXPENDITURE	503,885
SURPLUS/(DEFICIT) FOR THE YEAR	(15,190)

In addition to grants from the direct funding partners, EPN received contributions in-kind from its members and partners as shown below. EPN is also grateful to others who have not been mentioned.

IN-KIND DONATIONS RECEIVED IN 2006	
ORGANISATION/INDIVIDUAL	CONTRIBUTION
APRMESTO - TOGO	Release of staff to attend EPN Board meetings
Christian Medical College, Vellore, India	Release of staff to attend EPN Board meetings
"DRUGS" Moldova	Release of staff to attend EPN activities
DIFAEM, Germany	Release of staff to attend EPN Board Meetings, and other EPN meetings & activities.
EED - Germany	Contribution to Ouagadougou office.
EPN member organisations	Facilitation and release of staff for access
(Nigeria, Uganda, Togo, and Tanzania)	Baseline studies
JMS, Uganda	Release of staff to attend EPN Board meetings
MEDS, Kenya	Release of staff to attend EPN Board meetings and other EPN activities
National Catholic Secretariat, Ghana	Release of staff to attend EPN Board meetings and other EPN activities
Network Members	Contribution to EPN newsletters.
WCC, Geneva	In addition to financial support for specific activities, WCC provided professional support through staff members
ICSA, India	Contribution to EPN activities
MEDS, Kenya	Cost of flight & two days accommodation to EPN workshops in India for Jane Masiga
ECWA, Nigeria	Cost of accommodation at DSO Lagos meeting for Grace Ebuger - Miner

Note: The total value of the contributions made by our members above was estimated at US\$ 25,300, and was included in the income statement for year 2007.

IMPACT AND LESSONS LEARNT:

5.1 Development of an active network with increased impact

a) Members accountability

In 2007, EPN members actively participated in the Network's activities. However, it was noted that there was need for the EPN secretariat to hold members accountable for regular feedback on the progress attained after EPN workshop/trainings.

b) EPN evaluation

During the evaluation of EPN's programmes based on the organisational strategy 2004 - 2007, various recommendations were made towards improving the Networking programme. Key among these was the networking model, which was deemed inadequate. Also, it was recommended that there was a need for better visibility for the Network and more involvement in advocacy issues.

5.2 Maximising access to essential medicines for church health services and their clients

In 2007, the access to essential medicines programme learnt important lessons, especially in the following area:

a) Pharmaceutical human resources

Human resources for health is an issue that was largely covered in many forums discussing health service delivery in Africa. A key lesson learnt by EPN in 2007 was the importance of advocating for ways to retain pharmaceutical human resources.

b) Future of church DSOs

During the Lagos meeting to discuss the work of church DSOs, the issue of their future and the best role they could play in today's context was raised. Members acknowledge the various changes that had taken place within the environment that the DSOs operated. The entry of global supply bodies into different countries, as well as the rising competition in-country was of particular concern.

The lesson learnt was that there was a need for EPN and the DSOs to work together in identifying the current global issues surrounding drug supply and their impact on the church drug supply systems. This would help in charting the way forward for church-related pharmaceutical services to keep being relevant as they work in the current context.

5.3 *Increasing the capacity of church leaders and church-related health services to respond to the massive challenge of HIV and AIDS treatment*

The HIV and AIDS programme learnt valuable lessons mainly drawn from the development of the HIV and AIDS Treatment Literacy Guide, the cascading of treatment literacy to the grassroots, and the DSO forum in Lagos.

a) Development of the HIV and AIDS Treatment Literacy Guide

The completion of the guide took a longer period than expected. The delay was due to various challenges from which the following lessons have been learnt:

- i) It is critical to engage a consultant with experience in HIV and AIDS to develop future HIV and AIDS publications. The lead consultant, though very experienced in guide development, was not a content expert in HIV and AIDS. Inclusion of such a consultant might have helped conclude the publication faster.
- ii) It is critical to have a clear documentation of the anticipated process of guide development, the persons or personnel responsible for each process, the anticipated costs for each process, and clear timelines for completion of publications and a caveat that indicate penalties for missing the timelines.

Once in place, this documentation will provide a clear understanding of the publication progress.

b) Cascading Treatment Literacy to the grassroots

2007 was a year of great progress and learning for the Treatment Literacy (TL) workshops. The year started with a clear mapping of four countries – Zambia, Tanzania, Uganda, and Kenya – where the TL workshops would be undertaken. Through this exercise, critical lessons were learnt, which will inform the implementation of future workshops. They include:

- i. Participant selection criteria. It is important to use already existing networks to select participants for TL workshops. Clear guidelines need to be given to the countries for the kind of participants who would not only benefit from the workshops, but also transfer skills to the country level. Lessons indicate that if individuals are selected from outside a network, they almost always do not implement the action plans they have drawn up.
- ii. Empowerment of TL workshop participants to carry the work in their countries: There is need to empower treatment literacy participants who draw up action plans by making follow-ups in-country, and training them to train others to draw up and implement action plans.
- iii. Support of the trained persons: After the training, the EPN team should be at hand to accompany and support the in-country team in facilitating a workshop. This gives a lot of confidence to the newly trained team. This empowerment plan was tried and implemented in Uganda in partnership with Uganda Joint Christian Council (UJCC).
- iv. Impact assessment: Following the training and support of individuals in a specific country, there needs to be follow-ups with those who have been trained to determine if the training has had any impact on the ground. In the results chain, this would not just include measuring of the outcomes, but also the impact for the sake of documentation. The results should be shared with the implementing body, the facilitators involved, and the donors for the purpose of future partnerships. The results should also act as input for future workshops.

- v. Number of workshops held in a year: In previous years, EPN has usually conducted HIV and AIDS treatment literacy workshops in four countries. The process of conducting HIV and AIDS treatment literacy activities including workshops, offering support, and impact assessment in a country takes longer than offering the workshop only. The cost is also higher. There is therefore a need to reduce the focus countries from four to two a year. This will allow more focus in a country and time to go through the whole results cycle from input to impact assessment. Cameroon and Malawi have been proposed for the 2008 workshops.

c) DSO forum in August 2007

During the DSO forum in Lagos, a session of the programme was devoted to HIV and AIDS issues. The key lessons from this session included:

- i. The need to include a session on HIV and AIDS during forums with broad-based representation.
- ii. The need to draw the advocacy agenda for the HIV and AIDS programme from the Network members.

PLANS FOR 2008:

6.1 Development of an active Network with increased impact

a) Development of an internship policy

With the successful hosting of three interns in 2007, the secretariat deemed it necessary to develop an internship policy. The document, which will be ready in early 2008, will guide the process of hosting interns in the future.

b) Greater member involvement

In 2007, EPN members actively participated in the Network's activities. However, it was noted that there was need for the EPN secretariat to hold members more accountable for regular feedback on progress made after EPN workshops and trainings. In 2008, the secretariat will develop mechanisms for evaluating the impacts of member participation at these meetings.

c) Website

There will be continued development and maintenance of the EPN website. The DSO portal will be developed further to allow for automatic email reminders for submission of newsletters to be uploaded on the website. Where hard copies are available, they can be scanned and uploaded. Francophone members are encouraged to submit newsletters. This is expected to improve with the engagement of the Francophone programme officer.

d) Advocacy

EPN will implement its advocacy strategy with assistance of its members and partners, and hopes to have greater impact in 2008 in influencing policy development and implementation in areas that ensure access to effective and efficient pharmaceutical services.

e) Newsletters

Presently, the distribution of *Netlink* and *e-Pharmalink* newsletters is through one mailing list. In 2008, the communications office will create two mailing lists for the two newsletters. This will make it easier to monitor the two for concrete reports on the impact of each.

6.2 Maximising access to essential medicines for church health services and their clients

a) Antibiotic resistance

With the support of its partners, EPN hopes to develop tools for informing the necessary stakeholders about the developments in advocacy work for policies that will mitigate antibiotic resistance. These tools will include newsletters, brochures, and other publications.

b) Pharmaceutical human resources

In light of the shortage of pharmaceutical human resources, EPN will offer support to individuals in charge of pharmaceutical activities. Through advocacy at local and international levels, EPN will continue to ensure that pharmaceutical personnel and departments receive the attention they deserve. This will increase their capacity to ensure efficient and effective pharmaceutical services. EPN also intends to increase the capacity of DSOs so that they can give support to their clients.

c) The future of faith-based DSOs

Through offering in-country technical support, EPN will in 2008 work together with DSOs to strengthen their capacities, particularly church-based DSOs, to strategically evaluate how best they can play their part. EPN DSO members will prepare strategic plans that will keep in line with current global changes in drug supply systems.

d) Rational use of medicines (RUM)

EPN intends to move from theory to practice by working with others at country and international levels, to lobby for RUM to be put on the political agenda. Through writing and submission of advocacy papers, development of publications, posters, and brochures that highlight RUM as an important issue in pharmaceutical health care, EPN, through its members, will strive to ensure that RUM receives priority in health and pharmaceutical issues.

6.3 Increasing the capacity of church leaders and church-related health services to respond to the massive challenge of HIV treatment

Streamlining HIV and AIDS treatment literacy activities

In 2008, EPN's Programme Three will streamline the activities and processes for its HIV and AIDS treatment literacy workshops as outlined in the Lessons Learnt chapter of this report.

ANNEX:

Meetings And Conferences

ACT-Development workshop: Bonn, Germany, 31st January - 1st February 2007

In September 2006, the Action by Churches Together (ACT) Development steering committee met to discuss work plans for their new alliance. A pilot project on impact assessment proposed by Bread for the World (BfdW) was among the issues discussed.

In January and February 2007, the EPN administration and networking programme officer attended a workshop to highlight the relevance of a joint ecumenical concept of impact assessment, and develop a proposal on the same. The proposal was expected to define the objective of the joint project, to nominate persons for a working group for the joint process, and to work out guidelines for the working group. On its completion, the proposal was forwarded to the ACT-Development assembly in February 2007.

As a result of this participation and after board consultations, EPN applied for observer status in the ACT-Development to facilitate continued follow-up of its activities and also to increase its networking horizons.

Prince Mahidol Award conference: Bangkok, Thailand, 31st January - 2nd February, 2007

The EPN board chairman attended the Prince Mahidol Award PMA conference titled "*Improving Access to Essential Health Technologies: Focusing on Neglected Diseases, Reaching Neglected Populations*". Key among the issues discussed at the conference and also during the following GTZ workshop on Production of Medicines in Middle-Asia Countries, was the problem of trade barriers and how they hindered access to medicines. The clear message, especially by the participants from the UN organisations, was that TRIPS Flexibilities could be used to increase access to medicines.

The board chair carried out a campaign in Germany to question the activities developed by Abbott. Ten other German NGOs supported the campaign, which eventually resulted in a discussion on these issues with representatives from Abbott Germany and Abbott US, hosted in Tübingen by EPN member, Difaem.

Access to Medicines Meeting: London, UK, 19th April, 2007

The HIV/AIDS programme officer and the co-ordinator represented EPN at an Access to Medicines meeting organised by DFID and The LANCET. EPN noted the following key things in relation to its activities on access to medicines:

- i) It is important to support in-country supply chain systems as they play an important role in ensuring sustainability of access to medicines.
- ii) The parallel approach of focusing supply chains to only one item needs to change. The focus on one disease needs to be seen as an entry point in improving a health system and not only for the intervention of a specific disease such as TB, Malaria, or HIV/AIDS.
- iii) EPN members and institutions concerned with access to medicines need to build networks and enhance information sharing to prevent replication of projects and programmes.

Setting up Observatories for HIV/AIDS Commodities meeting: Durban, South Africa, 25th June, 2007

Organised by the World Health Organisation (WHO) in collaboration with the Health Economics and HIV/AIDS Research (HEARD), a SIDA-supported division of the University of Kwa Zulu Natal, the meeting discussed the setting up of observatories to handle the disparities of HIV/AIDS commodities. Of particular concern was the pricing of ARVs.

EPN was represented at the meeting by Ruth Njoroge of MEDS, a member organisation of EPN, and will remain an active player in the development of the observatories. The Network will also participate in advocating for the use of a central data source that countries can tap into when making procurement decisions. The data source was set up by WHO, but it is seldom used, particularly by African countries.

**Women's Global HIV/AIDS Summit: Nairobi, Kenya,
2nd - 7th July, 2007**

The EPN co-ordinator attended the first international conference on women's leadership and AIDS. The conference, dubbed the International Women's Summit (IWS), was convened by the Young Women Christian Association (YWCA) in Nairobi, Kenya. It brought together over 2000 women participants from all over the world to discuss HIV and AIDS issues from a woman's perspective.

The EPN co-ordinator made a presentation during a session titled "*Making the Link between AIDS and Trade.*" The session sought to examine the impact of international trade policies on HIV and AIDS, and the barriers some of these policies posed to achieving universal access to affordable medicines, particularly for those living with HIV.

**Medical Students General Assembly: Canterbury, UK,
4th - 10th August, 2007**

The EPN HIV/AIDS programme officer attended the 58th International Federation of Medical Students Associations General Assembly at the University of Kent in Canterbury, UK, held in August. The assembly brought together over 900 delegates representing medical students associations from 93 countries. During the assembly, whose theme was on access to essential medicines, the EPN programme officer made a presentation focusing on factors that lead to poor access to essential medicines in developing countries.

This meeting brought out the importance of sensitising students on issues about access to essential medicines before they complete their studies. Accordingly, institutions promoting access to essential medicines and their rational use should seek similar entry into medical and pharmaceutical training institutions and associations to pass on vital information.

**Inter-Governmental Working Group on Public Health, Innovation and Intellectual
Property meeting**

The EPN administration and networking programme officer participated in the African Civil Society meeting on the Inter-Governmental Working Group (IGWG) on Intellectual Property, Innovation, and Health, held on 28th and 29th August, 2007 in Nairobi, Kenya. IGWG was established under the World Health Assembly (WHA) Resolution 59.24. It was tasked to draw up a global strategy and plan of action on public health, innovation, essential health research, and intellectual property (IP) rights on access to essential medicines for diseases specifically found in developing countries.

The primary purpose of this meeting was to develop an African civil society position and have it presented to the African Ministers of Health meeting in September in Brazzaville, Congo, and for presentation to the second public hearing.

The administration and networking programme officer was also part of the Church delegation during the second public hearing of the IGWG on Public Health, Innovation and IP meeting held in Geneva, Switzerland on 5th - 10th November, 2007. The next public hearing will take place in April 2008.