

# EPN



Ecumenical Pharmaceutical Network  
Réseau Pharmaceutique Ecuménique



# ANNUAL REPORT 2006

## **Ecumenical Pharmaceutical Network**

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

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# CONTENTS

<b>ABBREVIATIONS AND ACRONYMS</b>	ii
<b>A DESCRIPTION OF ECUMENICAL PHARMACEUTICAL NETWORK</b>	iii
<b>MESSAGE FROM THE COORDINATOR</b>	iv
<b>CHAPTER ONE:</b>	
<b>PROGRAMME 1: DEVELOPMENT OF AN ACTIVE NETWORK WITH INCREASED IMPACT</b>	
1.1 Improve members' understanding of and commitment to the Network	1
1.2 Maintain and develop the Network's Communication	3
1.3 Increase the Network's sustainability	5
1.4 Participation in relevant forums	5
<b>CHAPTER TWO:</b>	
<b>PROGRAMME 2: MAXIMIZING ACCESS TO ESSENTIAL MEDICINES FOR CHURCH-HEALTH SERVICES AND THEIR CLIENTS</b>	
2.1 Access to essential medicines studies	10
2.2 Drug Supply Organizations	12
2.3 Promoting Rational Use of Medicines (PRUM)	13
<b>CHAPTER THREE:</b>	
<b>PROGRAMME 3: INCREASING THE CAPACITY OF CHURCH LEADERS AND CHURCH - RELATED HEALTH SERVICES TO RESPOND TO THE MASSIVE CHALLENGE OF HIV/AIDS TREATMENT</b>	
3.1 Follow-up on PEPFAR statement/PEPFAR Supply Chain Management System	14
3.2 HIV/AIDS treatment activities	14
<b>CHAPTER FOUR:</b>	
<b>EPN SECRETARIAT ISSUES</b>	
4.1 General Administration issues	17
4.2 Partner relations	18
4.3 Governance	19
<b>CHAPTER FIVE:</b>	
<b>LESSONS LEARNT IN 2006</b>	
5.1 Programme 1: Development of an active Network with increased impact	20
5.2 Programme 2: Maximizing access to essential medicines for church-health services and their clients	21
5.3 Programme 3: Increasing the capacity of church leaders and church - related health services to respond to the massive challenge of HIV/AIDS treatment	23
<b>CHAPTER SIX:</b>	
<b>PLANS FOR 2007: SOME KEY ACTIVITIES</b>	
6.1 Programme 1: Development of an active Network with increased impact	24
6.2 Programme 2: Maximizing access to essential medicines for church-health services and their clients	24
6.3 Programme 3: Increasing the capacity of church leaders and church - related health services to respond to the massive challenge of HIV/AIDS treatment	25
<b>ANNEXES:</b>	
Annex 1: NAYNET Treatment Literacy workshop participants	26
Annex 2: International HIV/AIDS Treatment Literacy workshop participants - January 2006	27
Annex 3: International HIV/AIDS Treatment Literacy workshop participants - November 2006	28

## ABBREVIATIONS AND ACRONYMS

<b>AACC</b>	All African Council of Churches
<b>ACT</b>	Action by Churches Together
<b>AIC</b>	African Inland Church
<b>AIDS</b>	Acquired Immunodeficiency Syndrome
<b>APROMESTO</b>	Association Protestante des Œuvres Médico-sociales du Togo
<b>ARV</b>	Antiretroviral
<b>BftW</b>	Bread for the World
<b>CFP</b>	Country Focal Point
<b>CFPO</b>	Country Focal Point Organization
<b>CHA</b>	Christian Health Association
<b>CHAG</b>	Christian Health Association of Ghana
<b>CHAK</b>	Christian Health Association of Kenya
<b>CHAM</b>	Christian Health Association of Malawi
<b>CMC</b>	Christian Medical Commission
<b>DSO</b>	Drug Supply Organization
<b>EAC</b>	East African Community
<b>EARG</b>	East African Regional Group
<b>EHAIA</b>	Ecumenical HIV/AIDS Initiative in Africa
<b>EED</b>	German Church Development Service
<b>EPC</b>	Evangelical Presbyterian Church
<b>EPN</b>	Ecumenical Pharmaceutical Network
<b>FBO</b>	Faith Based Organization
<b>GFATM</b>	Global Fund for AIDS, Tuberculosis and Malaria
<b>HAI-A</b>	Health Action International - Africa
<b>HIV</b>	Human immunodeficiency virus
<b>JMS</b>	Joint Medical Store
<b>M&amp;E</b>	Monitoring and Evaluation
<b>MEDS</b>	Mission for Essential Drugs and Supplies
<b>NAYNET</b>	Nairobi Area Youth Workers' Network
<b>OSEELC</b>	Oeuvre de Santé de l'Eglise Evangélique Luthérienne au Cameroun
<b>PAT</b>	Pharmaceutical Assistant Training
<b>PHD</b>	Pharmaceutical Healthcare Distributors
<b>PLWHA</b>	People living with HIV/AIDS
<b>PRUM</b>	Promoting Rational Use of Medicines
<b>SCMS</b>	Supply Chain Management System
<b>SHEF</b>	Sustainable Healthcare Foundation
<b>TWG</b>	Technical Working Group
<b>TL</b>	Treatment Literacy
<b>WCC</b>	World Council of Churches
<b>WHA</b>	World Health Assembly

## A DESCRIPTION OF ECUMENICAL PHARMACEUTICAL NETWORK

### *OUR MISSION STATEMENT*

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

### *WHO WE ARE*

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.

### *WHAT 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.

### *WHAT 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

### *OUR PROGRAMMES*

The network carries out its work through three main programmes:

- Development of an active Network with increased impact
- Maximizing access to essential medicines for church health services and their clients
- 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 implemented through Country Focal Points (CFPs), country strategies, and a central support team. Our primary working methods are:

- research
- advocacy
- information sharing and
- capacity building

## MESSAGE FROM THE COORDINATOR



The year 2006, the third in our revised strategy was busy and enjoyable. We saw an increase in the number of membership and for the first time since the inception of its activities, the Network's members surpassed the one hundred mark!

Our work plans saw the provision of materials relevant to keep the members well informed continued with the production of our regular publications (*Netlink* and *e-Pharmalink*). We also published the once-a-year medicines issue of *Contact* magazine. Network members were also exposed to several courses and workshops to strengthen their skills in networking, advocacy, monitoring and evaluation.

The secretariat, board, Network members and partners continued to actively represent and participate in national, regional and international meetings on behalf of the Network. The highlight meeting for the members was the EPN Forum held in Tuebingen Germany to coincide with 25 years of the work of EPN and 100 years of Difaem. At this Forum, our new EPN website was launched.

In our programme on access to essential medicines, we continued with work on the baseline studies in Tanzania, Togo, Ghana and Cameroon. The feedback meetings, to share the findings and to plan ways to address identified shortcomings, were carried out successfully in Malawi and Ghana. A second training on how to carry out the baseline studies was conducted for participants from Cameroon, Ethiopia, Nigeria, Uganda and Zambia. This team completed the baseline work in Uganda.

Our work in promoting rational use of medicines continued in various ways and levels. We conducted advocacy work at international level, organized a competition on rational use of medicines and continued the research and intervention work in Cameroon.

In the HIV/AIDS programme, we continued with our HIV/AIDS treatment literacy workshops for church leaders. These were carried out as both international and country specific activities. We were also involved in holding sessions on HIV/AIDS treatment literacy to students at a theological college. This is set to be a regular part of our work. Hand in hand with the workshops, we continued to work on the treatment literacy manual. Input was also obtained from the church leaders themselves.

Our setbacks in 2006 were the delay in the completion of the French language side of our website and the treatment literacy manual. These are both due to be completed in 2007.

In 2007, we plan to complete the work we have started as well as take stock of how well we have done by evaluating our work in the last three years. Also of priority in 2007 is the finalization of the work on strengthening the church-owned drug supply organizations. We close 2006 on a high note: that there is much to do and we have our part to play!

Last but not least, I wish to thank the Board, our members, donors and partners whose encouragement, support and active participation made our work possible! I hope that we can continue to count on you in 2007.

Thank you and God Bless!

**Eva M. A. Ombaka**  
**Coordinator - EPN**

## CHAPTER ONE

### PROGRAMME 1: DEVELOPMENT OF AN ACTIVE NETWORK WITH INCREASED IMPACT

#### 1.1 IMPROVE MEMBERS' UNDERSTANDING OF AND COMMITMENT TO THE NETWORK

The third year of the implementation of the organizational strategy (2004-2007) began and ended on a high note for EPN. In its efforts to continue in the development of core orientation materials for its members, a new EPN brochure was developed. The brochure which was first used during the EPN Forum and 25<sup>th</sup> anniversary celebrations in Tuebingen Germany, gives details of the Network's three programme areas, the Network's purpose, working methods and a simplified version of the organogramme which had been developed in 2005. Members and partners appreciated the new brochure. After the Forum each Country Focal Point (CFP) was requested to take home at least fifty of the brochures each to use during the 'EPN 25' open days in their respective countries.

Also developed in 2006, was the EPN Country Focal Point (CFP) booklet. The booklet gives a brief description of the Network's mission, goal and the three programme areas. It also describes in detail the functions and position of a CFP in the Network, how the CFP positions are formed as well as the roles of the Country Focal Point Organization (CFPO). The main section of the booklet gives a detailed overview of the individual CFPOs and the CFPs with their contact details. Also included in this section are the socio-economic data, health system indicators and HIV/AIDS indicators of the respective countries. The Burkina Faso office was instrumental in ensuring the development of this booklet.

We honoured the promise we made in 2005 to continue with the regular production of the newsletters. In 2006 members received five

electronic copies of the *e-Pharmalink* newsletter and six copies of the *Netlink* newsletter in English and French languages. The quality, variety and quantity of articles in *Netlink* improved in 2006 with members' contributions to the newsletter increasing. Members are urged to continue contributing articles and activity reports for sharing with other Network members.

It was encouraging to note that the *e-Pharmalink* newsletter received requests for subscriptions from over one hundred individuals and organizations. As at the end of 2006, the *e-Pharmalink* mailing list had two hundred and six e-mail addresses, up from one hundred and six in 2005.

Another area of the Network that experienced growth in 2006 was its membership. As at the end of the year, the Network had one hundred and three registered member organizations. An increase of twenty-two members over the previous year. The number of CFPs also increased to twenty eight in 2006 from twenty one the previous year as is highlighted in the table below. The Network is indeed growing!

EPN COUNTRY FOCAL POINTS (CFPs)		
YEAR	COUNTRIES WITH AN EPN CFP	TOTAL NUMBER
2001	Cameroon (2), DR Congo, Ghana, Kenya, Malawi, Moldova, Niger, Nigeria, Zambia	10
2002	Added - Rwanda, Sierra Leone, Uganda, Zimbabwe	14
2003	Added - Germany, Lesotho, South Africa, Tanzania	18
2004	Added - Burkina Faso	19
2005	Added - Central African Republic, Peru, Togo	22
2006	Added - Benin, Chad, Ethiopia, Madagascar, India, Nigeria	28

##### *1.1.1 EPN Forum and 25 years anniversary celebrations*

From 8<sup>th</sup> – 13<sup>th</sup> May 2006, EPN members, partners and friends gathered in Tuebingen, Germany for their general meeting (GM) which had been renamed EPN Forum during the 2004 GM. The occasion was also to celebrate twenty five years since the inception of the Network as a programme of the World Council of Churches (WCC). Eighty-three participants from twenty-nine countries attended the Forum and celebrations. Also celebrated, was Difaem's one hundred year anniversary. Difaem is a key member of the Network and hosted the week-long activities.

During the Forum, participants received *Contact* magazine, the Country Focal Point (CFP) booklet, the new brochure and 2005 annual report. They also received several other publications from EPN member organizations.

The participants also shared some of the benefits their organizations had received from their affiliation to EPN. A few are included in box 1 on page two.

**Box 1:****Benefits of membership**

*There have been enormous benefits including book donations, information exchange, pharmaceutical guidelines, attending seminars and workshops for capacity building.*

Stella Feka (OCASC, Cameroon)

*Since the early stages MEDS has been working with EPN through hosting PAT which meant learning, growth, improved image, increasing support of access to drugs, strengthening of quality assurance. Difaem's assistance has been in sending a consultant (to work with MEDS), capacity building and representation through EPN.*

Jane Masiga (MEDS, Kenya)

*EPN is a capacity builder and with them you go places!*

Chipupu Kandeke - (CHAZ, Zambia)

*EPN has contributed immensely to the growth and development of ECWA through networking.*

Grace Ebuga-Miner (ECWA, Nigeria)

*EPN reminds WHO why WHO exists. WHO receives information from the secretariat and feedback from members, which makes the work better and joyful.*

Hans Hogerzeil (WHO, Switzerland)

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

The Monitoring and Evaluation (M&E) training that was postponed in 2005 took place in 2006 during the EPN Forum in Tuebingen, Germany. The postponement was well worth the wait as Network members were pleased with the training which was conducted by staff from Difaem, the German CFPO. The training highlighted among other topics the reasons and different ways of conducting M&E.

At the conclusion of the two-day training each participant at the workshop was requested to articulate the key thing that they were most appreciative of from the training. Some of these comments are highlighted in Box 2 below:



Participants at the EPN forum monitoring and evaluation training engage in an activity

**Box 2:**

#### **EPN Forum training - participants' comments**

*"If I leave the Tuebingen M&E workshop with only one thing, it will be the understanding of the importance of the DAC (Development Assistance Committee) criteria for evaluations."*

Jonathan Mwiindi, Kenya

*"You have saved my organization 2,500 euros which we would have spent in attending another M&E course scheduled for June this year."*

Chipupu Kandeke, Zambia

*"I will share materials with other colleagues [who are involved] in project implementation and work"*

Nympha Que, Malawi

*"[The] methodology itself was a learning experience"*

Moses Manohar, India

At the same time, apart from the M&E training, some participants were trained on networking and communication skills. This training focused on the different ways members of the Network should communicate among themselves and with the secretariat. It also factored in various obstacles which may be encountered during communication such as telephone lines not working, lost parcels en route and snow storms. The participants were presented with various scenarios in which they were required to convey messages to Network members or the secretariat. The scenarios would on occasion be interrupted by the above mentioned obstacles and the members were required to navigate the obstacles and ensure that the message was delivered within a specific timeframe. These activities enhanced team work.



## 1.2 MAINTAIN AND DEVELOP THE NETWORK'S COMMUNICATION

### 1.2.1 Communications structure and strategy

During the EPN Forum, the EPN membership guidelines were discussed and adopted. The discussion focused particularly on Network members who are also members of Christian Health Association (CHA). The structure was clear on situations where a mission health facility is not a member of a CHA. In such cases, the health facility can be a full member of the Network. It was proposed that in the area where the CHA is a full member of the Network and all mission facilities are members of the CHA and the CHA is networking and sharing EPN information with all its members, then separate EPN membership of the individual facilities would not be necessary. It was agreed to follow

this proposal on a trial basis.

It was also agreed that all full EPN members within each country appoint one member organization to be the EPN Country Focal Point Organisation (CFPO). The appointed organizations would be expected to also subscribe to a mission similar to that of EPN i.e. strengthening the pharmaceutical activities of the churches.

The various types of membership were also discussed. It was agreed that full members are organizations that are directly owned or part of a church or church-related organization involved in health. Associate members are organizations, agencies or individuals who subscribe to the

Network values. Individual membership is also possible but this is decided upon on a case by case basis. All categories of membership are to be vetted by the board. Partners are organisations closely linked to EPN like World Health Organization (WHO), Health Action International (HAI) or MSF and also organisations supporting the Network regularly like BftW.

Information regarding membership including the roles of CFPs, CFPOs, members and the secretariat is contained in the membership guidelines document which is available at the EPN secretariat and on the EPN website at: <http://www.epnetwork.org/en/about/membershiplist>

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

#### a) Publication of Contact magazine

Rational Use of Medicines (RUM) is a key issue in the access to essential medicines programme of EPN. In the past, EPN has organized workshops and also joined other Networks in actively lobbying country members during the World Health Assembly (WHA) in 2005 for an appropriate RUM resolution. RUM will once again be on the agenda of the WHA in 2007. With these developments in mind, the board made a decision to have **"Promoting Rational Use of Medicines"** as the theme for the second EPN-produced edition of the *Contact* magazine. *Contact* is a publication of the World Council of Churches. The Network planned to use this edition as an advocacy tool in 2007, especially during the WHA as it highlights best practices which ensure RUM and negative practices which encourage irrational use.

Copies of the magazine are available at the secretariat and an electronic version is available at: [www.epnetwork.org/en/pubs/contact](http://www.epnetwork.org/en/pubs/contact) and on the WCC website: <http://www.wcc-coe.org/wcc/news/contact.html>



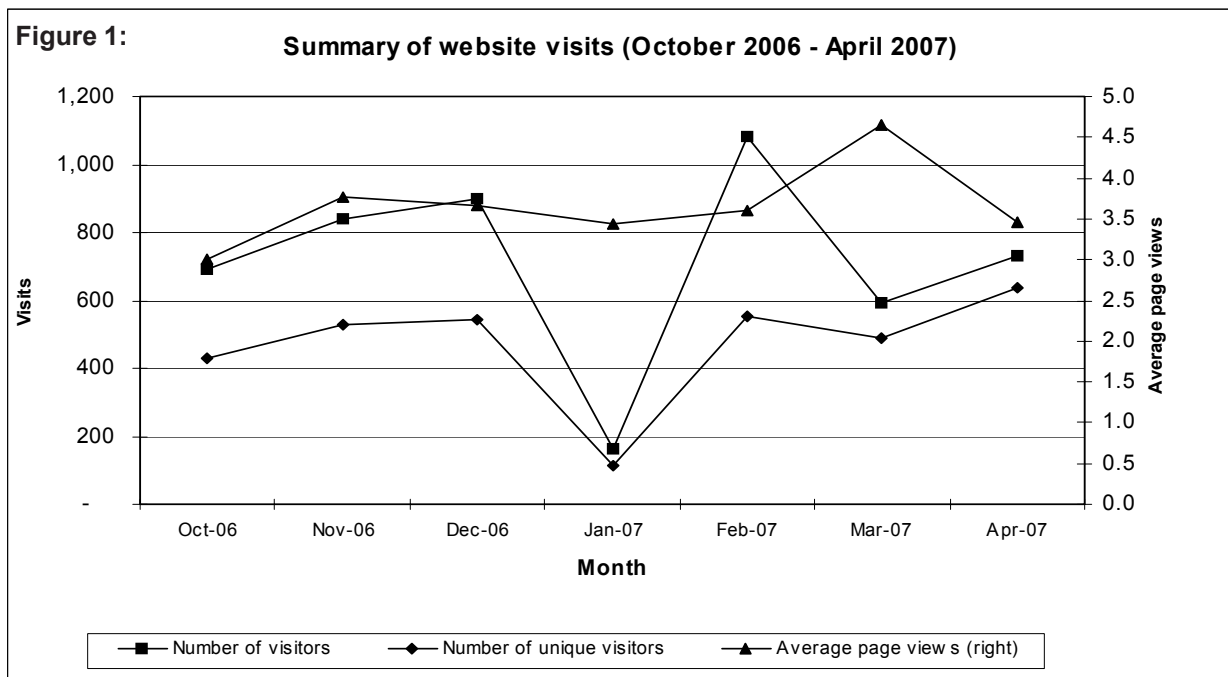
The front page of *Contact* magazine

#### b) Website development and restructuring

In 2005 a main project that was unfortunately not completed, was the development and restructuring of the website. We are pleased to now report that the website was officially launched during the EPN Forum in May 2006. The website contains information on various issues including the Network's programme areas, organizational strategy, newsletters, annual reports and a Drug Supply Organizations (DSO) section which contains pertinent information from and for the DSOs.

The restructuring and re-launch of the website was a major achievement in programme one. Since its relaunch in May, several documents have been uploaded on the site. The site proved to be an important section for the Network where members could retrieve information on the activities and developments within the Network. However due to unforeseen circumstances the French section is yet to be completed. This should be completed in 2007.

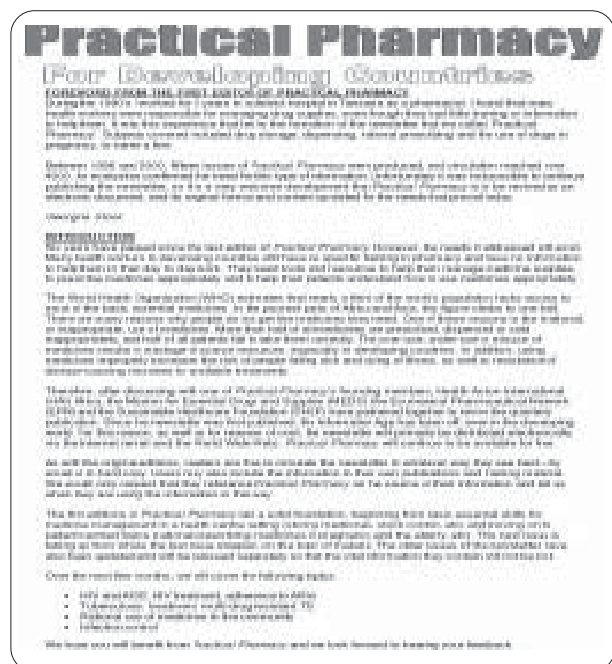
Figure 1 below is a graphical representation of the visits to the site from October 2006 to April 2007. The number of visit indicated on the left-hand side refers to how many people visited any page of the website in a particular month. The unique visitors indicated on the left-hand side refers to multiple visits by the same person to the site per month. The average page views refers to the number of pages one visitor viewed in one sitting. The general drop of visits to the site in January was due to the Christmas and New year break. These statistics are indeed encouraging. They indicate that members and partners of the Network are using the website on a frequent basis and that the site contains information which they find relevant. Please visit the site on: <http://www.epnetwork.org>



**c) Re-launch of *Practical Pharmacy* Newsletter**

In 2006 EPN partnered with Health Action International – Africa (HAI-A), Mission for Essential Drugs and Supplies (MEDS) and Sustainable Healthcare Foundation (SHEF) to re-launch the newsletter – *Practical Pharmacy*. The newsletter which was first published in 1996 and ceased production in 2000 after fifteen issues, was created to provide appropriate and practical information on drug supply and management for health care workers, particularly those with no specific training in pharmacy.

The newsletter will be published quarterly. Though it will mainly be distributed electronically via email and the internet, the Network will be distributing hard copies to members and contacts who may not have regular access to email or the internet.



The first page of the *Practical Pharmacy* newsletter

## 1.3 INCREASE THE NETWORK'S SUSTAINABILITY

### 1.3.1 EPN Board meetings and visits to members and supporters

The Network's board members held three scheduled board meetings in Kenya, Germany and Togo. 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 discussions with auditors on the financial aspects of the Network. During the meeting, the board members received, discussed and approved the Network's audited financial reports for 2005, and established the work plan for 2006.

The second meeting is held to coincide with another activity. In 2006 it coincided with the EPN Forum in Germany. The meeting was held in two parts. The first session was held before the EPN Forum to, among other things, finalize the arrangements for the Forum. The second session was held after the Forum to analyze the activities of the concluded Forum.

The third meeting, held in Togo, was held to coincide with an access to essential medicines feedback meeting in neighbouring Ghana to which the board members attended after the conclusion of their meeting. During the Ghana meeting, the board had the opportunity to visit the Pharmaceutical Healthcare Distributors (PHD) warehouse.

The purpose of the visit was to learn more about PEPFAR's SCMS which the Network was introduced to during the Forum in May. The warehouse is used by the SCMS as a point of distribution for its medicines and supplies. The year also saw a change in the board as Natalia Cebotarenco, one of longest serving board members, stepped down. In the effort to replace her with a board member from outside Africa, it was proposed to request Josefa Castro, CFP Peru to join the board. However this was not possible as she felt she needed time to get more knowledgeable and active in the Network. The position was left vacant.



EPN Board members in Togo

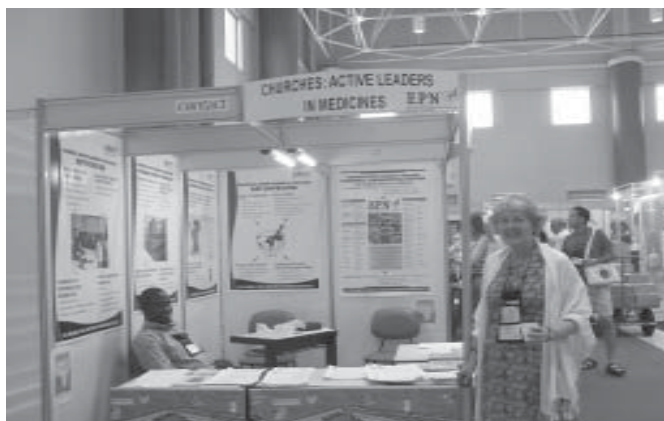
## 1.4 PARTICIPATION IN RELEVANT FORUMS

The EPN secretariat staff and members organized and /or actively participated in various international and local (regional and country) conferences and meetings. Details of these activities were reported in the *Netlink* newsletters which are available on the EPN website: [www.epnetwork.org/en/netlink](http://www.epnetwork.org/en/netlink)

### 1.4.1 International conferences and meetings

#### World Council of Churches Assembly in Brazil, 14<sup>th</sup> – 23<sup>rd</sup> February 2006

The EPN chairperson, the coordinator and a Network member (youth) attended the 9<sup>th</sup> World Council of Churches (WCC) Assembly in Porto Alegre, Brazil. During the assembly the Network members made joint presentations with other participants at workshops known as "*Mutirão*", which means working together to make a difference. In addition to the workshops, the Network also had a publications and information booth with the theme "*Churches: Active leaders in medicines.*" The stand had information on EPN's work in the form of posters, brochures and other materials. Discussions were held with different people, ranging from students to bishops, who visited the EPN booth. It was also at this booth that the first draft of a petition



EPN staff member and visitor at the EPN information booth during the World Council of Churches Assembly in Porto Alegre, Brazil

to the president of WCC requesting him not to decrease health activities in WCC and to support work in health in general, was prepared. This was done by both Network and former Christian Medical Commission (CMC) members. The petition was posted on the website of the German CFPO Difaem. From this posting Difaem collected more than 100 signatures from CHAs, Network members and former CMC individuals. This petition was later forwarded by the coordinator and the board chair to the WCC Secretary General in Geneva in March and was part of the strategy discussion held in Bossey at that time.

### EED seminar in Ghana, 18<sup>th</sup> – 24<sup>th</sup> March 2006

The coordinator, the programme officer for Francophone Africa (an EED seconded staff), the bilingual secretary for Francophone Africa and the programme coordinator from ODE (CFPO for Burkina Faso) attended the Regional seminar of the German Church Development service (EED) in Elmina, Ghana. The seminar's aim whose title was "*African youth in changing societies*" was to have EED seconded staff and partner organization to network and interact as well as to discuss youth issues. As part of the outcome of that meeting, EPN has taken deliberate efforts to include youth in our activities. For example the secretariat has several youth as staff including a programme officer and there are plans to invite interns to work with the secretariat in future.



Youth dramatize a play at the EED seminar in Ghana

### Meeting on Supply Chain System, 24<sup>th</sup> May 2006

The coordinator attended a one day meeting on "***Delivering HIV/AIDS Commodities to Customers; Insights and Partnerships for Seamless Supply Chains***" organized by DELIVER, a project of the United States Agency for International Development (USAID). She made a presentation which had been prepared with input from the Network's members.

### Global Fund partnership Forum, 1<sup>st</sup> – 3<sup>rd</sup> July 2006

The deputy Executive Director of the Christian Health Association of Malawi (CHAM), one of EPN's members, attended, on behalf of EPN, the Global Fund (GF) partnership Forum in Durban, South Africa. The purpose of the Forum was to commemorate the achievements of the Fund and to strategize on how to overcome challenges relating to the Fund. The lessons learnt from the meeting included the need for the Fund to:

- recognize FBOs as separate entities
- use programme funding as opposed to round-based funding
- make technical assistance more efficient
- re-think the role of the Local Fund Agents
- eliminate procurement and supply management bottlenecks.

### XVI International HIV/AIDS Conference – Toronto, Canada, 13<sup>th</sup> – 18<sup>th</sup> August, 2006

The coordinator and an EPN board member attended the XVI International AIDS Conference. The board member presented a paper on *Challenges of Scale-up and Local Distribution in the session: "Supplying a Lifeline: Delivering Quality, Affordable Medicines and Supplies to People living with and Affected by HIV/AIDS."* The coordinator participated in the Ecumenical pre-conference from 10<sup>th</sup> – 12<sup>th</sup> as part coordinator for one of the streams and was also part of a team organized by Bread for the World (BftW) that ran a skills building workshop on treatment literacy.

During the conference the coordinator made contact with Adam Taylor (from Sojourners) who was later invited to be a facilitator at a HIV/AIDS treatment literacy workshop in November 2006.

### HIV/AIDS impact assessment – December 2006

In December 2006, the HIV/AIDS Programme officer participated in an HIV/AIDS impact assessment workshop organized by Bread for the World (BftW) in Stuttgart, Germany. The purpose of the workshop was to measure the impact of HIV/AIDS activities in selected African countries.

### Action by Churches Together (ACT)

#### Development meeting, 16<sup>th</sup> – 17<sup>th</sup> October 2006

Action by Churches Together (ACT) Development is an alliance of ecumenical organizations who are members of the World Council of Churches (WCC) working on development issues. This new broad network is expected to include in its members, almost all church-based development aid organizations from the North and some members from the CHAs from the South. Its first meeting was held in Nairobi, Kenya and attended by the Network's administrator. Improved advocacy potential for the participants was highlighted as one of the opportunities for joining ACT Development. EPN is going to become an observer member so that if or when ACT's member organizations plan activities in the pharmaceutical area, they would be able to cooperate and coordinate with the experts and experiences of the EPN Network.

### 1.4.2 Regional and country conferences

#### Human Resources for Health Forum, 27<sup>th</sup> February – 8<sup>th</sup> March 2006

The coordinator participated in a human resources for health forum held at the Methodist Guest house in Nairobi, Kenya, organized by Interchurch Medical Assistance (IMA), The Capacity Project and *Medicus Mundi Internationalis* (MMI). The purpose of the forum, which was attended by members from Christian Health Associations (CHAs) and Faith-based organizations (FBOs), was to raise awareness at a global level on the need for action in addressing human resources needs in health. The most crucial result of this meeting was the formation of a CHA – Human Resources for Health (HRH) task force (African Christian Health Associations' Technical Working Group for Human Resources for Health). The principles of the task force are to:

- strengthen partnerships and relationships of the CHAs with government and other partners,
- increase retention of health personnel for facilities within the CHA networks.
- advance human resource management systems of CHA secretariats and their institutions.
- improve human resource financing and training opportunities and practices.

#### Christian Health Association of Kenya (CHAK) Annual Health Conference, 4<sup>th</sup> – 6<sup>th</sup> April, 2006

An EPN's secretariat staff member attended CHAK's Annual Health Conference and general meeting. The main theme of the conference was "*The National Health Sector Strategic plan II 2005 – 2010 (NHSSP II) and the Sector Wide Approach Strategy (SWAp); implications for the Church Health Services*". The conference brought together 240 participants including church leaders, managers and staff of member health facilities and stakeholders from the health sector.

In her key note address the Kenyan minister for Health reaffirmed her commitment to ensuring that the annual financial grant to church health facilities, which ceased in 1996, was reinstated. She further indicated that her ministry would continue to support church health facilities through secondment of health workers. As of March 2006, the Ministry of Health (MOH) had seconded 40 doctors and 50 nurses.

#### Sessions on HIV/AIDS treatment for theology students, April and November 2006

The coordinator and the HIV/AIDS Programme Officer were invited to St. Paul's University to lead a session on HIV/AIDS treatment literacy and the role of the church in treatment twice in 2006. The theology students who were in their final year of study commented after the two sessions that they felt more at ease discussing issues related to HIV/AIDS treatment. The university expressed a keen interest in having EPN speak to the students on a regular basis in the future.

#### The International Day of the African Child - 12<sup>th</sup> June 2006

The coordinator and communications officer participated in a radio discussion forum on child abuse to mark the International Day of the African Child. The forum whose objective was to create an opportunity to openly discuss child abuse was facilitated and hosted by the All Africa Conference of Churches (AACC).

#### Introduction of EPN to AKME

In mid 2006 in Eschborn, a Difaem staff member introduced the Network, by using a power point presentation, to the members of AKME in Germany. AKME is a coalition of NGOs and Governmental institutions working on health issues in least developed countries. The presentation was well received and the board chair will continue to update this German network on EPN issues in future.

#### Access to ARVs campaign, 11<sup>th</sup> August 2006

In a campaign to increase access to ARVs, EPN's member in Germany – Difaem, handed over to a representative from the German pharmaceutical industry 280,000 medicine packets which had been signed by individuals and organizations from different parts of the world. These included EPN Forum participants. The gesture was used as a means to persuade the industry to lower the prices of ARVs.



The signed medicine packets handed to the German pharmaceutical industry by EPN member, Difaem.

### Pharmaceutical Assistants' Training (PAT) Programme graduates' seminar, 28<sup>th</sup> – 31<sup>st</sup> August 2006

As part of its activities to mark its 20<sup>th</sup> anniversary, MEDS hosted a seminar for the graduates of the Pharmaceutical Assistants' Training (PAT) programme at the PCEA Guest house in Nairobi, Kenya. The PAT training programme, was a two year certificate course in pharmacy for staff from church health facilities in Tanzania, Uganda and Kenya. On the third day of the seminar, EPN represented by the Board chair, the coordinator and the administrator led a session discussing issues of particular concern to the PAT graduates. This discussion led to formation of a working group made up of two members from each of the three countries to continue dialogue and research to find ways to address some of the issues raised. At the end of the session the one hundred participants requested to be strongly connected to EPN and to receive the regular information materials. They were added to the mailing list soon after the seminar. Further PAT meetings at are planned country level .



Pascal Munyuru from MEDS addresses the PAT graduates during the seminar

### MEDS 20<sup>th</sup> anniversary celebrations, 8<sup>th</sup> September 2006

The coordinator and chairman of the EPN board represented the Network at Mission for Essential Drugs and Supplies (MEDS) twentieth anniversary celebrations. MEDS who is a CFPO, is a main supplier of good quality drugs to over 1,200 Church Health Units in Kenya and some neighbouring countries.



→ Mr. Albert Petersen (left), chairman of the EPN board joins other invited guests in applauding MEDS during MEDS 20th anniversary celebrations.

### EPN Francophone members attend regional congress, 1<sup>st</sup> - 6<sup>th</sup> September 2006

EPN members from Burkina Faso, Togo and Benin attended the Fourth congress of the “*Union Chrétienne Médicale et Paramédicale (UCMP)*” in Ouagadougou, Burkina Faso, with the theme “*With the King for his work.*” EPN facilitated the participation of a member from Burkina Faso, and a participant from Guinea Conakry (Mission Philafricaine) who then joined the Network during the congress.

### HIV/AIDS Eastern Africa Partnership Forum meeting, 9<sup>th</sup> October 2006

The communications officer attended this meeting of key stakeholders in the fight against HIV/AIDS in Kenya, Uganda and Tanzania organized by the East African Community and the Joint United Nations Programme on HIV/AIDS (UNAIDS). The meeting was held in Nairobi, Kenya. The purpose of the meeting was to share information on latest developments arising from regional and global processes in HIV/AIDS. The level of access to treatment and care was reported to be growing but not at a fast enough rate. It was therefore crucial for countries to develop target plans to achieve access to treatment for the infected. The balance of treatment, prevention and care interventions within regional and country level was also highlighted as an issue that needs priority.

### **Regional Ecumenical meeting, 19<sup>th</sup> – 20<sup>th</sup> October 2006**

EPN was represented at the Ecumenical Africa Regional Group (EARG) meeting by the Secretariat's administrator. During the meeting held at the All African Conference of Churches in Nairobi, Kenya, the General Secretary of the Christian Health Association of Kenya (CHAK) made a presentation on: *The Church's ministry in health and healing – Experience in East Africa* which highlighted the need for the church to not only focus on treatment but also on maintenance of health as well as the human resources for health crisis in Kenya. At the meeting, EPN displayed three posters each highlighting its three programme areas. The participants at the meeting also received copies of *Contact* magazine (No. 181 – *Making access to essential medicines possible*), the report on the *Multi-country study of medicine supply and distribution activities of faith-based organizations in sub-Saharan African countries* and, the EPN brochure.

### **HIV/AIDS and gender workshop, 14<sup>th</sup> – 16<sup>th</sup> November 2006**

EPN members from Burkina Faso (ASAD) and Niger (UEPN) attended a workshop on HIV/AIDS and gender in Ouagadougou, Burkina Faso. On the first day of the workshop, the EPN Francophone Programme Officer made a presentation on the “*Progression of the virus in the human body – how do ARVs work?*” The workshop was organized by Bread for the World (BftW).

### **EAC HIV/AIDS strategic planning meeting, 4<sup>th</sup> - 5<sup>th</sup> December 2006**

The communications officer attended the East African Community (EAC) stakeholders meeting to review the draft of the HIV/AIDS strategic plan framework 2006-2010. The objective of the meeting which was held in Arusha, Tanzania, was to review the draft strategic plan and mainstreaming framework in order to obtain endorsement from key HIV/AIDS international, regional and national stakeholders in the Partner States and other collaborating partners. During the meeting, a session was held on the proposed bulk procurement of HIV/AIDS medicines in East Africa. Following the presentation participants urged the EAC secretariat to make scale-up of access to ARVs a priority. Other key points included working out the distribution mechanism of ARVs and the importance of sustainability of access to ARVs supplies within the EAC as the region is dependent on donor support for its medicines supply. To cater for the supply concern, a suggestion was made on the possibility of constructing a manufacturing plant to serve the region. Other important comments on this session was the lack of mention of PEPFAR's Supply Chain Management System (SCMS). This is important for EPN because some of it's members are key players in the integration of the system in Africa.



Participants at the East Africa Community HIV/AIDS strategic planning meeting in Arusha, Tanzania

## CHAPTER TWO:

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

#### 2.1 ACCESS TO ESSENTIAL MEDICINES STUDIES

In 2004 during the feedback meeting of the WHO/EPN study on Drug Supply Organizations, the participants developed The EPN *Guidelines for effective and efficient pharmaceutical services*. These guidelines have been the basis for the access baseline studies which have been and continue to be carried out in different countries. The process involves training of Network members on how to do the research and analyze the data, thus highlighting the present status of implementation of the guidelines in their own country's church health institutions. This is followed by a country feedback meeting for the stakeholders in which concrete action plans to address some of the identified weaknesses are prepared.

##### *2.1.1 Baseline studies training*

In May 2005 the first training on how to conduct baseline studies was held in Malawi. Following the success of this training, a second similar training was held in Kampala, Uganda in July 2006. The participants were from DSOs and CHAs from Kenya, Uganda, Cameroon, Ethiopia, Zambia and Nigeria. During the training the participants visited church

health facilities as part of the practical lesson-learning to give them an opportunity to practice the knowledge they had acquired. In addition to the training, they had an opportunity to share information, develop skills on how to conduct the survey, how to conduct analysis of gathered data and how to design survey questions.

##### *2.1.2 Baseline studies*

Following the baseline training, the participants implemented the knowledge they had acquired by conducting the actual baseline studies in their different countries. In 2006, surveys were conducted in Tanzania and Togo. Part of the training in Uganda involved carrying out the baseline study.

The studies in Ghana and Cameroon which had started in 2005 were also followed up and the Ghana study completed.

##### **Tanzania**

The baseline study was started in Tanzania in 2005. It was not completed due to the departure of staff members from some of the Network's member organizations and was therefore continued in 2006. The analysis of the data and the completion of the report and the feedback meeting are expected to be done in 2007.

##### **Cameroon**

The Cameroon Access study which was started in 2005 is yet to be completed. The delay in the completion has been due to departure of staff from the organization that participated in the first training and study.

##### **Togo**

In Togo, the access baseline study began on 31<sup>st</sup> July 2006. Kodjo Tsogbe (CFP Togo and board member of EPN) and Hans Peter Bollinger (CFP Burkina Faso and EPN programme officer) used the skills that they learnt during the Malawi access training and study in 2005. They were assisted by Edouard Koutodzo, a programme officer from APROMESTO (an EPN CFPO).

The study included a visit to two drug supply organizations, one run by the government and the other run jointly by the Catholic and the Protestant churches. They also visited nine hospitals for the guided self-assessments with the medical personnel, and the focus group discussions with religious leaders. The analysis of the data and the feedback meeting will be held in 2007.



## Ghana

The Ghana Access study which was started in August 2005 was completed in 2006. During the study, nine hospitals were visited for guided self-assessment workshops and focus groups. The self-assessment survey resulted in 41% response rate from church health service facilities. A summary of the results for Ghana are highlighted below.

### Overall conclusions of the Ghana study

#### Strengths

- Government support for church health services (although it seems that some facilities are not taking up the opportunity of having salaries paid).
- Information sharing and representation opportunities indicate that there is a good degree of integration between the government and church health services.
- Good community involvement (although this could be improved at some hospitals where there is a link between lack of community involvement and a perception of poor staff–patient relations and nepotism). Where community links are strong, links to church leaders are also strong.
- A functioning drug supply system is in existence.
- High levels (compared with other African countries) of pharmacists, pharmaceutical technicians, and pharmaceutical assistants per hospital.

#### Limitations

- The baseline does not cover the North of the country very well (an area understood to face bigger problems in health and health services) and there appears to be problems for a number of 'guidelines' even in the southern and central areas.
- Only 50% of hospitals have a functioning Drug Therapeutic Committee (DTC).
- A large number of hospitals accept medicines donations, but there is almost no adherence to drug donation guidelines.
- There is relatively low level of implementation of standard operating procedures, and while the main drug supply organizations do use Standard Operating Procedures (SOPs), this is not reflected in the health services.
- There appears to be almost no training of hospital board members in the issues and possibilities of their decision-making.
- In health facilities, poor management and staff training were identified as key problem areas that affect services. Lack of financial resources acted as a cause and effect of these problems and thus a vicious cycle is identified, whereby a lack of funds prevents a facility from improving in order to improve revenues and funding.

### 2.1.3 Feedback meetings

Following the trainings and conducting of the baseline studies a report incorporating the analysis of the results is compiled and shared with stakeholders who include the participating hospitals, at a feedback meeting. In 2006, feedback meetings were conducted in Malawi and Ghana.

## Ghana

The Ghana feedback meeting was held in Accra from 19<sup>th</sup> – 21<sup>st</sup> October 2006. In addition to the EPN board members, the meeting was also attended by the Executive Secretary of the Christian Health Association of Ghana (CHAG), the Acting Programme Manager of the Ghana National drug programme and, the Chief Pharmacist, Ghana Health Service.



Participants at the Ghana feedback meeting

**Malawi**

The Malawi feedback meeting was held from 12<sup>th</sup> – 15<sup>th</sup> March 2006 in Lilongwe. It was attended by heads of seven institutions, partner organization including MSH and UNICEF and the Christian Health Association of Malawi (CHAM) secretariat staff. After discussing the findings, the participants identified activities to be undertaken to ensure the implementation of the guidelines in the church health institutions and to identify a mode of operation for these activities. A report of the meeting with the recommended action plans was forwarded to the CHAM for their consideration and action.

**2.2 DRUG SUPPLY ORGANIZATIONS (DSO)**

As part of the follow up of the WHO/EPN study on DSOs, activities to increase the capacities of the DSOs to carry out some key functions and to increase the communication among them and the network were planned. Thanks to support of SIDA the Network was able to carry out different activities in this regard. The activities included:

*2.2.1 Development of the Monitoring and Evaluation (M&E) tool*

A workshop to develop Monitoring and Evaluation (M&E) tools for DSOs, based on the tools they used in the WHO/EPN study, was held in Kampala, Uganda from 17<sup>th</sup> - 19<sup>th</sup> July 2006. The workshop was hosted by Joint Medical Stores (JMS) the CFPO in Uganda. Participants at the activity were representatives from DSOs and Christian Health Associations (CHAs) involved in drug management from Ghana, Nigeria, Cameroon, Uganda, Ethiopia, Kenya, Tanzania, Malawi and Zambia. During the workshop, the participants were taught about surveys and how to design survey questions. They then used the skills to develop the draft M&E tool. They developed three tools for three different periods: one, two and six years. The two-year tool was pilot tested in Zambia and Ghana. This tool has also been posted on the EPN website, <http://www.epnetwork.org/en/node/227>, for DSOs to use and continue giving feedback.

**I Drug Selection and Procurement**  
**i) Selection**

30 Selection of pharmaceuticals to be stocked is done by:

- Pharmacist/Medical Doctor of the DSO (individual decision)	Please tick
- Drug Committee or Steering Group of the DSO (group decision)	
- Procurement team (group decision)	
- Other (please specify)	

31 The DSO's supply list is based on: (Tick as many as applicable)

- The National List of Essential Drugs		of year:
- WHO Model List of Essential Medicines		of year:
- Treatment Guidelines		of year:
- Local needs / demand		
- No limits set		
- Other (please specify)		

32 Does the DSO limit the number of items supplied to the following?

Please indicate no. of items	
Number of medicines	Number of consumables or medical supplies

- Hospitals

A section of the DSO M&E tool

*2.2.2 Advocacy skills training workshop held in Zambia*

The EPN secretariat in conjunction with its CFPO, The Churches Health Association of Zambia (CHAZ), organized an advocacy skills training workshop from 27<sup>th</sup> November – 1<sup>st</sup> December 2006 in Lusaka Zambia. The workshop brought together 25 participants from Cameroon, Central Africa Republic, Ghana, Kenya, Lesotho, Malawi, Nigeria, Rwanda, Tanzania, Uganda and Zambia. This workshop was designed to increase the advocacy skills of the managers and leaders of DSOs. For DSO leadership, the ultimate goal for acquiring these skills was to enable them increase access to medicines and achieve positive health outcomes and enhance the capacity and sustainability of faith-based DSOs.



Participants who attended the Advocacy skills training workshop

The DSO's have realized the need to get more involved in advocacy if they are to have more impact in their organizations as well as in their respective countries.

The workshop participants acquired an understanding of the theoretical basis of advocacy and practical skills and competencies required for effective advocacy. The ultimate impact of the workshop was for participants to be motivated to engage in advocacy activities upon return to their respective countries and organizations. The participants were evidently appreciative of the workshop and highly motivated to carry out advocacy work. For this, participants prepared a country or organization position paper (advocacy briefs) for implementation once they returned home. The issues included PEPFAR's Supply Chain Management System (SCMS) (Zambia), building and renovation of hospital wards and training of nurses and clinicians (Malawi), advocating for increased donors support (Rwanda) and government channelling of antiretroviral (ARVs) drugs through mission hospitals (Central Africa Republic). It is hoped that the issues they identified in these position papers would be followed up.

## **2.3 PROMOTING RATIONAL USE OF MEDICINES (PRUM)**

In 2006 Promoting Rational Use of medicines (PRUM) continued to be a key activity in the Network's Programme two. Two key activities took place:

### *2.3.1 Follow up for the PRUM competition study*

A supervision visit to monitor and evaluate the progress of the implementation of the winning proposal in the promoting rational use of medicines (PRUM) competition held in Burkina Faso in 2004 was conducted from 20<sup>th</sup> - 24<sup>th</sup> October 2006.

The winning proposal: "*Abusive use of antibiotics for acute respiratory infections of children under five years of age in the EELC health structures*" was submitted by Dr Nathalie Am-Mying, a pharmacist from Oeuvre de Santé de l'Eglise Evangélique Luthérienne du Cameroun (OSEELC). During the supervision visits which were conducted by Dr. Am-Mying and the EPN Francophone Programme Officer, two health posts were visited and the current situation of the study reassessed. The work plan was readjusted to indicate completion of the study by mid 2007 which was necessitated by a long delay in starting the implementation of the study.

### *2.3.2 Rational use of medicines (RUM) Essay writing competition*

To encourage members, friends and partners of the Network to implement and practice RUM, the Network launched a competition in which participants were required to write a real story describing the different ways they saw irrational use of medicines practiced and ways to combat the vice in their institutions or organizations.

The competition commenced in November 2006 with the deadline to submit entries given as December 15<sup>th</sup> 2006. However, very few entries had been received by that date and after deliberations between the EPN office and the board, the deadline to receive the entries was extended to January 31<sup>st</sup> 2007.

The grand price for the winner of the competition was to be an expenses-paid one week trip to Geneva, Switzerland as part of the EPN team attending the World Health Assembly (WHA) in May 2007.

### *2.3.3 Preparation of briefing paper to the WHO Executive board*

In collaboration with Health Action International (HAI) and other partners, EPN developed a briefing paper to be used as background information to advocate the World Health Organization (WHO) Executive Board to give strong support to the draft resolution on Rational Use of Medicines (RUM).

## 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

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 Antiretroviral (ARV) therapy provision. The fear was that having the possibility of treatment had encouraged many more in the community to go for Voluntary Counselling and Testing (VCT). It would be demoralising and would defeat the purposes of VCT if those needing treatment could not access it.

##### *3.1.1 EPN Statment on PEPFAR Supply Chain Management System (SCMS)*

During the EPN Forum, a representative from PEPFAR's Supply Chain Management System (SCMS) made a presentation on the intended integration or establishment of SCMS in countries under the PEPFAR programme. According to the representative from SCMS, the system is designed to provide HIV/AIDS medicines, testing kits and essential drug supplies for preventing HIV infections and for controlling the onset of AIDS. Following this presentation, members of the Network developed a statement expressing issues of concern regarding the system and giving recommendations to address them. The statement was sent out to members of the SCMS, members of the media, drug supply organizations and church health services. The statement is available on: <http://www.epnetwork.org/en/dso/pepfar>

#### 3.2 HIV/AIDS TREATMENT ACTIVITIES

In 2006, several treatment literacy (TL) activities were held. These included both national and international workshops.

The idea of TL workshops was developed following the ARV starting points studies conducted in Kenya, Rwanda and Burkina Faso in 2004/5. The studies found a weakness in the understanding of HIV treatment by church leaders which affect their perception of the treatment and access to antiretroviral therapy through the church health services.

##### *3.2.1 International HIV/AIDS Treatment Literacy Workshop in Nairobi – January 2006*

This workshop was attended by 25 participants from Catholic and Protestant churches from six countries in Africa namely Kenya, Malawi, Burkina Faso, Rwanda, Cameroon and Ghana. The purpose of the workshop was to develop programmes under which the Church would participate fully in the caring and treatment of persons affected by HIV/AIDS. The topics discussed at the workshop included the challenges in taking ARVs and the availability and accessibility of ARVs. Other topics discussed were: the role of church bodies in treatment, the role of government and other stake holders in HIV/AIDS, behavioural change and, ecumenical networking.



Participants at the HIV/AIDS treatment literacy workshop held in January in Nairobi, Kenya

As part of the learning, the participants visited Kijabe Mission hospital, Coptic hospital, Nazareth hospital, Mission for Essential Drugs and Supplies (MEDS) and Redeemed Gospel Church to have practical experiences of treatment issues including the possibilities and challenges of treatment. They also were to see church intervention on treatment in practice and to get encouraged to apply the lessons learnt in their own settings. The participants were expected to assess the HIV/AIDS treatment capacity gaps in their churches and to form a core leadership team in their countries that would initiate similar work in their respective countries. They were also expected to develop action plans on how they would implement programmes to support People living with HIV/AIDS (PLWHA) on treatment. On follow up by the EPN secretariat, activities were taking place in Rwanda, Kenya and Ghana (see below). Follow up is continuing.

### ***3.2.2 HIV/AIDS Treatment Literacy Workshop in Ghana***

As a result of attending the HIV/AIDS Treatment Literacy Workshop in Nairobi, the participants from Ghana developed an action plan to hold a similar workshop for local church leaders in the Ghanaian town of Ho. The EPN coordinator and the EPN HIV/AIDS programme officer were facilitators at the workshop which was held at the Evangelical Presbyterian Church in Ghana (EPC) from 4<sup>th</sup> – 5<sup>th</sup> July 2006. Other resource persons from Ghana included a person living with the virus, a nurse practitioner and an HIV/AIDS programme director.

The workshop which was attended by 150 pastors, Sunday school teachers, youth and women leaders from EPC churches in Ghana, covered topics including the basic biology to understand the disease, ARV issues such as access and adherence, what church leaders can do in their congregations in relation to treatment, nutrition and opportunistic infections (OI). The EPN board chair was able to visit this church afterwards and reported being overwhelmed with the positive spirit and move this workshop developed for the HIV/AIDS programmes in the villages around Ho.

### ***3.2.3 HIV/AIDS Treatment literacy training for youth pastors***

On 4<sup>th</sup> September, the EPN secretariat facilitated an HIV/AIDS treatment literacy training for the Nairobi Area Youth Workers Network (NAYNET). The workshop was requested by the pastors on hearing about the HIV/AIDS treatment literacy workshops that EPN had conducted for church leaders. The aim of the training was to give the nineteen participants, who were youth pastors working within churches in Nairobi, practical information and knowledge for dealing with HIV/AIDS treatment concerns, particularly among the youth. Topics covered included treatment challenges, treatment access, the role of the church in treatment and the experiences of PLWHA.

At the end of the training, the participants expressed gratitude for having been given the opportunity to attend the training. They all agreed that they were better equipped to handle situations regarding HIV/AIDS treatment particularly among the youth.



Participants of the HIV/AIDS treatment literacy training for youth pastors

### *3.2.4 International HIV/AIDS Treatment Literacy Workshop in Nairobi – November*

Following the success of the two HIV/AIDS treatment literacy workshops held in January and July in Kenya and Ghana respectively, EPN organized a second international TL workshop in November. Similar to the previous workshop, it sought to equip church leaders with information on issues related to HIV/AIDS treatment and the role of the church. Additional topics in this workshop included HIV/AIDS advocacy issues, treatment challenges and children and HIV/AIDS.

When asked to describe what the workshop meant to them, a participant responded: “This workshop was very appropriate for me as a pastor!” and another termed the training as insightful. The workshop which was held from 13<sup>th</sup> – 17<sup>th</sup> November 2006 in Nairobi, Kenya had participants from Botswana, DR Congo, Ethiopia, Kenya, Lesotho, South Africa, Tanzania, Uganda, Zambia and Zimbabwe. As with the first workshop, participants developed country-specific action plans for implementation.



Participants at the HIV/AIDS treatment literacy workshop engage in group discussions

### *3.2.5 Developing a HIV/AIDS Treatment literacy booklet for church leaders*

With the increased number of activities in the area of HIV/AIDS treatment literacy for church leaders in 2006 and the lessons learnt from them, EPN began its long planned treatment literacy booklet which could be used as a training and simple reference resource by the church leaders. The first brainstorming meeting to develop the outline of the booklet was held in May 2006 with participants from EPN members and church leaders (identified through EHAIA). Although the booklet was expected to be completed by November 2006, delays were experienced and it should be completed in 2007.

## CHAPTER FOUR:

### 4.1 GENERAL ADMINISTRATION ISSUES

#### 4.1.1 *New staff members*

In 2006, three new staff members joined the EPN office in Nairobi, Kenya. Of the three two are full time staff while the third is working part time.

##### a) Irene Tindi

Ms. Irene Tindi joined the secretariat in January as the office assistant. In addition to handling incoming telephone calls and carrying out secretarial duties, Irene will ensure that the postal mail for the secretariat is delivered and sent to its respective destinations. She will also ensure that the workstations and offices are well maintained and kept clean.



Irene Tindi

##### b) David Malait

In January, Mr. David Malait joined the secretariat as the Accountant. David had previously worked for Community Initiatives Support Services (CISS) an organization which had supported and hosted EPN in its formative years. David will be responsible for the finances of the secretariat.



David Malait

##### c) Jonathan Mwiindi

Mr. Jonathan Mwiindi joined the secretariat in September as a Programme Officer in the HIV/AIDS programme. He works as the HIV/AIDS Manager for AIC Kijabe Hospital in Kenya. Kijabe Hospital offers ARVs to one of the largest numbers of HIV/AIDS patients in Kenya.



Jonathan Mwiindi

#### 4.1.2 *EPN Francophone issues*

##### Move of Francophone office

In 2006, the future location of the francophone office was discussed extensively during the three board meetings. This was particularly important as the programme officer's contract was due to end in February 2007. During the EPN Forum, a taskforce was set up to weigh the pros and cons of having the two offices in one location. After reflecting on these, the board decided to close the office in Ouagadougou and combine the two offices to form one secretariat located in Nairobi. This would take effect in March 2007.

With the programme officer for Francophone Africa leaving, the process of identifying a suitable candidate to oversee Francophone issues was started. The correspondence from Francophone members from the time the current Programme officer leaves and the appointment of his successor will be handled by the Nairobi secretariat. All Francophone members are assured that they continue to be an important part of Network activities.

## 4.2 PARTNER RELATIONS

In 2006, EPN was supported by the following partners: Bread for the World (BftW), ICCO, MISEREOR, Catholic diocese Rottenburg/Stuttgart, Paul Lechler Foundation, World Council of Churches (WCC), Evangelical Lutheran Mission Hermannsburg, Mission One World Bavaria, EED, Action Medeor, Difaem and SIDA. The Swiss Tropical Institute (STI) also offered support from consultancies. EPN's relationship with these organizations during the year was excellent. We appreciate the support of all our partners.

Below is a summary of EPN's income and expenditure in 2006.

### 4.2.1 Income and expenditure summary report\*

<b>INCOME AND EXPENDITURE FOR THE YEAR ENDED 31st DECEMBER 2006</b>	
	<b>2006</b>
<b>INCOME</b>	<b>US Dollars</b>
Grants	464,302.00
Other income	110,350.00
<b>TOTAL INCOME</b>	<b>574,652.00</b>
<b>EXPENDITURE</b>	
<b>PROGRAMME 1 - Development of an active Network with increased impact</b>	
Network Training	4,025.00
Network meetings	115,153.00
Communications	19,849.00
Staff and office costs	165,555.00
Monitoring and evaluation (done with Network meeting)	
Institutional lesson learning	714.00
<b>PROGRAMME 2 - Maximizing access to essential medicines</b>	
Baseline manual and country studies	13,217.00
In-country stakeholders' workshop	22,019.00
PRDU follow-up activities (2005)	7,647.00
Faith based DSO projects (SIDA Funded)	117,427.00
<b>PROGRAMME 3 - Increasing the capacity of church leaders and church-related health services to respond to the massive challenge of HIV/AIDS treatment</b>	
National Treatment Literacy workshops	11,718.00
International Treatment Literacy workshops	56,052.00
Treatment Literacy booklet (Carry over from 2005)	4,062.00
Starting point study in Burkina Faso (Carry over from 2005)	5,250.00
<b>Total expenditure</b>	<b>542,688.00</b>
<b>Surplus for the year</b>	<b>31,964.00</b>
* Full audited report available on request	



### 4.2.2 Contributions in-kind

In addition to the direct funding partners, EPN received contributions in kind from its supporters as is shown below. EPN is also grateful to other supporters who have not been mentioned and have supported us in our work.

IN-KIND DONATIONS RECEIVED IN 2006			
	ORGANIZATION/ INDIVIDUAL	CONTRIBUTION	MONETARY EQUIVALENT (USD)
1	APROMESTO	Hosting board meeting. Release of staff to attend EPN board meetings	1,000.00 2,000.00
2	CHAZ	Release of staff for EPN activities	1,000.00
3	Christian Medical College, Vellore, India	Release of staff to attend EPN Board meetings	2,000.00
4	Community Initiative Support Services	Donated fixed assests (furniture and office equipment) for office use	800.00
5	DRUGINFO Moldova	Release of staff to attend EPN Board meetings Represented EPN in various meetings in Eastern Europe and Newly Independent States	2,000.00 1,000.00
6	Difaem, Germany	Release of staff to attend EPN Board meetings and other EPN meetings and activities. Distribution of publications to CFPs.	2,000.00 1,000.00 2,000.00
7	EED, Germany	Support of Ouagadougou office	36,000.00
8	EPN Member organizations (Ghana, Cameroon, Tanzania, Togo, Malawi)	Facilitation and release of staff for access baseline studies	2,500.00
9	JMS, Uganda	Release of staff to attend EPN board. Hosted DSO M&E assessment tool workshop	2,000.00 1,000.00
10	MEDS, Kenya	Release of staff to attend EPN board meetings Support of other EPN activities.	2,000.00 1,000.00
11	National Catholic Secretariat, Ghana	Release of staff to attend EPN Board meetings	2,000.00
12	Network Members	Participation in acces baseline studies and contribution to EPN newsletters	4,000.00
13	PROVIDA, Peru	Release of staff to attend EPN activities	1,000.00
14	WCC, Geneva	In addition to financial support for specific activities, provided professional support through staff members.	2,500.00
		<b>TOTAL</b>	<b>68,800.00</b>

### 4.3 GOVERNANCE

The EPN board members are:

- Albert Petersen, from Difaem - Germany (Chairperson)
- Gilbert Buckle, from the National Catholic Secretariat, Department of Health - Ghana
- Manoj Kurian, from the World Council of Churches (WCC) - Geneva (observer)
- Sara Bhattacharji, from Christian Medical College (CMC) - Vellore, India (representing WCC)
- Donna Kusemererwa, from Joint Medical Stores - Uganda
- Jane Masiga, from Mission for Essential Drugs and Supplies (MEDS) - Kenya
- Kodjo Tsogbe, from APROMESTO - Togo

## CHAPTER FIVE:

### 5.LESSONS LEARNT IN 2006

#### *5.1 Programme one: Development of an active Network with increased impact*

In 2006, EPN's secretariat staff and members actively participated in national, regional and international meetings they were invited to on behalf of the Network. This was a positive development which we will strive to maintain.

Though there was an improvement in sending input for articles for the *Netlink* newsletter, members took too long to send in articles for publication of *Contact* magazine. In some cases requests for these articles were never honoured. This is understandable given the time limitations and heavy workload of the EPN members. However, active, regular and increased participation of Network members is crucial to the development of the Network.

To increase communication within the Network, a double pronged approach for intra-Network communication was proposed:

- a) From the secretariat to the members
- b) Between members themselves.

This approach was started through the collection of contact and other information from all Country Focal Points (CFPs) which was collated into a CFP booklet. The booklet provides information on various skills and competencies available among Network members. It is hoped that the booklet will ease information exchange between the members which would help to strengthen the Network model that EPN is striving to achieve. We hope to receive feedback from the members as to whether this model is working effectively.

To further promote the use of the Networks communication tools, a schedule with the network's

publications will be sent out. This schedule will help the members anticipate the dates for various publications. However, it is important to bear in mind the information technology limitation of many of the Network members. To help ease electronic communication challenges faced by the members, efforts will be made to communicate to them clear and precise messages. Attachments to electronic mails will be in sizes that recipients with older computer models or software can download and read. This translates to:

- a) Spending time on summarising key points for our members and
- b) Limiting the electronic newsletters to four-pages.

The installation of an up-to-date computer database system will enhance the information management capacity at the secretariat in particular the members' contact information. This will ensure fast and timely communication from the secretariat to the members.

In spite of the benefits of a strong Network exemplified, for example, by the Network's statement on PEPFAR drafted shortly after the EPN Forum, members identified advocacy as an area that requires further development and strengthening. In spite of its potential impact given its size and geographical distribution, the Network's advocacy role is inadequate. There is also a need to put in particular effort to increase the advocacy capacity of the Network's Francophone members. These members continue to struggle with a myriad of issues sometimes different from those of their English-speaking colleagues.

## *5.2 Programme two: Maximizing access to essential medicines for church-health services and their clients*

The Network continued to follow the participatory approach to carry out the baseline studies. However with the implementation of the activities being dependent on the members, the results took longer to be seen as sometimes staff may not be available to conduct the activity due to time constraints or may leave the Network's member organization. These issues for example led to the continued delay in completion of the baseline studies in Tanzania and Cameroon.

However, the benefits of the participatory approach outweigh the hurdles. The method has ensured ownership of actions and decisions. It will be important to develop a system that allows for participation in Network activities to be part of the normal activities for members in their own organization. It may also be necessary, with the agreement of members, for the secretariat to give more input in activities at country level.

### *5.2.1 Baseline studies and Human resources*

Although the process of doing the baseline studies is not as fast as desired (as explained above), in the countries where they have been completed, the studies have helped to clearly identify areas of weakness in pharmaceutical services particularly in resource poor settings. One of the biggest challenges identified is the lack of pharmaceutical staff. The costs of attracting and retaining the human resource are high. Majority of the health institutions in these areas only have a handful of pharmaceutical staff and are very fortunate if they have a pharmacist as part of the staff. Yet in spite of their overseeing about 40% of the hospital's operating budgets in the form of drugs and medical supplies, pharmacy personnel are often forgotten as most if not all attention is given to doctors and nurses.



Participants at the Access feedback meeting in Malawi

In light of this situation, it is therefore, not only important but urgent, for EPN to support individuals charged with oversight of the pharmacy activities. Through advocacy at local and international level, EPN will continue to ensure that pharmacy 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.

In addition to the above, activities to support the intervention steps taken up by Network members in the baseline studies will be followed up.

### *5.2.2 Drug supply organizations*

The areas of focus for DSO activities were on: the use of the EPN website DSO portal, the development of the monitoring and evaluation tool and, capacity building for advocacy work.

Probably due to limited access to reliable internet connection for the Network members, the use of the portal was not as high as expected. Where available the internet connection may have only been available for short periods of time. This is an area we continue struggling with. To overcome inertia, Network members may need additional training on the use of EPN communication tools. The benefits of learning and sharing information via these tools should also be highlighted.

In discussions on PEPFAR and its supply chain (SCMS), DSOs realized that there is an increased global interest in the medicines supply chain by key donors such as PEPFAR, Global Fund and Unitaid. This is a move in the right direction as the interest may eventually result in better supply systems in the public central medical stores. However, even as EPN and DSOs are working to strengthen the DSOs capacities, the church-based DSOs need to strategically evaluate their relevance should the government supply systems be up and running. The critical question remains: what value-adding role must the church-based DSOs play in the services to their clients? It remains critical for EPN and its DSO members to start preparing their 5-10 year strategic plans in keeping with current global changes in drug supply systems.

As part of increasing advocacy skills, the DSOs had a workshop on how to conduct advocacy. The impact of this workshop is yet to be realized as most of the participants have not given feedback as to whether the implementation of the action plans they developed at the workshop have or have not been successful. One of the impediments in taking the next step could be the lack of in-country support that would encourage putting theory into practice. In future, it will be necessary for the Network to focus a higher proportion of its resources into country activity support and follow up in each of its capacity building activities. It will also be important to document outcomes, share best practices and identify key challenges to advocacy.



Group work at the DSO advocacy skills workshop

### *5.2.3 Rational Use of medicines (RUM)*

Promoting rational use of medicines continued to be a core business for EPN. The promoting RUM essay writing competition indicated an understanding of the various factors which affect RUM. However, the essays received gave very few examples of actual work done through the implementation of best practices on how to address known problems in irrational use of medicines at institutional or country level. There is therefore a need to move from theory to practise through learning from others what works. This can happen when the issue of use of medicines is put on the political agenda and becomes an important issue at the national level. EPN will continue to work with others at country and international level through, for example, the World Health Assembly to advocate for a RUM resolution. EPN will also continue to promote RUM through its work and publications.

The research work on PRUM in Cameroon took much longer than was planned. The main issue for EPN was to determine impact when a training session on RUM is followed with support in the identification of a problem and the implementation of interventions to address the problem. It is expected that the results will be available in 2007 and the findings will form the work of EPN in RUM in future.

### *5.3 Programme three: Increasing the Capacity of Church Leaders and Church-related Health Services to respond to the Massive Challenge of HIV/AIDS Treatment*

#### *5.3.1 HIV/AIDS treatment literacy workshops*

EPN's programme three focused on treatment literacy for church leaders. The Network's strategy was to work with church leaders and church institutions. This deliberate focus on church leaders was based on the fact that there are very few partners working with this important group of opinion leaders.

Through these treatment literacy activities several advocacy and practical issues were identified within the church and church health institutions. These include the need to:

- a) Advocate for HIV/AIDS policies within church institutions,
- b) Forge ecumenical partnerships to realize greater impact in HIV/AIDS issues,
- c) Link community based organisations with larger institutions, and
- d) Advocate for and training of professionals to undertake technical HIV/AIDS duties.



Youth pastors listen attentively during a HIV/AIDS treatment literacy workshop

#### *5.3.2 HIV/AIDS treatment issues*

On HIV/AIDS treatment the main issues identified in need of advocacy were related to supportive or wrap around services (Services that enhance the uptake of ART). They include the need for:

- a) well equipped and accessible laboratory facilities,
- b) access to quality food and nutrition, and
- c) access to better and cheaper formulations for both adults and children.

To respond to these, EPN will need to focus more on its advocacy capacity and activities. These may include identification and appointment of a resource person to facilitate advocacy. The person may be involved in designing and carrying out operational research that will provide the data for advocacy and lobbying. It will also be important to document the various issues concerning HIV/AIDS treatment in the member organizations/countries and highlight best practises with a view of sharing them within the Network.

Another area that EPN needs to focus on is in the training of pharmacists and pharmacy technicians on the recent advances in HIV/AIDS treatment. Although a significant number of organizations and academic institutions are offering training for nurses and doctors, the role of pharmacists and pharmacy technicians in ensuring drug availability, high levels of adherence and, recording and reporting of adverse drug reactions and toxicities is often forgotten.

## CHAPTER SIX:

### PLANS FOR 2007: SOME KEY ACTIVITIES

#### *6.1 Programme one: Development of an active Network with increased impact*

##### **a) Development of an electronic information system**

As the number of Network members continues to increase, a need has arisen to develop a more comprehensive members' database. The database to be developed will not only cater for the contact details of the Network's members but also include activities in the three programme areas and the members involved in these activities. In addition there will be information on consultants, donors, financiers and partners of the Network.

##### **b) Streamlining publications and documents in the EPN secretariat**

Over the years the EPN secretariat has received numerous publications from the Network's partners, members, partners and other external sources. In addition, the secretariat has accumulated papers in the form of files and records for transactions, purchases and general written letters.

In 2007, the EPN secretariat plans to begin the process of streamlining the publications and information materials. This will be the beginning of a process that will, in the future, lead to the classification and digitization of the publications. Some of the materials will be donated to interested members and partners of the Network.

##### **c) Search for Programme officer - Francophone**

In 2007, EPN will embark on the process of identifying a suitable candidate to fill in the position of a Programme officer to oversee activities in Francophone countries.

##### **d) Completion of the French side of the EPN website**

A priority in 2007 will be the completion of the French side of the EPN website.

#### *6.2 Programme two: Maximizing access to essential medicines for church-health services and their clients*

##### **a) Follow up of Faith-Based Drug Supply Organizations study**

In the 2004 study on faith-based Drug Supply Organizations (DSOs) various issues to make the DSOs more efficient were identified. In 2007, EPN plans to take-up the following activities towards this end:

###### ***DSO distribution models***

The primary purpose of this study will be to look specifically at the way pharmaceutical supplies move from the warehouse to the health facilities. The countries to be included in the study are: Cameroon, Central African Republic, DR Congo, Ghana, Kenya, Malawi, Nigeria, Rwanda, Tanzania, Uganda and Zambia.

###### ***DSO software study***

The development of stock management computer software within the DSOs was another crucial need identified from the DSO study. In this regard in 2007 EPN will conduct a study to:

- identify appropriate stock management computer software options.
- identify DSO needs for software.
- review commercially available software in the context of DSO needs.
- interview (through survey) existing DSO software systems and document the strengths and limitations.
- develop guidance materials for DSOs.

**Study on quality assurance, quality control and local production**

The most important way to ensure the quality of products is through Good Manufacturing Practice in the production as well as the manufacturing site. There is considerable international expert consensus for pharmaceutical quality assurance with various publications issued by the World Health Organisation. The study on quality assurance and control, will involve the review of these publications and visits to some DSOs. The focus of the reviews and the visits will be:

- quality assurance systems for pharmaceutical distributors (including quality considerations/procedures in the procurement process, such as supplier and product pre-qualification and GSP and GDP)
- quality assurance system for pharmaceutical manufacturers (including standards for premises, equipment and processes, documentation, validation, and GMP)
- post procurement product sampling and testing
- product recall procedures

The exercise on local production will seek to identify criteria issues that contribute to the business as well as public health access efficiency in local production of medicines. These will form the basis for a core feasibility process that might be used by faith based DSOs in determining whether or not to set up, continue or discontinue local production activities for medicines.

**b) Access baseline studies feedback meetings**

In the access baseline studies section, EPN plans to hold three feedback and next steps meetings in Uganda, Tanzania and Togo or Nigeria.

***6.3 Programme three: Increasing the Capacity of Church Leaders and Church-related Health Services to respond to the Massive Challenge of HIV/AIDS Treatment***

In 2006 EPN held several activities in programme three of its organizational strategy. Key among these activities were the HIV/AIDS treatment literacy workshops for church leaders. Through these workshops the following activities have been planned for 2007.

**a) HIV/AIDS Treatment literacy manual**

In 2007, EPN plans to complete the development and publishing of the HIV/AIDS treatment manual. The process of the development of this manual was started in 2006. When completed, the manual will be used as an information giving tool during HIV/AIDS treatment literacy workshops.

**b) Treatment literacy workshops**

Learning from 2006, EPN plans to hold three country workshops on HIV/AIDS treatment literacy in 2007.

## ANNEXES

### *Annex 1: Nairobi Area Youth Workers Network (NAYNET) Treatment Literacy workshop participants*

	<b>Name</b>	<b>Organization/Church</b>
1	Anne Mburu	Pan Africa Christian College/Nairobi Baptist Church
2	David Ewagata	Pan African Christian College
3	David Yauo	Parklands Baptist Church
4	Eva Ombaka	Ecumenical Pharmaceutical Network (Facilitator)
5	Jane Masiga	Mission for Essential Drugs and Supplies (Resource person)
6	Jeremy Kinyanjui	Nairobi Calvary Temple
7	Jonathan Mwiindi	Ecumenical Pharmaceutical Network (Facilitator)
8	Joy Lee	Good News Production
9	Maina Mukenya	Life Ministry Kenya
10	Monique Wanjala	MSF/Women Fighting AIDS in Kenya (Resource person)
11	Nick Korir	Parklands Baptist Church
12	Patrick Obel	Fountain of Hope Chapel
13	Paul Otieno	Anglican Church of Kenya
14	Peter Mwangi	Presbyterian Church of East Africa
15	Riziki Kinaro	Good Shepherd
16	Rose Birenge	International Bible Society, Africa
17	Rose Swagata	Pan Africa Christian College
18	Ruth Muthiora	Crisis Pregnancy Ministries/I.C.C
19	Sam Plowman	Serving in Mission
20	Sammy "Mobile" Mwaniki	Tanari Trust
21	Sammy Mwangi	Kenya Assemblies of God
22	Sammy Nzau	Youth Network for Christ
23	Steve Koine	Jubilee Christian Church Ngara



*Annex 2: International HIV/AIDS Treatment Literacy workshop participants -  
January 2006*

	<b>Name</b>	<b>Country</b>
1	Aida Samir	Kenya
2	Bishoy Mwanyika	Kenya
3	Bridget Ben-Naimah	Ghana
4	Charles Agboklu	Ghana
5	Dennis Bambo	Cameroon
6	Emmanuel Rutangusa	Rwanda
7	Eugène Twizereyezu	Rwanda
8	Fidèle Sibomana	Rwanda
9	Francis Njuguna	Kenya
10	Gabriel Jana	Malawi
11	Godlove Ndongnde	Cameroon
12	Hans Peter Bollinger	Burkina Faso
13	Jacob Oyunga	Kenya
14	James Kamau	Kenya
15	Jérôme Bizimana	Rwanda
16	John Mburu	Kenya
17	Jonathan Kathenge	Kenya
18	Jonathan Mwiindi	Kenya
19	Joseph Ngumbi	Kenya
20	Josué Roamba	Burkina Faso
21	Lilies Njanga	Kenya
22	Lucy Kaindio	Kenya
23	Margaret Wanda	Kenya
24	Mercy Kanyumbu	Malawi
25	Michel Nikiéma	Burkina Faso
26	Monique Wanjala	Kenya
27	Moses Makram	Kenya
28	Peter Ngige	Kenya
29	Robert Sanou	Burkina Faso
30	Ruth Katyanya	Kenya
<b>Resource persons/facilitators</b>		
1	Ephraim Kimotho	Kenya
2	Eva Ombaka	Kenya
3	Jacinta Maingi	Kenya
4	Jane Masiga	Kenya
5	Jonathan Mwiindi	Kenya
6	Michael Wamae	Kenya
7	Peter Ngure	Kenya
8	Selina Kandie	Kenya
9	Stephen Watiti	Uganda

*Annex 3: International HIV/AIDS Treatment Literacy workshop participants -  
November 2006*

	<b>Name</b>	<b>Country</b>
1	Beatrice Malambo	Zambia
2	Bright Mawudor	Kenya
3	Christopher Kayongo	Uganda
4	Clotilda Ndezi	Tanzania
5	Derartu Temesgen Berhanu	Ethiopia
6	Derick Mweemba	Zambia
7	Dolorosa Kisaka	Tanzania
8	Fasten Tembo	Zambia
9	Frida Kessy	Tanzania
10	Gowi Odera	Kenya
11	Israel Desta	Ethiopia
12	J.S Gaudiosa Mangava-Chirambaguwa	Zimbabwe
13	Jacinta Maingi	Kenya
14	John Kamau Ndirangu	Kenya
15	John Koldingo	Tanzania
16	John Mambo	Zambia
17	John Rakharebe	Lesotho
18	Jonathan Mwiindi	Kenya
19	Kabamba Gustave	DRC
20	Kavira Sabuni	DRC
21	Kenneth Miriti	Kenya
22	Kresi Kgalushi Mbae	Botswana
23	Lesley Ncube	Botswana
24	Lucy Waweru	Kenya
25	Mamapetla Mapetla	Lesotho
26	Martin Z. Mapfumo	Zimbabwe
27	Matilda Jambga	Zimbabwe
28	Paul Kabanda	Uganda
29	Paul Wavamuno	Uganda
30	Ruth Mwidu	Uganda
31	Teboho Klaas	S. Africa
32	Tefera Museyin	Ethiopia
33	Thomas Msagati	Tanzania
34	Ulita Chirawu	Zimbabwe
<b>Resource persons/facilitators</b>		
1	Adam Tylor	South Africa
2	Chris Ouma	Kenya
3	Ephraim Kimotho	Kenya
4	Eva Ombaka	Kenya
5	Jane Masiga	Kenya
6	Lilies Njanga	Kenya
7	Monique Wanjala	Kenya
8	Rex Mpazanje	Kenya
9	Selina Kandie	Kenya

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