PHARMACEUTICAL STANDARDS

EPN Forum

15th - 20th JUNE 2008 Yaounde, Cameroon
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INTRODUCTION

The presence of the Ecumenical Pharmaceutical Network was felt in Cameroon as members convened in Yaoundé from 09th to 20th June 2008, for a number of meetings.

1. TRAINING WORKSHOP ON STANDARD OPERATION PROCEDURES (SOPs)

The first meeting brought together 32 participants from 7 French speaking countries for a four-day training workshop on standard operating procedures. Facilitated by a team of four (two staff members and two resource persons from Cameroon), the workshop was very well received. The enthused participants noted that the tools they received, and learnt how to use, would be of great value in their own settings. They also developed great action plans. The Network looks forward to getting feedback from these colleagues on outcomes of the implementation of those action plans.

2. EPN FRANCOPHONE DAY

The rare meeting opportunity was not lost on the French participants! On Friday 13th, they held an “EPN Francophone day” where they discussed a number of issues important to their work situations and to networking. After an introduction by the board chair (who travelled early specifically to be with them), the participants worked in groups to identify what needed to happen to strengthen their networking. The key resulting decisions were clear: Communication, information sharing and continuous learning must continue. For these to succeed, they identified a strong Network as a necessity. To make sure this is followed up, they formed a small working group to develop further, in collaboration with the EPN Francophone programme officer, a strategy about Networking among French-speaking members. Members interested in linking up with this group or be in contact with the Francophone members of the Network, please contact Ms. Anke Meiburg (ameiburg@epnetwork.org).
3. EPN FORUM 2008

The climax of the meetings was the EPN Forum! Participants from various organizations and countries joined the Francophone members on Sunday 15th, making in total 40 participants from 20 countries, accompanied by 5 members of staff members and 3 colleagues from MSH (who joined them for the last two days). The Forum was held under the theme of “Pharmaceutical norms and Standards”.

a. Sunday 15th

As usual, time was a premium and to save on this precious resource, the Sunday evening was used for introductions. To break the ice, a short game to learn something about the participants was carried out (with much fun) and this was followed by a presentation about EPN. This stated the history, mission and the three programme areas. It also gave some insights from the previous EPN Forum held in Tübingen in May 2006.

Participants were informed about the structure of the Network, the Board and introduced to the staff members. The presentation was ended by a show of a thought-provoking advertising picture taken in Lagos showing a tongue being cleaned with caption “Define your taste”. The board chair asked the participants to think of what is/should be EPN’s taste about pharmaceutical services in today’s world. He concluded by proposing that EPN Forum should be place to prepare for a “taste” of effective pharmaceutical programmes in church health institutions!

The intensive introduction of EPN had been important because a significant number of the participants were attending an EPN meeting for the first time.

4. MONDAY, JUNE 16TH 2008

The meeting was started by a warm welcome to all participants by the country co-host (John Essobe-CEPCA) and a devotion led by the Tanzanian participants. A special welcome was extended to Mr Tony Boni, the USAID representative in
charge of the SPS programme who had made special effort to be at the meeting. The first session chair took the opportunity to remind the participants of the meeting overall theme which focused on sharing and discussing the results of the baseline studies to set “Pharmaceutical Standards”, focusing on day one on Institutional level, and on day two on Drug supply organizations. She also reiterated on the agreed meeting code of conduct, and then called for the presentations.

**a. The baseline studies**

Ms. Lilies Njanga of the EPN secretariat, gave a background to the baseline studies explaining in details the process of the studies i.e. how the country baseline studies had been carried out, the feedback meetings and the development of country plans. This was followed by presentations of results and experiences from Ethiopia, Ghana, Uganda and Zambia. Malawi presented an in-depth study of pharmaceutical human resources in its church health institutions, an aspect that was found to be a major limitation in all baseline studies. In the following discussions, participants encouraged each other to carry out similar work (where not yet done) in terms of the findings participants noted that there are still long ways to go for church hospitals to reach the minimum standard of effective pharmaceutical services as defined by the agreed EPN guidelines. A special note was made on the disturbing stock outs of very essential medicines such as Oral Rehydration Salts (ORS). Some of the key discussion point included:

- Need for service providers to identify gaps and use information to close ranks in improving access to quality drugs for each country.
- Developing multi-sectoral partnership with government and private sectors as innovation to foster systems-strengthening and improved quality access.
- Building the capacities of the service providers to empower them to carry out research and analysis of results.
- They observed direct proportionality of the presence of an effective and efficient drug supply system to increased medicines access.
Lastly there was an interesting discussion on the role of DSOs and whether EPN should focus on reviving the church drug supply systems or supporting the existing government ones. Participants felt that most of the drug supply problems are due to the governments’ lukewarm attitude on ensuring safe drug supplies or the sidelining the church health care system. On the other hand church services were felt to be indispensably needed to supply drugs to the rural populations, which are often the most neglected and do not usually have equitable access to health care delivery services. They noted that FBOs are not in competition with government but are rendering God’s ministry as Christ did to humanity, thus are obliged to fulfil God’s mission – that of serving mankind with dignity. A participant concluded the discussion by emphatically stating that “The church with the objective of serving God’s people, has no other choice other than to serve humanity with dignity through rendering health care services. That includes providing drug supply services”.

b. Opening Ceremony

The opening ceremony included a welcome by the President of the Council of Protestant Churches of Cameroon who also thanked EPN for choosing Cameroon as the host for the international forum. On his part the EPN chair, Mr Albert Petersen briefed the honourable guests on the objectives of EPN. He pointed out that the churches in Africa provide about 40% of health care services and therefore it was important to have strong collaboration between the government and the churches to ensure access to care for all. He also pointed out that always EPN members needed government support and advice as they work in support of national priorities and policies.

The Forum was then officially opened by the Minister of Public health through his representative, Prof. Angwafor, General Secretary at the Ministry of Public Health who read the minister’s speech.
In his speech, the Minister was convinced that with the presence of experts from all over Africa, Europe and America, there would be much learning and experience sharing that will strengthen capacities of the participants to universal health care for all. He was optimistic that the deliberations would yield fruitful results that will not only ensure safe drug supply, but strengthen private sector/government efforts to ensure a healthy society. He wished the participants well in their deliberations.

On his part Prof. Angwafor III stressed the need and importance of quality access to medicines and its implications to the health of humans. He said he was happy with the efforts the churches and their leaders had taken in fighting health problems especially HIV/AIDS and irrational use of drugs and encouraged the churches and their leaders to continue to fight more relentlessly so as to ensure that the battle to instil dignity to humanity is won.

He expressed his appreciation of the efforts of Episcopal Conference of Cameroon and Council of Protestant Churches of Cameroon, in the fight against HIV/AIDS pandemic and all their efforts to support the Cameroon government in her quest to ensure life and healthy living for her people. Participants were introduced to the guests.

c. EPN Standards project: 2009-2010

The EPN board chair presented to the members, a project proposal titled: “Higher Pharmaceutical Standards- Improvement of pharmaceutical services and Rational Use of Medicines in faith-based health care services” which is a follow up of baseline studies. He explained that, with the support of Bread for the World and Difaem, a consultant had worked with the board chair and coordinator to develop the proposal. The main content of the project is to improve the quality of pharmaceutical service in hospitals by continuous in-house and external trainings of all staff members that are
working with medicines. Improved services would be confirmed through an audit by reputable body and acknowledged through a certification scheme that would be recognized by each individual country’s governmental authorities. Initial work would involve developing and testing of training modules and then scale up to different church institutions in different countries.

One of the obstacles identified in the discussion was the likely resistance for change by clinicians/doctors to suggestion for change from junior staff. This obstacle was seen as surmountable when efforts and strategies are put in place to collaborate with these doctors to attain quality. It was also noted that quality issues were not limited to prescriptions, but extend to procurement, storing and distribution. Participants were also assured that the work would be extended to all interested members.

The proposal was further informed by results of group discussion which addressed five key areas: SWOT analysis; sustainability; collaboration with government; possibilities of involving private / public pharmacy technicians in the training of pharmacy personnel of the FBOs; and drivers and barriers to the rational use of drugs. The outcome of the group works will be taken into account as projects are derived from the proposal document. The final consensus message given by the participants to the secretariat was to continue with the proposal and move further to finalize it and to identify potential donors.
d. Programme 3: HIV and AIDS
The meeting was also informed about the treatment literacy work that was on going and which was focusing on church leaders. The discussion focused on question of **when ART should be initiated - at CD4 count 200, 300 or 500?** Clearly keeping an eye on development is important, especially to be aware of WHO ART guidelines updates. There was also concern about wastage on ARVs which were expiring due to inadequate forecasting, limited number of qualified prescribers trained to enrol patients and to prescribe ARVs appropriately or cultural factors that hindered uptake. It was agreed that continuous training, education, advocacy and policy improvement are necessary if HIV/AIDS is to be contained.

5. TUESDAY 17TH JUNE 2008
a. The Sida funded DSO project report
The second day started with just as much enthusiasm as the day before. After a devotion led by a team of four followed by an introduction of 4 new members of EPN, the meeting moved on to look at pharmacy standards in the DSOs. Enoch Osafo from Ghana (working temporarily as EPN staff) presented an excellent overview on all different Sida-funded projects and activities carried out to strengthen the DSOs. He highlighted six main projects that had been addressed to enhance capacity and sustainability of DSOs and gave details of how the work was done, what have been so far achieved and the way forward. He pointed out critical issues raised at the feedback meeting held August 2007 in Lagos, which included antimicrobial resistance, relevance of DSOs and the uses of EPN data collection tools etc. He enumerated the Lagos commitments and also urged members to visit the EPN website for more information.

Representatives from six countries then gave an update on their commitments:

**Kenya**
Participants from MEDS reported on their work and strategies they have used to eliminate errors, improving turn-around time, provide timely updates to clients, and reducing out-of-stock situations. For example by tagging orders within Enterprise Resource Planning (ERP) system upon booking and running daily
française en collaboration avec les traducteurs, pour de payer. Elle souhaite la continuité de la collaboration.
computer generated reports to monitor performance, they have been able to improve turn around time.

**Malawi**
The main issues highlighted included the improvement on the logistics/distribution services to rural areas through establishment of 3 regional centres – north, central and southern and the renting of 2 warehouses to facilitate distribution to periphery. Although the inventory system was still manual, they were expecting a new software soon. They pointed out that they had used software study report to identifying a software appropriate to their needs (hurray!).

**Tanzania**
Rev. Baraka Kabudi, highlighted the use of the software report in analysing their software need and in comparing on the Microsoft dynamics software and the NAV software for inventory purposes. He reported that by 2009, MEMS expects to have new software installed. He also informed the participants on work to rationalise MEMS medicine list and said facilities were being assisted to institute quarterly ordering. They were also planning on addressing systems quality control.

**Nigeria**
Mrs Grace Ebuga-Miner presented the case of ECWA central pharmacy. On the intervention/accomplishments, she reported that they had increased access to medicinal products by 41%. She added that 2 additional distribution points had been created to facilitate and ease supply and one has already gone operational at Abuja. The second one (in Lagos) was expected to be operational by the end of the year. She also cited aspects of improved quality of pharmaceutical supplies such as improved packaging, labels and carton, and also that a new distribution van has also been acquired. There was also a reduction of prices for FBOs. There was also evidence of increased sales and customer satisfaction.

**Cameroon**
The goal for CBC was to sell at affordable prices, improve record keeping, minimise errors. In the period since the meeting, CBC had noted improvement in record keeping and communications to
clients and had minimized supply errors. They had also created a drug revolving fund, prioritised procurement supplies and been more effective in quantify their own needs. This was seen through a 50-80% availability and reduction in emergency drug requests. CBC had also purchase of a delivery van and entered into a contract relationship with public transport sources to ensure delivery in difficult-to-reach areas.

Uganda
The issue for JMS was low customer satisfaction. To address this, JMS had developed a database able to capture comprehensive customer information, designed and implemented a skill building program for effective customer handling and incorporated a key performance indicator on customer focus on all functions within JMS.

Sustainability of DSOs – Report of the Dar es Salaam meeting
As a follow up of the Lagos meeting and as part of the DSO work, a meeting on of the governance structures of DSOs had been held in Dar es Salaam, Tanzania in April 2008. A short report from one of the participating organizations was given, highlighting the key issues i.e. the serious crisis in many DSOs resulting from decrease in the use of services, decrease in aid or funding, shortage in human resources, etc. These were attributed to both internal issues e.g. the problem of lack of qualified staff, poor governance, lack of logistics and other resources; and externally e.g. poverty in the African countries, globalisation and competition within and with other private and public sectors institutions. With these in mind the meeting in Dar had resolved to institute among other things, good governance, financial accountability, and managing the DSO through sound business principles.
Participants were briefed and discussed the following key current issues, and gave their suggestions on what EPN should do:

**a. Pharmacovigilance**

EPN member Sujith Chandy from India briefed participants on the importance and implications of the topic. He reiterated that though medicines are good, they were not without bad effects. He illustrated this with, sometimes shocking pictures and statistics of bad effects of drugs on people. He pointed out that counterfeit drugs and sub-standard drugs constitute the bulk of drugs which are causing bad effects. This highlighted not only the reason why pharmacovigilance is an issue of current concern, but also emphasized the need for access to quality drugs.

An issue of much discussion was the question of who is responsible for monitoring the effects or safeguarding against the bad effects (Adverse Drug Reactions- ADR) i.e. is it WHO, governments, individuals, health care service providers etc? It was also clear that functional national drug regulatory boards are key movers and participants from Tanzania and Nigeria shared some of the excellent work that had been done by their national regulatory authorities. In the end it was agreed that the challenge of ADR and its monitoring is a duty of everyone in the health systems, and that training and networking are important for success.

There was also a lively discussion on role that EPN can play. Issues such as the scope of the work, role of national versus international bodies, access to global pharmacovigilance information and use of such information, availability of harmonised standard tools and lack of awareness on the population on ADRs were raised. EPN secretariat was advised to keep this issue on the agenda, link with other groups and act when possible.

Baseline studies had shown a 30% stock outs on ORS, a basic, inexpensive life-saving essential medicine for children.
b. Access to children’s medicines
The presentation started with a challenging question to the members: What would be the EPN answer to the Millennium Development Goals 4, 5 and 6, (addressing children and maternal health) when the baseline studies had shown a 30% stock outs on ORS, a basic, inexpensive life-saving essential medicine for children?. Participants agreed that this was not an acceptable situation for a Network that prides itself as promoting just, compassionate and quality pharmaceutical care! Fired by this challenge, participants identified no less than 70 ways to address the problem of stock-outs for drugs, assigning the tasks to either institutional, DSO or EPN secretariat levels. These will certainly provide food for thought for the EPN board in identifying appropriate projects for action in the years to come.

c. Difficult-to-source products
An EPN member raised concern about difficult-to-source products including medicines and other health products that are not first priority of supply programs but are part of the essential medicines such as oral morphine for palliative care, snake bites sera (anti-venom), insulin etc. Other participants concurred that they too often faced the same problems and some added anti-rabies and diazepam to the list. After discussion it was agreed that a way forward would be to first identify those essential products that are scarce/unavailable/unaffordable, and secondly to identifying reliable sources (where these exist) and document the magnitude of the problem. The findings could be shared through the EPN website and other key websites such as that of Health Action International (HAI) and an appropriate advocacy campaign started. A number of participants volunteered to be on a working group to look at this issues (interested members please contact info@epnetwork.org).

d. Antimicrobial Resistance
Participants were introduced to the seriousness of antimicrobial resistance (AMR) which is one of the world’s most serious public health problems, blamed on many inter-connected factors, and in particular, misuse of antimicrobials. In response, a participant from Tanzania cited the case of his country where studies showed that irrational use of antibiotics
was escalating. This was echoed by participants from Ethiopia, Chad and Burkina Faso. Noting that pharmacists in many cases do not work directly on patients, participants were of the opinion that EPN starts creating awareness of the antimicrobial resistance issue among its members and find a suitable means to address the problem. Everyone also agreed that this issue is a matter of extreme urgency and that research and training of nurses, doctors and other clinicians on the rational use of antibiotics was necessary.

Participants were also introduced to ReAct, the Network that is trying to address this issue and to the World Health Organisation’s practical guide on AMR, a copy of which was available for each participant. EPN secretariat was mandated to develop projects to work on raising awareness to all health workers and patients about this issue.

7. SUPPLY CHAIN MANAGEMENT SYSTEM (SCMS) UPDATE

As a background, participants were informed that in each of the previous two EPN Fora, SCMS had been an issue for discussions. EPN had also made public statements that addressed critical concerns on this US PEPFAR and SCMS projects. As a response, EPN and SCMS had developed a task force that met a few times to discuss and agree on how SCMS projects could work at country level to strengthen indigenous supply chain organizations and also ensure those of the FBOs were not marginalized. The update as explained by R Wagner (AMFA), who was the FBO representative on the SCMS, was that SCMS Washington had decided to cancel the support of collaboration with FBOs. That led to a dropping out of AMFA from the consortium and also to closing the task force.

A key lesson for the participants was the need to be very careful with donor funds which can easily be withdrawn. A good suggestion is to keep donor money for fixed assets rather than being part of current budget. Participants were encouraged to try and be self-reliant through generation of internal revenue.
8. EPN GENERAL ASSEMBLY (GM).

The EPN General meeting was held on the afternoon of Tuesday (members wishing to get the minutes please contact info@epnetwork.org).

9. WEDNESDAY 18TH JUNE 2008

Meeting started with a prayer led by Rev Mbog Baya of Cameroon. The morning was devoted to continuation of the general meeting and the afternoon to a tour of Yaoundé for the participants. The Board chair and the secretariat spent a very interesting afternoon with the Cameroon EPN members and had very fruitful discussions focusing on better communication and cooperation regarding pharmaceutical issues among the different denominations. The members thanked EPN for this opportunity and stated that this had been the first time they met and talked together about this issue and agreed to meet again, communicate often and explore possibilities of joint drug ordering.

10. THURSDAY 19TH JUNE 2008 and FRIDAY 20TH JUNE 2008

The 4th day started as usual with prayers led by participants from Nigeria, CAR and Tanzania. The reading was from Jeremiah 33:3, on the theme “Call to me and I will answer you.” The 5th day devotion was led by Moses Mahonar from India, reading from 1 Cor. 13:13, the main theme being “Faith, hope and love” and highlighting the issue of love as the greatest of the three.

Days 4 and 5 were reserved for the introduction and discussion of the USAID funded programme “Strengthening Pharmaceutical Services (SPS)” in which EPN is partnering with Management Sciences for Health (MSH).

a. Introducing SPS.

Douglas Keen, Director of SPS introduced MSH and the MSH Centre for Pharmaceutical Management (CPM) which has been working to support governments and partners address pharmaceutical issues all over the globe for over 35 years. Tony Boni, the USAID representative then explained in more details the SPS program and how it will function and fund projects. The key programmatic areas of SPS include improving governance in the pharmaceutical sector,
strengthening pharmaceutical management system to support public health services, containing the emergence and spread of AMR and expanding access to essential medicines. The priority project areas would therefore be in the reproductive health, child health, AMR, TB, malaria areas.

Tony’s humour and magic tricks were particularly appreciated as these came in spite of his having had his bag and key documents stolen during the opening session. We thank God that at least the passport was found.

Thulani Mbatcha of MSH/SPS, presented an overview of the SPS programme. He presented SPS partnership organisations (of which EPN was an important member) which included universities and NGOs, each bringing into the partnership specific areas of expertise.

He also highlighted the key areas of MSH/SPS/EPN interaction i.e.

- Building the technical capacity of the secretariat to continue being a resource for its members.
- Increasing the capacity of EPN member organisations e.g. DSOs and CHAs in addressing identified key pharmaceutical service issues.
- Increasing the pool of resource persons in EPN with capacity to provide services to the members.

He also shared some of the key tools and successes of RPM Plus (the precursor of SPS) in addressing AMR which included 21 DTC courses which trained 842 personnel from 69 countries! Available software tools developed by MSH were also presented to EPN members.

**b. Country Experiences.**

Two MSH country experiences with EPN members were shared: Tanzania and Kenya. In Tanzania, MSH had provided technical support for the prime vendor system (this had since been stopped). Joseph Mukoko, (MSH/SPS staff based in Kenya) shared the Kenyan experience. This involves a division of labour between MSH and MEDS, which uniquely (after a process of certification) gets funds directly from USAID for the procurement of drugs.

During the two days there were several discussion sessions. Key issues/concerns raised by the EPN members were:
Changes in USAID personnel which could affect ongoing programmes
Lack of MSH offices in some countries
Heavy dependence on individual preferences within different USAID offices or consulates which may then not support the works planned.
Potential change in willingness to support FBOs

Acknowledging that some of these could pose problems, the MSH staff were optimistic of solutions. For example as MSH works in regions, the regional offices could provide support to countries without offices for example in West Africa going through the West African regional office. There were two proposals to overcome some of the USAID working method limitations. One, MSH stands in to promote EPN and maintain relationships with USAID governance structures at the global level since MSH can advice USAID on the value continuity of interaction with FBOs and support of country projects.

For this to be realised, strong communication must be maintained between the EPN secretariat and MSH. Secondly EPN members at country level develop strong links with the US mission. Finally MSH and EPN members agreed on the following: The process should be first through developing relationship with the local MSH country representative and together start developing formal and informal relationship with the USAID representative. Project areas could then be identified after learning and understanding how USAID and SPS work. All projects will be networked via EPN secretariat i.e. there would be both horizontal and vertical communications. A graphical representation of this relationship was agreed on as shown in figure 1.
Fig 1. MSH/EPN global and national relationships

MSH/EPN GLOBAL AND NATIONAL RELATIONSHIPS

- MSH HQ
  - Core relationship
  - Inform members

- EPN Secretariat
  - Build relationship between partners
  - EPN member (DSO, CHA)

- SPS + EPN
  - Build up relationship with mission
  - Understand funding cycle issues

- EPN member
  - Prepare proposal for submission to USAID Mission
  - Work with secretariat & other members to implement

- Project Output
  - Information
  - Lesson learning
Participants appreciated this information greatly because the objectives of SPS are in line with EPN objectives. They encouraged greater coordination and collaboration. Overall, there was hope that there will be more country level collaboration between the EPN secretariat and SPS Program in order to strengthen the secretariat and provide technical support in pharmaceutical systems to EPN members at large. To start this process, it was agreed to make a compilation of contacts of EPN and MSH in the different countries and to share this list.

The presentations were completed after group work which discussed key areas that were important to DSOs and CHAs. These included technical areas such as quantification and logistics, quality assurance, capacity building, building relationships and garnering church-leaders’ support in health care services.

Day 4 ended with a relaxing social evening which included excellent Chinese dinner, exchange of gifts and snacks from different countries and even dancing.

11. CONCLUSION

After a very full week, the meeting had to come to an end. Mr. Albert Petersen, the EPN board chair expressed thanks to the many people who had made the meeting possible and successful. These included Mrs. Feka Stella of the Catholic Health Services in Yaoundé Cameroon and Mr. John Essobe (CEPCA), the local organizing team. Special thanks also went to the translation team led by Wirngo Festus Mansah of Cameroon’s Ministry of Public Health and his colleague, Mrs. Mpeg, for a wonderful dual functions of being translators and interpreters; and to Mr. Maingeh Liborius of Cameroon Ministry of Public health who acted as rapporteur. Also thanked were Mr. Nathan Wanyu of the Cameroon Baptist Convention (CBC) Health services, whose organization provided the Hesco drinking water for free. The EPN staff, Ms. Lilies Njanga, Ms. Anke Meiburg and Mr. James Mireri were thanked for the hard works during preparation and up to the meeting time. He also thanked Dr. Eva Ombaka, the outgoing EPN Coordinator for her selfless devotion to EPN through the years. Last but not least, were the participants who freely shared their experiences and ideas.

The forum officially ended at 10.30am with participants bidding each other farewell and exchanging contact information.
Just and compassionate quality pharmaceutical services for all