

Kenya EPN conducts training for Clinical Officers:

Members of the Ecumenical Pharmaceutical Network in Kenya and their partners, being active in health care services, are in the forefront of the fight against HIV/AIDS and in the care of those infected and affected by the disease. In their efforts to support improved quality of life and to be prepared for the developments in this area, they identified two areas for action: support to the campaign on access to essential medicines and training in the management of HIV/AIDS. It is in implementing of the second area that a series of workshops are being organized. The first series of 3 courses focused on the medical officers (physicians). The first two courses of the second series focusing on clinical officers (CO) were held in Nakuru (Sept.) and Nairobi (Nov.) Both were sponsored by Action Aid-Kenya.

Some of the issues given as feedback include:

- Need for more time and discussion of case studies
- More detailed presentation such as Home Based Care and use of ARVs combination and their side effects.

Inclusion of sessions covering paediatric infections, STDs, malaria, typhoid, nutrition, ENT and eye problems in HIV/AIDS. ✍

For the full paper visit:

"http://www.iasusa.org/pub/June_Journal.pdf"

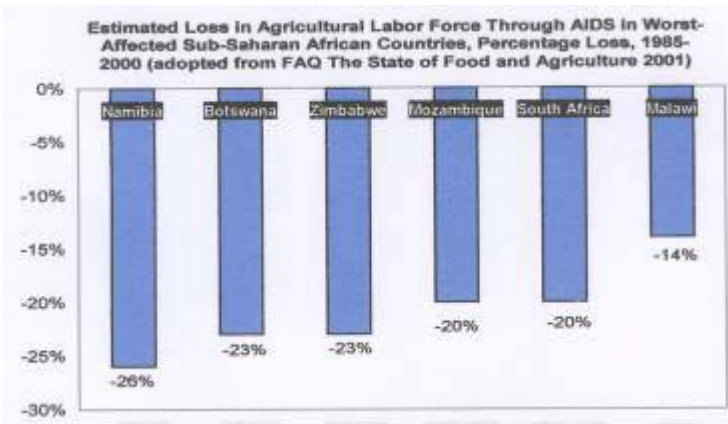
Famine and AIDS in Southern Africa

While both famine and AIDS in Southern Africa have been caused by a combination of natural disasters and manmade problems, neither has come totally unexpectedly. Southern Africa has experienced similar problems with food shortage in the past, and it was to be expected that similar conditions would arise some time in the future.

Similarly, in the case of the HIV/AIDS problem, the experience of other countries in Sub-Saharan Africa, most notably in East Africa, coupled with epidemiological data from within the region were clear indicators that AIDS would become a problem at some point sooner rather than later.

The comparison between the two problems goes even further. Food is the immediate treatment in cases of famine, and indeed, when treating nutritional related problems, food is regarded as a drug and prescribed as such. In the case of HIV/AIDS, the treatment is antiretroviral drugs as well as other medicines, such as antibiotics, for the treatment of opportunistic infections. In both cases the issues of availability, accessibility, affordability of the treatment are of great importance in dealing with the problem in the short-to medium-term. For the long-term, effective preventive measures will have to be put in place to prevent future problems. In the case of food security, it can be educating or encouraging more farmers to plant staple crops or to adopt more effective farming measures. The equivalent in the fight against HIV/AIDS is educating the public in order to induce changes in behaviour, and accepting and adopting the use of protective measures.

The table below illustrates how some of the measures and methods needed to deal with the AIDS Problem could be applied to dealing with famine.



Renewed production of sleeping sickness drugs

WHO and a pharmaceutical company "Aventis" have signed an agreement securing the production of drugs to treat sleeping sickness to cover a global need of upto five years. Moreover, Aventis (which had stopped production of the drug 6 years ago due to its unprofitability) has agreed to transfer technology and technical assistance to potential long-term manufacturers of the drugs (eflornithine, pentamidine and melarsoprol). This move was facilitated by MSF's quest to bringing abandoned drugs back into production. MSF will undertake to distribute the drugs to the affected areas. This is the best organization to oversee distribution as it has been caring for patients with sleeping sickness since 1985 and runs seven sleeping sickness control programs in Sudan, Angola, DR Congo, Central African Republic and Congo-Brazzaville. MSF aims to add three more control programs by the end of this year. (Surie Moon, MSF)

Faith-Based communities respond to HIV/AIDS

Shortened from Global AIDSLink October/November 2002 - #76

Churches, temples, mosques and other places of worship have long been trusted sources of spiritual education. Centuries of tradition and faith have cemented this trust. So when considering the HIV/AIDS epidemic which has swept around the globe – infecting more than 60 million people and affecting millions more – faith-based communities seem a logical resource to provide accurate health education as well. “Churches and other faith organizations represent the ideal point of dissemination of HIV/AIDS information,” said Pernesha C. Seele, Founder and CEO of The Balm in Gilead, Inc. They already host eager, receptive crowds. And they are a venue where HIV/AIDS should be able to be discussed without any hint of personal stigma or discrimination.

Because faith-based communities are an integral part of many societies, they have been among the first to respond to the epidemic. Many provide a variety of services including counseling, home-based and community care. In many parts of the world, faith-based organizations are the strongest providers of services to ordinary people. Religion, government and business should partner to build on the foundation already established. Strong partnerships between all organizations are crucial to fighting HIV/AIDS.

As Dr. Seete noted, when working with HIV/AIDS through a faith-based setting, it's essential to recognize the spirituality that already exists. For example, spirituality (in Africa) is woven through people's lives. Discrediting some values and traditions already established by religion will not help eliminate HIV/AIDS. Instead, faith-based organizations must work together to educate persons on how to stay healthy and be accessible to provide support for those who are ill.

25TH ANNIVERSARY OF WHO MODEL EDL

October 21st 2002, was the 25th anniversary of the WHO Essential Medicines Concept. The first model EDL was published in 1977. The anniversary was celebrated at several WHO centers and the EPN coordinator participated at the function held in Geneva.

The agenda was full and interesting, with Dr. Gro Harlem Brundtland, Director General giving a presentation on Access to essential medicines as global necessity and Dr. J. Quick, Director Essential Drugs and Medicines Policy giving an excellent resume of achievement of the 25 years and thought-provoking suggestions of future directions. Specific examples of the application of the concept impact from the Programme in Delhi, India (Dr. S. Sharma) and in church-related health services (Dr. E. Ombaka EPN) highlighted how the concept has had positive practical impact. Dr. B. Pécoul (MSF) highlighted the work that still needs to be done to increase access to essential medicines.

A forum discussion on Essential medicines for Industrialized countries was moderated by Ms. K. Lang, presenter BBC4 News. The panel participants gave experiences from Australia (Dr. S. Hill), CCEE/NIS countries (Prof. R. Laing), pharmaceutical industry (Dr. H. Bale), patient/consumer perspectives (Dr. B. Strandrik) and general issues (Dr. H. Hogerzeil). At the end of this interesting discussion, the validity of the concept as a global concept was affirmed. What needs to be stressed is that it is applied differently in different settings.

EPN, all its partners and all those committed to the Essential Medicine Concept and Rational Drug Use congratulate WHO for its leadership in this area. We look forward to the next 25 years!
(Papers presented available on www.who.int)

Bishop Felton Edwin May of United Methodist Church used his particular faith community to show ways to be used. The United Methodist Church has made a commitment that all their clergy throughout the world will be educated on HIV/AIDS and the ways to prevent it. Many missionaries are local teachers ministers, physicians and social workers supported by their churches. This greatly affects their ability to share information and values effectively in the language and metaphor appropriate to the cultures of the world.

Religious congregations have a special responsibility to eradicate the stigma that surrounds HIV/AIDS. The stigma of AIDS keeps people ignorant. Ignorance is the breeding ground of HIV/AIDS. "The United Methodist Church has spoken unequivocally that it condemns the rejection and neglect of persons with HIV infection and illness."

Thirdly, all faith-based organizations must offer treatment, support and comfort to those who are ill. The United Methodist Church is seeking to help their worldwide network of clinics, public health workers, social workers, schools and congregations become people and places that treat and comfort those affected, as well as centers of education on behalf of prevention.

"Religions, denominations and churches cannot conquer AIDS alone, but it also will not happen without us," said Bishop May. "This is not an easy task, but we need to break the stigma of HIV/AIDS, and religions have a particular responsibility to lead this battle." ✍

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NEWS FROM THE NETWORK

Good News For Francophone Work

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Success at last! With the help and support of Service Overseas, we will be having from July 2003 a member of staff, Mr. Hans Peter Bolinger, who will be paying special attention to the Francophone countries.

Mr. Bolinger is a pharmacist from Switzerland who has worked in Tanzania and Chad. Mr. Bolinger will be stationed in Ouagadougou and hosted by ODE.

EPN Participating In Organizing Major Meeting

EPN has been invited to participate in organizing a major ecumenical meeting on partnership for work in the prevention, care and treatment of HIV/AIDS. It will be followed by a meeting of Christian Health Associations.

The meeting is scheduled for March 2003. EPN Secretariat would welcome suggestions on how to make EPN "visible" during the meeting.

Network Gears Itself For Major Research

The study on drug distribution with FBO is scheduled for January – June 2003. Ten countries in our network are expected to participate. Mr. Banda formerly with CHAZ will oversee the study and EPN members from drug supply departments will administer the questionnaire. Piloting will be done in January (Ghana) and Zambia (February). Pharmacists in the network have been involved in the preparation of the study instruments.

The activity will provide the network members with some research skills, provide study tour opportunity and provide drug supply units with an instrument for monitoring of their own work. Keep the study and the researchers in your prayers.

SHEILA JOINS EPN SECRETARIAT



Ms. Sheila Ogola

Ms. Sheila Ogola-Ode joined the EPN Secretariat in June 2002 after the departure of Ms. Dorothy Okemo. In addition to her secretarial skills, Sheila brings special computer skills to EPN.

Changes in the EPN Board

The EPN Board said farewell to Christina de Vries and Marlon Banda who stepped down this year. Their experience and wisdom will be missed but we are glad to know they are still very active members of EPN and are only an e-mail way! Thank you for your wonderful work.

And we welcome Donna Kusemererwa (JMS, Uganda), and Albert Petersen (DIFAEM Germany) to the Board. Mr. Petersen was elected Board Chairman [*Photo in the next Pharmalink*].

Pharmacists in the network

In June this year, two pharmacists joined the network, Mr. Kendeke Chipupu (Christian Health Association of Zambia) and Mr. Sule Abah, (Christian Health Association of Nigeria). They bring to the network experiences from government and private sector. We bid them a warm welcome.

EPN Members Participate In Various Meetings

●●●WHO-EDP Managers meeting

Pharmacists from Zambia, Nigeria, Ghana and Uganda participated at the second WHO-Essential Drugs Programme Managers' meeting held in Accra. Support was provided by HAI-Africa, EPN Secretariat and WHO/EDM.

As the meeting was also attended by senior government personnel, follow-up on contacts is expected to result in closer collaboration between church health services, the government and

WHO country offices. EPN coordinator made a presentation on the EPN experience in training/capacity building.

●●●GFATM Procurement Task Force

Jane Masiga (MEDS) participated in the GFATM procurement task force. She brought to the TF her long experience in the drug distribution in developing countries. One of the outcomes of their work was the support by GFATM for generic drug procurement

●●●Germany church Conference on Poverty & HIV/AIDS

John Wasonga (Kenya Coalition for Access to Essential Medicines) participated on EPN's behalf in a conference organized by Joint Conference Church and Development (GKKE) on Poverty and HIV/AIDS which coincided with World's AIDS day. He also paid visits to Bread for the World and DIFAEM.

●●●WCC/CEC HIV/AIDS meeting in Minsk

Natalia Cebotarenco (CFP. NIS) participated in meeting of churches & church organizations for 10 West, Central and Eastern European countries. The major topic was the rapid spread of HIV/AIDS in Central and Eastern Europe & role of church in combating the disease. Cebotarenco made a presentation on the work of EPN

CALENDAR OF EVENTS

Event: Promoting Rational Drug Use-(PRDU) in French

Date: 30 June - 11 July, 2003

Location: Gitarama, Rwanda

A two-week course for physicians, pharmacists, health programme managers, officials from ministries of health, universities and other organizations interested in improving the use of drugs. For further details and registration, please contact: Dr. Eva M. A. Ombaka, email: epn@wananchi.com .

Tel: 254 2 4444832/4445020

Event name: Public/Private Partnerships for Better Health

Date: 29th April – 4th May, 2003

Location: Malta

CPA in collaboration with the Malta Chamber of Pharmacists and with the support of the Pharmaceutical Society of Australia will conduct a seminar and workshop in Malta in May 2003. The issues to be addressed will include continuing professional development of pharmacy and lessons from Australia, New Zealand and UK health schemes. For more information contact psansw@psansw.org.au or spizjar@synapse.net.mt

Event: ICIUM 2004

Date: March 30th - April 2nd 2004

Location: Chiang Mai, Thailand

Researchers and policy makers are invited to register for ICIUM 2004 and to submit abstracts for consideration. Registration fees, details and the abstract format will be described on the ICIUM 2004 web site which will be up by the 1st Dec. 2002. A limited number of scholarships covering registration fees, travel, and hotel will be available to participants from poorer countries who have abstracts accepted or who are key policy makers

Event: Commonwealth Pharmaceutical Association Conference

Date: 13th - 17th August 2003

Location: Jamaica, West Indies

The programme of the 8th CPA Conference will include topics such as disease state management, women's health and fertility, obesity, the environment and health and 21st century pharmacy practice; and it will also include an optional full-day workshop on the pharmacists role in the management of HIV/AIDS. For more information contact CPA Secretariat, email: bfalconbridge@rpsgb.org.uk

Some interesting websites:

Index Medicus Journal Titles Abbreviation List.

<http://www.medscape.com/home/search/indexMedicus/IndexMedicus.html> .

FreeMedicalJournals.com

<http://www.freeMedicalJournals.com> Listing and links to medical journals providing free full-text access online.

British National Formulary online. <http://www.bnf.org>
Commonwealth Pharmaceutical Association.
www.rpsgb.org.uk/international/index.html

IMPORTANT ANNOUNCEMENTS

New Oxfam papers

Beyond Philanthropy: the pharmaceutical industry, corporate social responsibility and the developing world by Oxfam, Save the Children and VSO.

Beyond Philanthropy argues that the pharmaceutical industry should do more to actively consider the needs of poor people in developing countries in their core business activities. In summary, the report addresses pharmaceutical companies' corporate social responsibility policies in relation to the ongoing public debate over access to medicines in the developing world. It sets out benchmarks in five areas of company policy: pricing, patents, joint public private partnerships and appropriate use of medicines.

www.oxfam.org.uk hard copies available.

WHO SEEKS US APPROVAL FOR ANTI-MALARIA DRUG

WASHINGTON (Reuters) July10 - The World Health Organization presented its case for US approval of a malaria drug that may save the lives of patients around the world who now lack access to emergency treatment. The WHO is seeking US Food and Drug Administration approval for a rectal formulation of artesunate, which may help people who are too far from a hospital or clinic to get injectable drugs, and who are too sick to take oral medications. "We saw a public health need...If we could develop a drug that would substitute for an injectable, this would reduce the mortality that often arises," WHO researcher Dr. Melba Gomes said in an interview.

New AIDS Lobby Group Formed in Africa to Present a "Unified Voice"

A recent meeting in Cape Town, South Africa, brought together AIDS activist from 20 Africa nations for the purpose of creating a "Pan-African" advocacy group. The group, which is tentatively being called the Pan-African Treatment Access Movement, will lobby governments and institutions, such as WHO, UNAIDS and WTO, to expand access to antiretroviral treatment. The group's goal is to advocate strongly in favor of the WHO recommendation that 3 million HIV-infected people receive antiretroviral treatment by 2005. The initial lobbying effort of the group took place at the recent world summit on Sustainable Development in Johannesburg where demands were put forward to place HIV/AIDS on the conference agenda. (*Agence France-Presse 8/22/02*)