



ECUMENICAL PHARMACEUTICAL NETWORK

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ANNUAL REPORT 2003

Message from the Coordinator

Welcome to our Annual Report for 2003. We have had a wonderful year, with members becoming far more involved in the Network than ever before.

- We now have a strategic plan for the next three years, created and owned by members. Members have also led the creation of plans for projects in the areas of HIV/AIDS treatment and access to medicines. In addition, guidelines for increasing access to medicines within the church health services were developed and are to be launched in 2004.
- Also high on our list of achievements has been an eleven-country study on drug supply organisations within the church sector. This was of special importance as Network members carried it out and it provided a rich venue for exchange of information and learning through practice. Also as part of our research agenda, we started documenting access to ARVs in different countries and this will continue in 2004.
- EPN's training activities continued as per plan in which we achieved the first ever Promoting Rational Drug Use (PRDU) course in French. Other activities included country specific course on Drug Management and Rational Drug Use in Malawi and sensitization of church leaders and youth on HIV/AIDS treatment in Nigeria.
- We also achieved one of our dreams with the opening of an EPN office in Ouagadougou, Burkina Faso, with a programme officer dedicated to building the Network and supporting members in francophone countries.



Dr. Eva M.A. Ombaka

The year ahead is going to be an exciting one and we move into 2004 with much optimism!

Our future work plans (2004) will include continuing our research plans and starting work with church leaders on ARV issues. The plans will be clearly guided by our strategic plan. The strategy reflects an overall shift in thinking, moving from process to impact-focused activities and networking.

We believe that strengthening the Network will lead to the increased involvement and commitment of members and further develop the activities of the Network, resulting in an increase in the Network's impact and sustainability.

Intensification of impact will focus on EPN's core mission—improving standards of pharmaceutical services in church-related health services. The Network will develop two key programme areas, with the implementation of country-based strategies around access to essential medicines and increasing the role of churches and church health services in HIV/AIDS treatment.

Our Organisational Strategic Objectives for 2004–2006:

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

We are clear that the goal of the Ecumenical Pharmaceutical Network is to “to increase positive health outcomes through church-related pharmaceutical services” and we are committed to our purpose, “the increased capacity of church-related health services to provide effective and efficient pharmaceutical services” and we are determined to do our best to reach our objectives.

With this foundation EPN staff look forward to greater participation and support by all members, our partners, and friends!

EPN Coordinator

A description of EPN¹

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

Our goal² 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** are in line with the Network's 'Health for All' ideal however there is a specific emphasis on the poor and marginalised. The Network's **intermediate beneficiaries** are its members—church-related health services and their representatives.

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

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

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

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

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

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

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

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1. Capacity Building

1.1 Project design meeting

In April (11th -13th) the secretariat organized a project design meeting on in Nairobi as part of fundraising and capacity building activity. This was done with the support of WHO/EDM and HAI Africa. Country focal points (CFP) from Zambia, Ghana, Uganda, Kenya and Nigeria (part time) participated. The CFP from Malawi and Rwanda could not attend and they were unable to send alternatives.

The participants also included two church leaders from Uganda and Zambia, some beneficiaries of EPN work in Kenya, a person living with HIV/AIDS (PLWA) (though part time) and someone from Action Aid whose presence proved very useful in getting views from donor perspectives. In total there were 15 participants.

Participants rated the meeting very good. It brought together the CFPs as a team and there was a beginning of a common understanding of what they want EPN to be. At the end, a number of the participants were of the opinion that carrying out similar exercises for their own institutions would be useful. Implementation of these ideas would be a very useful outcome of the meeting.

The use of the draft plan of EPN work in area of HIV/AIDS provided a very good practical training tool. At the end of the meeting, the CFPs had learnt an easy “user-friendly” way to prepare a log frame and had identified the goal, purpose and objectives of EPN work in HIV/AIDS. With this outline the facilitator was able to prepare a concept note and a project document, which we have been using for fundraising. This document has also been submitted to Communities Responding to the HIV/AIDS Epidemic (CORE), Church World Service (CWS) and SIPAA (in May) for support. Discussion with some of these organizations were still going on at the end of the year.

A short report of the workshop, including a feedback from the participants is available from the secretariat.

An issue which became clear during project design meeting, was the need to involve our stakeholders in the design of the strategic plan of EPN. This idea was discussed at the Board meeting in June and planned as an activity of the PAG. Participants including CFPs, Christian health association leaders and pharmacists from drug supply units were invited to attend PAG and to the three day working session on EPN strategy plan. (See also Annex 7.1)

1.2 Country specific training course (Malawi)

The year’s country specific training course on drug management and rational drug use was held in Malawi from Monday 28th April to Friday 8th May. The local host was Christian Health Association of Malawi and our CFP, Nympha Que, was the organizer. EPN secretariat identified and supported the two facilitators from CEDMAP, Nairobi. Sixteen participants who included a medical doctor, clinical officers, matrons and nurses, attended the two-week course. There had been an applicant from Zimbabwe (as had been agreed



Course Participants of DMRD held in Malawi, 2003

in the joint meeting in Zambia in 2001) but in the end she was not able to attend. *A short report is available from the secretariat. (See also Annex 7.3)*

1.3 French PRDU course

A significant amount of time in the year was spent in the preparation of the first French PRDU course. After the failure to hold it in Abidjan following the civil unrest, our CFP in Rwanda, Camille Kalimwabo (BUFMAR), offered to host the course in Kigali. The two-week course therefore started on 30th June with 30 registered participants from Rwanda, Burundi, Mali, Benin, Senegal, Tchad, Burkina Faso, Cameroon, France, Guinea (Conakry) and Democratic Republic of Congo. The facilitators were from Switzerland (WHO/EDM), Cameroon, France and Nicaragua,

There were four participants from the church health services: one from Rwanda (BUFMAR), two from DRC (Nyankunde and IPASC) and one from Cameroon (EPC). In addition, the new EPN staff (now based in Ouagadougou), whose main focus will be the Francophone countries, was able to participate and P Nickson (EPN member, IPASC) also attended as a facilitator. Two other potential participants were unable to attend. Due to travel difficulties



Participants doing 'The circle-of trust'

between East and West Africa, participant from Togo (APROMESTO) was unable to get a flight. In May the coordinator met Dr Tim Wester from Central African Republic (ASSOMESCA) and was informed that due to the civil unrest, they too were not able to send a participant.

The report of this course formed our lead article for *Pharmalink* issue No. 7 (August 2003).

1.4 Research on drug distribution by faith based organizations.

A major activity covering both capacity building and research was the drug distribution study carried out with the support of WHO/EDM. In February and March, the study instrument was pilot tested in Ghana and Zambia. By the end of December eleven countries had been done i.e. Ghana, Zambia, Nigeria, Tanzania, Kenya, Malawi, Rwanda, Uganda, Cameroon (various units including CBC, PCC, Lutheran church, EPC, Ad Lucem, Catholic Health Services), South Africa (AMFA) and Democratic Republic of Congo. In each case countries are paired and staff (mainly pharmacists in the drug supply units) carried out the study as a way not only to learn research techniques, but also to use the opportunity as a study tour. For example Rwanda team visited Cameroon and vice versa.

Although Kenya (MEDS) and Uganda (JMS) were studied in 2002 they were included in this study to make sure that a comparison with the other countries can be made. Thus someone from MEDS joined the team visiting Nigeria and someone from JMS joined the team working in Cameroon.

Feedback from the participating pharmacists indicates that the exercise fulfilled some of our objectives during the process. Charles (CFP Ghana) reported that because of doing the study, they have already started drug procurement committees in the regional diocesan and central stores.

We foresee a need to organize a meeting for sharing these findings not only with the participants and other leaders from the countries that participated, but also our partners and donors. This will also provide venue for EPN to plan the way forward in supporting its members to address identified shortcomings in line with the EPN strategy. The preliminary discussion of this study was held at the PAG meeting (30th September-01 October).

Annex 7.4 gives the objectives and expected outcomes of the study.

1.5 PAT

Following the stakeholders' meeting held in 2002, a task force to oversee the proposed change of PAT was formed. The EPN coordinator was a member of the task force.

Although the task force was not able to meet as often as it would have liked, activities on the curriculum and identification of potential institutions were carried out. On the curriculum side,



PAT Board 2003: Left to Right) J. Onyango(MEDS), S. Mwenda(CHAK), E. Ombaka(EPN), B. Sabiti(UPMB), R. Mbindyo (PAT), N. Mwai (PAT), J. Adewa(MEDS), D. Guisti(UCMB), F. Kigadye(CSSC), M. Maccata-Yambi(CSSC), P. Manyuru(MEDS)

PAT manager, Ms Regina Mbindyo, was invited to a government constituted meeting where curriculums for diploma and certificate were agreed on. The PAT curriculum formed the basis of the certificate course. This was, to the Network, a significant progress in that this shows the PAT curriculum it had developed is a good one! The final document under government review had not been released by the end of the year.

On the issue of institutions, several institutions in the three countries (Kenya, Uganda and Tanzania) were contacted and their responses received and analysed by the task force. Seven potential hosts were identified. These were visited in May after developing an instrument to help assess the suitability. Of the seven, two, MEDS in Kenya and St Luke's Foundation' (formerly Infusion Unit in Moshi) School of Pharmacy in Tanzania were found most appropriate and proposed to the PAT board. The PAT board met in mid-September and approved this proposal. In the last months of the year further discussions with these two institutions were held to finalize the transfer. If all goes well, the new intake in 2004 academic year will be to these two organizations. It is expected that the PAT board will dissolve itself in mid 2004.

One positive outcome of the collaboration of the three secretariats that has been fostered by the participation in PAT board is that they have agreed to convert themselves into a regional ecumenical forum to continue providing room for exchange and discussion not only on pharmaceutical issues, but also on other issues of common interest. A paper for this transformation will be written and its discussion will be part of the final PAT board meeting discussions. Furthermore, the task force was requested to write a paper for use by the secretariats for advocacy for increased attention to the need for different cadres of pharmaceutical staff to address the severe shortage in the region.

1.6 Training evaluation in Kenya.

As part of its activities for the year, the Kenya members were able to meet in early April and two main items were discussed: the training on HIV/AIDS management and the evaluation of its impact. The members noted that after they had started the training, it became clear that it was a crucially needed activity and other actors have also taken it up e.g. the Kenya Medical Association. The government has also supported the development of curriculum for both

medical doctors and clinical officers. In the discussion members noted that Action Aid were willing to continue supporting the training and would be working through MEDS' training programme. The members therefore agreed that since there is a body that would take care of their stakeholders, they would not duplicate efforts but would give MEDS all the support needed to continue the work.

The members identified the evaluation of the training as a main activity for the year. A plan was agreed on i.e.:

- i) The development of the study instrument and piloting would be done facilitated by EPN secretariat.
- ii) Carrying out of the evaluation in all the units with trained staff (>60 units) and would cover the staff, the institution and the consumer of the services.
- iii) The study would be carried out by August so that preliminary results can be shared at international meetings e.g. SEAM conference and the ICASA meeting.

The study instrument (questionnaire) as prepared by the members and the pilot testing was done in May/June. The pilot was done with the support of DIFAEM who paid for a temporary assistant. The actual evaluation started in July with the support of Action Aid (Kenya).

The EPN board had also recommended that the findings be shared at the pre-ICASA Christian organizations meeting scheduled for 19-20th September in Nairobi. This was done. (see 3.4). The CFP from Kenya also reported the findings at the PAG meeting.

1.7 Access to ARVs research

A Petersen (CFP Germany) coordinated a study carried out through a questionnaire to the EPN country focal points and contacts to assess the use of ARVs in different countries. The study findings showed low use and a marked difference in prices between countries. Prices were especially high in NIS and Eastern Europe. This information was shared at the inter-religious meeting held in Nairobi (see also 3.1) and the PAG meeting. Participants at PAG requested for more information of this type and the Network plans to repeat the exercise in mid 2004. An example of findings for African countries is shown below.

Africa	No of doc/CO/Nurses trained	No of treatment hospitals	\$- price 1 month brand	\$ price 1 month generic	full cost by patient	distrib. via central stores	distrib. via church /NGOs	distrib. via treatment centres	distrib. via private providers	No of treatments 2001	No of treatments 2002
Cameroun BC	about 30	18	25.00	25.00	yes	yes	yes	no	yes	no info	no info
Cameroun Cath	194	18	23.00	23.00	no	yes	no	yes	no	no info	5000
Cameroun PC	14	20	25.00		no	yes	no	no	no	no info	no info
DP-Congo	not known	2	300.00	100.00	yes	no	no	no	yes	not known	not known
Gambia	30	3									
Kenya-church	520	83	64.00	28.00	yes	no	yes	yes	yes	700	4000
Kenya-total	650	20	80.00	n/a	yes	yes	yes	yes	no	3000	10000
Lesotho	52	2	86.00	61.00	yes	no	yes	yes	yes	20	50
Malawi	42	4	132.50	30.00	yes	yes	yes	yes	yes	1060	2650
Niger	170	0									
Nigeria	not known	25	236.00	8.00	yes	yes	yes	yes/no	yes	none	10000
Rwanda	110	7	100.00	60.00	yes	yes	yes	no	yes	1000	1060
Tanzania	200	91	90.00	90.00	yes	yes	yes	yes	yes	no info	no info
Tchad	20	4	?	46.00	no	yes	no	no	no	60	100
Uganda	not known	22	45.30	24.00	yes	yes	yes	yes	yes	4000	7500
Zambia	20	2	37.00	30.00	no	yes	no	yes	yes	0	137
Zimbabwe	1		60.00	none	yes	n/a	n/a	yes	yes	5	10

Note: ARVs are available in African countries studied except Gambia and Niger.

Hospital treatment is available in African countries studied except Niger and Zimbabwe

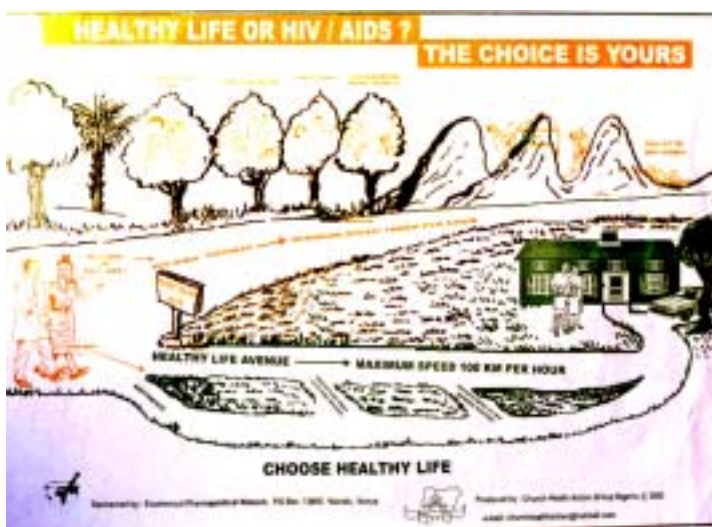
Training facilities are available in African countries studied except DR-Congo and Nigeria

HIV/AIDS has been declared a National Disaster in African countries studied except Nigeria.

2. Raising awareness of church leaders

2.1 Involving local congregations leaders (Nigeria)

Godwin Aja, one of the CFPs in Nigeria continued with workshops for local church leaders to promote rational drug use and raise awareness on HIV/AIDS. Working with former participants to such workshops, they extended the work to other leaders and youth in July. Most of the resources were raised locally with partial support from EPN. Part of the activities included preparation of posters “*Be Wise!*” and “*Healthy Life or HIV/AIDS!*” These were distributed at PAG meeting.



Healthy Life or HIV/AIDS?



Be Wise

2.2 Working with other organizations (CORAT)

In June the secretariat was invited to a workshop organized by CORAT for church leaders in Kenya to address intensification of response to HIV/AIDS. EPN together with MEDS and CHAK, made presentations on issues such as HIV/AIDS treatment, drug supply, training of various cadres, and MTCT Prevention programmes. EPN's plans to equip church leaders to talk about treatment were presented and this was well received by those present. There have been Discussions with CORAT on organizing activities for capacity building for church leaders to address HIV/AIDS treatment continued though the year. A joint proposal has been submitted to Church World Service, East & Central Region Office. If successful the activity will take place in 2004 and Kenya as pilot country.

3. Networking

3.1 PAG and strategy meetings

The annual Pharmaceutical Advisory Group (PAG) meeting was held on 30th September and 1st October at the Ecumenical Centre, Geneva. And was attended by 38 participants. The theme of the meeting was *Disaster upon Disaster: Drug delivery in times of crisis*. The open forum was set in motion by a presentation by Dr Jim Kim (WHO, Special adviser to the DG) on the HIV/AIDS treatment emergency. Other presenters included staff from Doctors on call for Service (DRC), WHO (Stop TB) and International federation of Red Cross and Red Crescent societies (IFRC). A presentation on the state of TB in Eastern Europe by Anaida Ayvasian was read on her behalf by N Cebotarenco (Moldova). Presentations were followed by question and answer sessions and group discussions.

During the business session, country representatives (CFPs) gave brief reports highlighting activities carried out in their countries. The coordinator also gave a narrative report for 2003 and the audited report for 2002.

The strategy meeting was held from 2nd to 4th October at same venue. A consultant facilitated the sessions. Participants discussed what the network is about, e.g. membership, its goal and objectives and important activities and fund raising needs. The participants also mandated a smaller working group to finalise the strategy before the end of the year. This was done as per plan and a draft strategy shared with the network members. (See annex 7.1 for the list of participants).

3.2 WCC/Caritas/WCRP meeting (Faith based organizations meeting on HIV/AIDS) from 7th – 13th May 2003

EPN participated fully in the faith-based organizations meeting on partnerships in the fight against HIV AIDS which was held in Nairobi from 7-13th May, 2003. The coordinator was co-moderator of the Local Organizing Committee of the meeting. In this meeting the EPN coordinator made a presentation on the findings of the short research EPN did with CCIH on the involvement of FBOs in the Global Fund.



G. Buckle, CFP- Ghana at the WCC/Caritas meeting in Nairobi, Kenya

Other two meetings that were held after the partnership meeting were also important to EPN. These were the meetings for Christian Health Associations meeting to celebrate 25 years of the Alma Ata Primary Health Care declaration. For these meetings we had our CFPs and contacts from Zambia, Nigeria, Cameroon, Malawi, Zimbabwe, Uganda, Ghana, and Tanzania attend.

In these meetings EPN members and secretariat presented papers on experience in global fund and experiences in partnerships around treatment.

3.3 Board meetings

The Board had held three meetings as per schedule. The meeting in February approved the annual plan and the audited report. In June the Board received the half-year report and firmed the plans for the PAG and strategy meeting. This meeting was also special as on the evening of Saturday 28th June the Board members met with some pharmacists in Germany and each Board member made a 10 minute presentation on situation in their own country. These were later

followed by lively questions and discussion session. The evening was enhanced by the Zairean-based music led by Rev. Achille Mutombo.

In October it finalized and managed the PAG and strategy meeting.

3.4 ICASA and Pre ICASA meetings

Member of EPN attended and participated at the pre-ICASA and ICASA meeting held in Nairobi. P. Okaalet (MAP), J Masiga (MEDS) and H. P. Bollinger and E. Ombaka (staff) participated in the pre-ICASA meeting organized by PACANET. More than 250 people from 31 countries attended the meeting. Dr. Nantulya (Global Fund) made a call for FBO to apply for funding, pointing out that only 5% of GF have gone to FBOs. On treatment issues, J. Masiga made a presentation based on the evaluation report of the training that had been offered by EPN-Kenya members. There had been interest to use the sites with trained people as places for scaling-up of ARV treatment. This suggestion was forwarded to CHAK.

J. Masiga, P. Bollinger and P. Okaalet also participated at the ICASA meeting. Some of the opportunities at this meeting where the role of FBOs in fighting HIV/AIDS were raised included:

- A round table where the resolutions and cross-cutting issues from the pre-ICASA were presented.
- USAID satellite meeting on 23rd September.
- Rapporteur session on last day.
- CDC presentation that enlightened the role of FBOs.

More information can be sort from the websites of the organizations responsible for ICASA: www.pacanet.org, www.coreinitiative.org and www.ccih.org

3.5 Millenium project / SEAM conference

The EPN coordinator was a member and coordinator of the Millenium Project task force on access to essential medicines and helped organize their meeting in Geneva in June. However due to pressure of work, she requested to pass on the coordinatorship of the task force to another member (her term as coordinator therefore ended in August).

The coordinator attended and presented a paper on pharmaceutical human resources at the SEAM meeting held in December 2003, which had been postponement from June. She also participated in the SEAM advisory committee.

The secretariat also assisted Regina Mbindyo (PAT manager) to prepare an abstract on the story of PAT, which was presented at SEAM. The SEAM organizers sponsored the participation of both R Mbindyo and the EPN coordinator, where they both facilitated some of the sessions.

3.6 AACC Meeting

The network was represented at the 8th Assembly of the All African Conference of Churches (AACC) meeting held in Yaounde, Cameroon from 22 – 27th November 2003 by H. P. Bollinger (Programme Officer, Francophone) and S. Feka (CFP, Francophone, Cameroon).

The theme “Come, let us Rebuild” was aptly addressed in the keynote address by the head of state of Mozambique, President Chissano.

EPN in collaboration with WCC had a display stand highlighting various aspects of HIV/AIDS and the work of churches in health and healing. Various items and journals about/from EPN were also displayed. Unfortunately greater representation of EPN was hampered by circumstances that prevented two of EPN board members from attending the meeting.

3.7 Other meetings

During the year, the coordinator attended the WHO expert committee on essential medicines, which has been important for her professional development. In September she also participated at the MEDS Drugs and Therapeutic Committee meeting.

During the visit to WHO, opportunity was taken to talk about the PRDU course, the drug study and to continue fundraising. One of on going discussions is the set up of competition as strategy to encourage implementation of good country plans following the various PRDU and DTC trainings that have been organized over the years.

Other local activities have included participation in meetings discussing access to medicines issues and the follow up on the implementation of disbursement of Global Fund money to NGOs. This is a major issue in Kenya now and EPN secretariat will share any lessons learnt. EPN also participated in a two-day meeting organized by MSF in Nairobi, where again the role of churches and community groups (women and youth) is being seen as crucial in promoting the proper use of ARVs. (This issue has been taken into consideration in the EPN 2004 –2006 strategy).

During her visit for the DSO study in S Africa, the coordinator also attended a meeting of the Academy of Pharmaceutical Sciences held in Durban and made a presentation of the issues and challenges in drug supply in Africa. One of the areas of much interest was the challenge presented by lack of pharmaceutical personnel and the efforts to address this. The example of how the church health services in East Africa had have been trying to address this through the PAT was used. A similar organization doing the same in S Africa expressed interest to be linked to PAT and the two organizations that will take up PAT will be informed of this potential collaboration.



Clockwise:

Top: EPN Members working to develop HIV/AIDS programme in Nairobi on April, 2003.

Top right: The making of the EPN Strategy in October 2003.

Right: Members discussing the strategy.

4. Increase the selection and dissemination of Information

The EPN flyer was revised with the support of a designer (J. Petersen) and was ready for distribution at the FBO meeting in May. A poster version was ready in June and was displayed at the French PRDU course in Rwanda. Also in May a display board was prepared and put up at the Kenya Museum in an event organized by MSF and which was highlighting work done in the access campaign.

A special issue of *Pharmalink* summarizing the discussions of the PAG 2002 on “*HIV/AIDS generation: Our Agenda*” was distributed at the FBO meeting and also sent to EPN members and contacts. A second *Pharmalink* issue giving a report of the French course was distributed at the PAG meeting.



<u>Special Issue: PAG 2002</u>	
1	PAG Meeting 2002 Introduction
1	Reflection
2	Recommendations
3	Action
4	Next PAG Meeting

The 2002 PAG meeting theme was “*AIDS-free Generation: Our Agenda*”. Interesting experiences on youth, Mother To Child Transmission (MTCT), Home Based Care (HBC) etc were presented by speakers from Uganda, Thailand, Zimbabwe, Rwanda, Lesotho and Cameroon. The main passionate presentation was by Dr. Gerance Elpham titled “*Orphan Care: from orphanhood to streethood*”. Using real life experiences she highlighted the pending four catastrophes associated with AIDS and orphans/street children:

- a) *The resurgence of sex slavery and human trafficking especially of the young (orphans being more at risk)*. She argued that the push for global legalization of sex-trade is fertile ground for legalizing the exploitation

The Churches can bring an undervalued several approaches that include fight to day fight against poverty.

Churches are uniquely situated to provide a holistic Churches can offer:

- a) Spiritual guidance in a communal and family and moral support to youth to restore hope.
 - b) Material/human resources and experience throughout the developing world.
 - c) Capacities in mentoring and implemer level.
 - d) Wide experience in combating and caring malaria, handicap, - rejecting stigmatization
 - e) Alternative solutions to addressing HIV/AIDS
- Churches also have:
- f) Power and influence with regards to govern
 - g) Capacity to think long term, viewing the pres



<u>Issue No. 7 August 2003</u>	
1	Promoting Rational Drug Use Course in Rwanda.
2	PRDU Course in Rwanda continues
3	News from the Network.
4	Free Medical Literature & Calendar of Events

PROMOTING RATIONAL DRUG USE COURSE IN RWANDA

The course on the Promotion of Rational Drug Use (PRDU) was developed 10 years ago and has taken place several times since then in English. In June, for the first time ever, it was held in French as PURM course (“*Promotion de l’Usage Rationnel des Médicaments*”). It was organized by the Ecumenical Pharmaceutical Network (EPN, Nairobi / Kenya) together with its local member BUFMAR (Bureau des Formations Médical Agréées au Rwanda, Kigali) in close collaboration with the Essential Drugs Department of WHO (EDM/WHO).

The training took place in Kigali / Rwanda from 29th June to 11th July 2003. Ten (10) different francophone countries were represented from West and Central Africa. Kigali as a meeting place highlighted difficulties of travel within Africa. Some of the participants had to fly via faraway places such as Brussels, Johannesburg or Addis Ababa in order to connect to Rwanda. Some of the journeys lasted up to three days for one way only!

Amongst the 30 participants, 25 were working in various positions in the public sector



5. Establishment of an Effective management structure

5.1 Registration of EPN in Kenya

A major issue of particular urgency is the registration of EPN in Kenya to enable it to enter into contract with its donors (at the moment EPN account is in the name of CISS-PP). With the change of government in Kenya there is more optimism and the secretariat is following up with the lawyer to hasten its registration. During the last Board meeting in October the registration forms and other relevant documents for registration were filled and signed. They have been submitted to the lawyer for transmission to the NGO Council.

5.2 Expanding support base

The secretariat, with the support of the Board, made attempts to expand its support base by contacting and visiting various organizations including Church World Service, CAFOD, Christian Aid, CORE and Action Aid and WHO. Discussions are still ongoing with some of these organizations especially in area of work on HIV/AIDS.

5.3 Settling of EPN staff in Ouagadougou, Burkina Faso

Finally the much awaited opportunity to be more active in francophone Africa has arrived! EPN has opened a new office in Ouagadougou, Burkina Faso. After a three-month working period at



*EPN Programme Officer for Francophone Africa,
Mr. Hans Peter Bollinger*

the EPN head office in Nairobi, Kenya, the Swiss pharmacist, Hans Peter Bollinger started work in Ouagadougou at the end of October 2003 as EPN programme officer for Francophone Africa. EPN's local host in Burkina Faso is the "*Office de Développement des Eglises Evangéliques*" (ODE), an organisation that has been active in development cooperation for more than 30 years and is implementing and coordinating numerous projects for church-run institutions. This long planned extension of the EPN secretariat could

finally be established, thanks to the good collaboration between the EPN board, EED Bonn (German Church

Development Service, which is funding the post of the programme officer for three years) and Pasteur Samuel Yaméogo, head of ODE. And this happened at the opportune time as Pasteur Samuel retired at the end of 2003 after 31 years as head and inspirational leader of ODE! The EPN programme officer has been allocated his own office, with adequate facilities and enough room for growth in the big ODE building. A telephone was installed within days, and so the accessibility is assured for internet and the email system – nowadays, the most important tools for a network.

Pasteur Etienne Bazié, the new executive secretary of ODE, and the more than 60 staff of ODE, altogether, gave Hans Peter a very warm welcome. The new leader has been well informed about the ODE/EPN cooperation right from the beginning. EPN is confident that good contacts and co-operations on pharmaceutical issues within Burkina Faso will soon be made, thanks too, to the close relation ODE has with other organizations in the country. Thus a good basis for its work in Francophone Africa has been set and EPN looks forward to increased work in this part of the world.

5.4 Looking forward to 2004

The work in 2004 will be guided by the EPN strategic plan (2004 – 2006) and the programme areas identified by the members. The work will include implementation of HIV/AIDS work in at least one pilot country, development of the network model and the strengthening of network communication and carrying out a report on the baseline study needed to enable planning of country specific activities for increasing access to essential medicines. A carry over from 2003 that is part of access programme, is the completion and dissemination of the DSO report and implementation of necessary follow up. Hand in hand with these planned activities is the need to expand EPNs support base. Therefore, fundraising will also be a major activity.

The EPN staff team has been encouraged by the growing ownership of the network and looks forward to a productive 2004 with much optimism!.

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

6. ABBREVIATIONS

AIDS	-	Acquired Immune Deficiency Syndrome
APROMESTO	-	Association Protestante des Œuvres Médico-Sociales du Togo
ARV	-	Antiretroviral
BUFMAR	-	Bureau des Formations Médicales Agréées du Rwanda
CAFOD	-	Catholic Agency for Overseas Development
CBC	-	Cameroon Baptist Church
CEDMAP	-	Centre for Drug Management and Policy
CFP	-	Country Focal Point
CHAZ	-	Christian Health Association of Zambia
CISS	-	Community Initiatives Support Services
CORAT	-	Christian Organizations Research and Advisory Trust of Africa
CORE	-	Communities Responding to the HIV/AIDS Epidemic
DTC	-	Drug & Therapeutic Committee
DRC	-	Democratic Republic of Congo
EED	-	Evangelischer Entwicklungsdienst
EPN	-	Ecumenical Pharmaceutical Network
FBO	-	Faith Based Organizations
HAI	-	Health Action International
HIV	-	Human Immunodeficiency Virus
ICASA	-	International Conference on AIDS and Sexually-transmitted Infections in Africa
ICIUM	-	International Conference on Improving Use of Medicines
IPASC	-	Institute Panafricaine de la Santé Communautaire
JMS	-	Joint Medical Store
MAP	-	Medical Assistance Program
MEDS	-	Mission for Essential Drugs and Supplies
MSF	-	Medecins Sans Frontieres
MTCT	-	Mother To Child Transmission
NGO	-	Non-Governmental Organization
ODE	-	Office de Développement des Eglises Evangéliques
PAG	-	Pharmaceutical Advisory Group
PAT	-	Pharmaceutical Assistant Training Programme
PCC	-	Presbyterian Church of Cameroon
PLWA	-	People Living With AIDS
PRDU	-	Promoting Rational Drug Use
SADC	-	Southern Africa Development Community
SEAM	-	Strategies For Enhancing Access to Medicines
SIPAA	-	Support to International Partnership against AIDS in Africa Programme
TICH	-	Tropical Institute of Community Health and Development
UNICEF	-	United Nations International Children's Education Fund
WCC	-	World Council of Churches
WCRP	-	World Conference on Religion and Peace
WHO	-	World Health Organization

7. ANNEXES

Annex 7.1 List Of Pharmaceutical Advisory Group (PAG) And Strategy Meeting Attendance 2003

September 30th, 2003 – 4th October 2003 at Ecumenical Centre, Geneva.

No	NAME	No	NAME
1.	Aja, Godwin Department of Health Sciences Babcock University P.O. Box 21244 Ikeja – Lagos. Nigeria Tel: 234-803-726745 Email: gndaja@yahoo.co.uk	9	Chana, Robert Presbyterian Church in Cameroon P.O. Box 19, Synod Office, Buea, South West Province. Cameroon Tel: +237-7784544 Fax: +237-3322703 Email: chana_robert@yahoo.co.uk
2.	Akinyemi, A. A. Christian Health Association of Nigeria(CHAN) P.O. Box 6944, Jos Plateau State. Nigeria Tel: +234-73-280974, 280874 Email: chan@hisen.org or chanpharm@hisen.org or akinyem@yahoo.com	10	De Vries, Christina Medical Coordination Secretariate, ICCO/UCN P.O. Box 456, 3500 AL Utrecht. The Netherlands Tel: ++ 31 880 1927 Email: c.de.vries@kerkinactie.nl
3.	Besten, H.W.A den International Dispensary Association (IDA) Foundation P.O. Box 37098 1030 AB Amsterdam. Netherlands Tel: +31204033051 Fax: +31204031854 Email: h.besten@ida.nl	11	Stella, Feka Service Catholique de Sante, P.O. Box 767. Cameroon Tel: +237 3117746 Fax: +237 311746 Email: scs.medicament@camnet.cm
4.	Bollinger, Hans Peter Réseau Pharmaceutique (Ecuménique c/o ODE B.P. 108 Ouagadougou. Burkina Faso Tel: ++266 36 3460 Email epn.faso@cenatrin.bf	12	Ebskamp, Kees Joint Medical Stores P.O. Box 4501 Kampala, Uganda Tel: +256 41 510096/97 Mobile MTN: 077-766026/766126 Fax: +256 41 510098 Email: store@jms.co.ug or manager@jms.co.ug
5.	Buckle, Gilbert Department of Health National Catholic Secretariat P.O. Box KA 9712, Airport. Accra. Ghana Tel: +233 21 500491/2, 500080 Fax: +233 21 5000493 Email: dohncs@africaonline.com.gh or gbuckle@hotmail.com	13	Miglietta, Guido Caritas Italiana P.O. Box V. le Baldelli, 41-00146, ROMA. Italy Tel: +390 654192257 Fax: +390 65410300 Email: gmiglietta@caritasitaliana.it
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19.	Kintaudi, Béatrice ECC, DR Congo P.O. Box SEE BELOW DR Congo	28	Padgett, M Donald Interchurch Medical Assistance P.O. Box 429, New Windsor, MD 21776, USA Tel: 410 635-8720 Fax:410 635-8726 Email: donpadgett@interchurch.org
20.	Kintaudi, Leon ECC, DR Congo P.O. Box 75, Avenue of Justice Kinshasa, DR Congo Tel: 243-8181 30508 Email: leonkintaudi@sanru.org	29	Pécoul, Bernard Campaign for Access to Essential Medicines Médecins Sans Frontières (MSF), Geneva Tel. +41 22 849 8405 Fax. +41 22 849 8404 Email: bernard.pecoul@geneva.msf.org
21.	Kupper Ute Misereor P.O. Box 1460 52064 Aachen Germany Tel:-49-241-442272 Email: kuepperf@misereor.de	30	Petersen, Albert DIFAEM P.O. Box 1307 7200 Tübingen, Germany Tel. +49-7071-206 531 Fax.+49-7071-27 125 Email: amh@difaem.de or albpetersen@gmx.de website: http://www.difaem.de/amh.htm
22.	Lusi, Lyn Doctors on Call for Service Goma, Congo DR; B.P. 540 Gisenyi, Rwanda (250) 085 59 238 or 239; Fax (250) 543086 (call first) Email: docsgoma@softhome.net Web site: www.docsgoma.net	31	Poddar, Dipti Prakash West Bengal Voluntary Health Association 19 A Dr. Sundari Mohan Avenue KOLKATA –700014, West Bangal, India. Tel: +91 33 22446754 Fax: +91 33 22446754 Email: Poddar_dr@rediffmail.com or wbuha@giaset01.vsal.net.iz
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24.	Banda, Marlon 7 Old Grange Avenue, Ballymena BT42 2EA, County Antrim, Northern Ireland Email: marlonbanda@ukonline.co.uk	33	Ulrich, Rudiger Claus (WEM) Normannenweg 17-21 20537 Hamburg, Germany Tel: +49 40 25456 256 Fax: +49 40 25456 289 Email: ullrich@wem-hamburg.de
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Annex 7.2 French PRDU Participants from church related health services

No	Name		Country
1	Bollinger, Hans Peter <i>Profession:</i> Pharmacien <i>Contact:</i> Ecumenical Pharmaceutical Network EPN P.O. Box 73860, Nairobi, Kenya Tél: 254 2 4444832 ou 4445020 Fax: 254 2 44440306 ou 4445095 Email: epn@wananchi.com	4	Irene, Eulalie Tankoua Yonkeu <i>Profession:</i> Pharmacienne <i>Contact:</i> Eglise Evangélique du Cameroun Service de Pharmacie Œuvre Médicale EEC P.O. Box 89 Douala, Cameroun Tél: 002379879026 Fax: 002373409865 Email: tankouarene@yahoo.fr
2	Mandro, Abizo <i>Profession:</i> General Nurse <i>Contact:</i> Institut Panafricain de Santé Communautaire BP 226 Arua, Uganda Email: diguna-c@bushnet.net	5	Nickson, Patricia (Also facilitator) <i>Profession:</i> Dean <i>Contact:</i> Institut Panafricain de Santé Communautaire B.P. 226 Arua, Uganda Email : ipasc@liverpool.ac.uk
3	Uwamwezi, Munyakazi Lisa <i>Profession:</i> Pharmacienne <i>Contact:</i> Bureau des Formations Médicales Agréées du Rwanda (BUFMAR) B.P. 3723 Kigali, Rwanda Tél:(0250) 86178 Fax: (0250) 86177 Email: lmunyakazi@yahoo.fr	6	Ntumba, Muela Jacky <i>Profession:</i> Pharmacienne <i>Contact:</i> Centre Médicale Evangélique Nyankunde P.O. Box 21285 Nairobi, Kenya Mobile Tél: 98141791 Email: cmenyan@cmenyan.uuplus.com

Annex 7.3 List of Drug Management and Rational Drug Use Course Held on April 28 – May 9, 2003 At Bethany House, Saint John Mission, Lilongwe, Malawi

LIST OF PARTICIPANTS			
NO.	NAME	INSTITUTION AND MAILING ADDRESS	DESIGNATION
1	JOHN RUSSELL	St. Josephs Hospital P O Box 5505 Limbe	Pharmacy Advisor
2	VICTORIA ALINANE CHIPETA	St. Johns Hospital P O Box 18 Mzuzu	Deputy Administrator
3	DAVID NIYINGANZA	Madisi Hospital P O Box 30 Madisi	Medical Assistant
4	MWAWI AGNESS NG'OMA	St. John of God Mental Health Services P O Box 744 Mzuzu	Registered Nurse (Psychiatric)
5	GETRUDE MSOWOYA	Nkhamenya Rural Hospital P O Box 2 Nkhamenya	In-charge
6	TOWERA TONIA CHIPETA	Mlambe Hospital P O Box 45 Lunzu	Matron
7	JOYCE JERE	St. Johns Hospital P O Box 18 Mzuzu	Senior Enrolled Nurse Midwife
8	PRINCE EVERSON S. NKHOMA	Nkhoma Hospital P O Box 48 Nkhoma	Clinical Officer
9	CLARA GOLOMBE	Kalembe Rural Hospital P O Box 127 Chiromo	Sister In-charge
10	ARSENIA J.S. BANDA	Mua Hospital P O Box 41 Mtaka-taka	Matron
11	RACHEL BRED NKHOMA	St. Annes Hospital P O Box 52 Nkhota-kota	Senior Enrolled Nurse Midwife
12	MASIKA RICHARD KAMPHALE	Holy Family Hospital P O Box 144 Phalombe	Clinical Officer
13	ZUZE MADALITSO KAWALE	St. Lukes Hospital P O Box 21 Chilema	State Registered Nurse
14	ADELAIDA JERE	Ludzi Rural Hospital P O Box Mchinji	Sister In-charge
15	DOREEN MPHUNDI	St. Montfort Hospital P O Box 68 Nchalo	Pharmacy Assistant
16	DR JEREMONI P.K. CHIUNDIRA	St. Gabriel's Hospital P/Bag 1 Namtete	Medical Officer

Annex 7.4 Multi-country Study of Drug Distribution Activities of Faith Based NGOs

The Ecumenical Pharmaceutical Network (EPN), in collaboration with the World Health Organization (WHO) is undertaking a study to document the work of church run drug distribution organizations in sub-Saharan Africa.

The objectives of this project are:

- To document the various experiences and practices on drug supply and distribution systems of faith-based NGOs in Sub-Saharan Africa
- To strengthen EPN's human capacity to evaluate and compare drug supply systems existing in the network
- To strengthen relations between WHO/EDM and EPN (WCC) in their official relationship

The expected outcomes of the project are:

- A joint WHO/EPN publication of drug supply and distribution systems of faith-based organizations in Sub-Saharan Africa which will provide faith-based organizations positive advice based on identified success factors and lessons learned
- EPN will have a group of experts ("consultants") in drug supply systems which will allow them to assist partners in the network
- EPN can better make informed decisions on future supply challenges and design appropriate interventions
- EPN members can use the assessment tool for self-monitoring
- The faith-based organizations will be more visible in their work
- WHO will have a better picture of the NGO's support to the government supply systems (parallel to the MC study of Government supply strategies)

The expected outcomes of the multi-country study are:

- An agreed study instrument and methodology of data collection
- Simple managerial tool to use for self-monitoring and based on cost-effective indicators
- A series of documented case studies with success factors and lessons learned
- Trained EPN supply staff and improved knowledge to undertake qualitative research on drug supply systems

The expected time period:

- January to October 2003

Countries expected to participate

- **Cameroon** (Cameroon Baptist Convention, EPC, EEC, Lutheran Church and Catholic Health Services);
- **Democratic Republic of Congo** (ECC/DOM and CEPAM).
- **Ghana** (Catholic Drug Centre and Christian Health Association of Ghana);
- **Kenya** (MEDS);
- **Malawi** (Christian Health Association of Malawi);
- **Nigeria** (Christian Health Association of Nigeria and its supply unit CHANPHARM);
- **Rwanda** (BUFMAR);
- **S. Africa** (AMFA);
- **Tanzania** (Christian Social Services Commission);
- **Uganda** (JMS);
- **Zambia** (Christian Health Association of Zambia –CHAZ);