Working together with the Public Health Programmes: a regulator’s perspective for addressing the minimum requirements for Pharmacovigilance

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2nd December 2010
Uganda
The Pearl of Africa

- Population: about 30 million
  - 3.6 percent population growth
- Set at the equator
- Area: 236, 580 sq km,
- National Drug Authority
  - Head office-KAMPALA
  - National Drug Quality Control Laboratory
  - 7 Regional Offices
  - Zonal offices
  - 4 ports of entry
NDA was established by an Act of parliament

OUR VISION

A world class centre of excellence in regulation of medicines and other healthcare products
NDA Mission

- To ensure quality, safety and efficacy of human and veterinary medicines and other health care products through the regulation and control of their production, importation, distribution and use.
Governance

NDA Board Chairman

Committee on National Formulary
Audit Committee
Pharmacovigilance and Clinical Trials Committee
Human Resource Committee
Committee on Medical Devices, Diagnostics & Equipment
Committee on Traditional and Herbal Medicine
Committee on Veterinary Medicines
Organogram of the NDA Secretariat

Executive Secretary

- Head, Inspectorate
- Head, Quality Control Laboratory
- Head, Drug Information
- Head, Finance & Administration
- Regional Inspectorate Officers
- Head Assessment & Registration

Units and Sections
- Quality Manager
- Human Resource
- Public Relations
- IT
- Internal Audit
- Procurement
- Food Desk Coordinator

130 employees
National Pharmacovigilance Centre

The tools

Posters

Bulletin
The National Pharmacovigilance Center (NPC)

- The NPC functions are implemented by the Drug Information Department since 2005
  - Staff of 8 personnel
- Member of the WHO Programme on International Drug Monitoring
- Has 12 Regional Pharmacovigilance Centres
- Guidelines
  - For Reporting suspected adverse drug reactions
  - Handling ADR reports
- Guided by the Pharmacovigilance and Clinical trial committee of the Board
The major objective of the center is to promote patient safety through:
- early detection of hitherto unknown ADRs
- detection of increases in frequency of known ADRs
- identification of risk factors and possible mechanisms underlying ADRs
- estimation of benefit/risk
- dissemination of information
Number of ADR reports received through spontaneous reporting

- 2005: 29
- 2006: 49
- 2007: 180
- 2008: 75
- 2009: 229

National Pharmacovigilance Center - Uganda
Drugs with 10+ spontaneous reports

- Most reactions reported are expected
- Approximately 80% of reports have missing information – which compromises the analysis process.

NATIONAL DRUG AUTHORITY - UGANDA
National Pharmacovigilance Center - Uganda
Working with the PHPs in Uganda; Who is prepared to face the enemy???
Gluteal fibrosis results from many quinine injections on the buttocks. The buttocks have injection scars.

Post-injection paralysis: The new polio in Uganda
Publication date: Sunday, 9th December, 2007

By 2010: 223 cases of gluteal fibrosis
EPI program

- Measles Vaccine serious adverse event
  - 11 month old baby died following vaccination
  - UNEPI and NDA co-investigated the reaction
  - program error

- Benefits of Measles example
  - Tapping UNEPI expertise
    NPC would be responsible for regulatory decisions thereafter

- Other efforts
  - Use of district surveillance focal persons in Pv
  - Joint regional sensitisation UNEPI/NPC meetings
  - Including pharmacovigilance indicators in the HMIS

HIV program

- Tenofovir
  - 29 cases from Clinical trials (spontaneous)
    Could these reports be an indicator of increased risk in the use of the medicine?

Malaria

- Sensitisation of health workers during introduction of the ACT policy
- Developing the ADR form with help of malaria experts
- Jointly writing proposals for funding (AMFm)
- Quinine injection gluteal fibrosis
  - To train health workers on irrational drug use

The PHPs have

- good databases (background rates)
- Facilities to do more tests and confirm the ADRs.
Pharmacovigilance: a Global strategy

Who decides to do what?
- Strategists; the right people?
- Objectives; the right motives for Pv?

Analysis and Diagnosis
- Macro environment; KAP of partners, Technology
- Industry; PV a young field?
- Internal factors; weak systems?
- Competitive Position; Progs versus Pv

Choice
- Generic Strategy Alternatives; Passive vs Active methods?
- Strategy Variations; Enhanced passive?
- Strategy choice

Implementation
- Resources and structure
- Resource allocation; How much?
- Evaluation and Control; Pv indicators?
Is this strategy working?

- **Global Fund Study**
  - 2002 Board decision for fund Recipients to monitor adverse drug reactions
  - 431 GF proposals examined
    - 134 included an aspect of pharmacovigilance
  - 117 country applications
    - 26 good proposals but only 17 had full functional and verifiable National Pharmacovigilance systems
    - 18 were aware of Phv but were not doing any Phv
    - 21 had no mention of Phv in their system
Aim: to ensure to provide some measure of assurance for and security of medicine safety.

The process;
- Face to face meeting of Phv practitioners and Disease control managers, technical agencies, donors, Geneva, Jan 2010
- Discussion of minimum requirements by WHO Advisory Committee on the safety of Medicinal Products, April 2010
- Discussion at stakeholder’s meeting in Accra Ghana, Nov 2010
  where the participants included:
  - Regulators
  - Industry
  - Disease control programs
  - Academia
  - GF and other donors
1. A national pharmacovigilance centre
   - designated staff (at least one full time)
   - stable basic funding
   - clear mandates, well defined structures and roles
   - collaborating with the WHO Programme for International Drug Monitoring

2. The existence of a national spontaneous reporting system with a national individual case safety report (ICSR) form i.e. ADR reporting form
3. A **national database** or system for collating and managing ADR reports

4. A national ADR or pharmacovigilance **advisory committee** able to provide technical assistance on causality assessment, risk assessment, risk management case investigation and where necessary crisis management including crisis communication

5. Clear **communication strategy** for routine and crises communication
The 'follow-on' after the “minimum requirements”

The 'advanced' requirements of a PV system relate to broad higher levels of PV practice

- **Policy and Governance** including existence of national laws and policies related to pharmacovigilance
  - legal requirements on companies holding marketing authorizations to report ADRs, provide data on drug utilization, and produce risk management plans;
  - empower the national authority to suspend, revoke or vary marketing authorizations

- **Methodologies** highlighting what PV methods may be appropriate in specific situations

- **Information management** including data management, crisis management, communication and public perception surveillance

- **Monitoring and Evaluation** including availability of a set of PV indicators
Pharmacovigilance Toolkit

1. Introduction
2. Functions a national pharmacovigilance system
3. Minimum requirements for a functional pharmacovigilance system
4. How to set up a PV Centre
5. National Pharmacovigilance Centres
   5.1. Roles, responsibilities and coordination with the WHO Programme for International Drug Monitoring
   5.2. How to join the WHO Pharmacovigilance Programme
   5.3. ACSoMP
6. Pharmacovigilance Methods
7. Literature Resources for Pharmacovigilance
   7.1. Books
   7.2. Journals
   7.3. Computerized References
   7.4. Online References
   7.5. WHO Publications
   7.6. PDFs or Links to Selected Useful Publications
8. Definitions and terminologies in pharmacovigilance
9. Causality Assessment
10. Signal Generation in Pharmacovigilance
11. Communication in Pharmacovigilance
12. Crisis Management in Pharmacovigilance
13. Outline of curriculum for a standard course in Pharmacovigilance
14. Resources for pharmacovigilance
15. Financial issues involved in Pharmacovigilance
16. Monitoring and Evaluation in Pharmacovigilance including Pharmacovigilance indicators
17. Websites of organizations and societies involved in pharmacovigilance
18. List of Technical Assistance providers in Pharmacovigilance
19. Description of required activities so that PV would be included and implemented in GF grants

Appendices
18.0 List of Technical Assistance providers in Pharmacovigilance

Several organisations are involved in providing technical assistance in pharmacovigilance to countries, donor organisations and the pharmaceutical industry. The list provided below is restricted to those organisations whose activities are aimed primarily to providing technical assistance to governments, organisations and centres in resource-limited settings and excludes those whose activities are aimed solely at the pharmaceutical industry. They are divided into Collaborating Centres, Financing Entities, Technical Agencies, Academic/Research Institutions and Consultants though the distinctions may be arbitrary in that some financing entities may directly or indirectly also provide direct technical assistance.

WHO Collaborating Centres

1. The Uppsala Monitoring Centre (the UMC), the WHO Foundation for International Drug Monitoring, Uppsala Sweden
   Website: www.who-umc.org

2. The WHO Collaborating Centre for Advocacy and Training in Pharmacovigilance, University of Medical School, Accra, Ghana
   Website: www.pvafrika.org

3. The WHO Collaborating Centre for Drug Statistics Methodology, Oslo, Norway
   Website: www.whocc.no

Financing Entities

1. The Global Fund Against AIDS, Tuberculosis and Malaria
   Website: www.theglobalfund.org

2. The World Bank
   Website: www.worldbank.org

3. The European Medicines Agency
Some lessons learnt

- Pharmacovigilance does not fit the model for performance based funding

- Pharmacovigilance got stuck into project mode; was never institutionalised

- Development partners more aware about the need to prioritise funding for pharmacovigilance

- Countries need to improve their pharmacovigilance systems

- International collaboration is still required to keep pharmacovigilance effective
Conclusion/Way forward

- It is possible to introduce minimum standards that can effectively deliver Phv in countries
- Countries should refer to the minimum Phv requirements documents developed by WHO/GF
- Countries should include pharmacovigilance in their grant proposals to GF and other donors
- National Pharmacovigilance Centres and Public Health programmes should work together when drafting the proposals and implementing the grants
Working together

Thank you for listening

- Merci Beaucoup
- Dank u
- Tänan teid
- Asante sana
- Xièxiè
- Terima kasih
- Shukran
- Gracia