

# **Ecumenical Pharmaceutical Network (EPN): PEPFAR Evaluation Process**

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# The Network

- § **EPN: a worldwide network (members in 31 countries) that supports church-related health services (CHS) in addressing pharmaceutical-related needs.**
- § **The purpose of the Network is to increase capacity of church-related health services to provide equitable, effective and efficient pharmaceutical services.**



# Church Health Services

- § **CHS provide a significant health care in Africa. For Example:**
  - § **Rwanda 33% nationally**
  - § **Ghana 40% nationally**
  - § **Malawi 35% nationally, >70% rural**
  - § **Kenya 40% nationally**
  - § **B.Faso 2.7% nationally**
  - § **Zambia 30% Nationally and 50% rural**
- § **Usually based in the rural areas where the majority of the population lives**
- § **WHO/Health assets study could reveal more**



# Some Drug Supply Organisations

There are over 16 major church owned drug supply agencies serving over 110 million patients in SS Africa (as of 2003) – *source, distribution study. 2003, EPN/WHO*

Name of Org.	Country	No. of Org. clients	Year of Establ.
MEDS	Kenya	900	1986
JMS	Uganda	1100	1979
BUFMAR	Rwanda	117	1973
CHANPHARM	Nigeria	358	1973
CDC	Ghana	117	1983
CHAZ	Zambia	125	1999



# How has the Network discussed PEPFAR?

- § EPN Forum/AGM October 2004
  - § Moshi, Tanzania
- § EPN Forum/AGM May 2006
  - § Tübingen, Germany
- § EPN issued statements following these forums
- § EPN/SCMS task force in place



# Moshi Statement- Key points

1. EPN welcomed life saving initiatives like PEPFAR.
2. Cautioned against insistence on only FDA approved drugs
  - May cause delays in drug delivery
  - May be inconsistent with national protocols
3. Noted the overwhelming preference for brand products
  - Might create multi-cadre patient systems
  - Questioned sustainability beyond PEPFAR
  - Local producers were ignored
  - Use of expensive brand products where equally good but cheaper alternatives were available



# Continued...

4. Lack of any financial commitment beyond 2009
  - § No clear exit strategy
5. Cumbersome and time consuming documentation
  - § Complicated procurement procedures
6. PEPFAR implementation seemed predominantly unilateral
  - § Seemed to ignore other international efforts
7. EPN committed itself to play its part in the best interests of the patient



# Tübingen Statement – Key points

1. EPN acknowledged the need for uninterrupted supply of high quality, low-cost products that flow through an accountable system.
2. Supply Chain Management Systems (SCMS) came into play 3 years after PEPFAR Launch
3. Seemingly little or no stakeholder involvement from targeted countries
4. Such a large, multi-country supply chain system may have a negative impact on existing supply chains
  - § Imbalance in trading volumes



# Continued....

5. Danger of brain drain from existing systems to SCMS
6. No clear entry or exit strategy
  - § Global or country specific
7. Suggestion of voluntary choice in the use of SCMS for PEPFAR recipients seemed rather academic
  - § Decisions are made at country US country mission level, not by fund recipients.



# What is the purpose of PEPFAR?

- § To save lives
- § To increase access to ARVs
- § To provide quality care
- § To strengthen health systems

So...

- § How many patients are accessing care?
- § What quality of care (not only ARVs) is being provided?
- § How have the health systems been strengthened?
- § How can this effect be measured?
- § What are the gaps in provision of this care?



# Suggested indicators: Low hanging fruit

- § How many people are in treatment and care?
- § How many children have been prevented from becoming HIV infected?
- § What is the average CD4 increase over given periods of time?
  - § If and where possible viral load is preferable
- § How many of the patients started on ARVs remain on ARVs? Retention rates?
  - § Enrollment vs Active
  - § Death Rate
  - § Lost to follow-up



# Impact indicators

- § How have health systems been strengthened?
  - § Drug delivery systems?
  - § HR Capacity to ensure rational use of these drugs?
- § How integrated are PEPFAR systems with the existing systems and programs?
  - § Use of already available wheels
- § Is drug forecasting done to match resources or is it to match the need? Drug Mix?
  - § How is this process informed?
  - § Top down or bottom up?



# Summary

- § PEPFAR is definitely saving lives
- § PEPFAR has identified and is using health systems that have not traditionally been maximized by other agencies, i.e. the mission/church sector
  - § Is there unutilized potential?
  - § TL for religious leaders?
- § How can we together ensure that the gains from PEPFAR are sustainable?

