Eswatini: PhArmaco Vigilance **Key Achievements & Closing Report**

PAVIA Annual Consortium and Closeout Meeting 2023

20 – 21 February, Amsterdam, Netherlands



The EDCTP2 programme is supported under Horizon 2020, the European Union's Framework Programme for Research and Innovation.

Africa

Outline



- Key PAVIA Achievements
- Best Practices
- Closing Plans
- Sustainability











- Establishment of the National Pharmacovigilance Centre (NPC)
- Development of Pharmacovigilance Policy & Implementation Framework, National PV Guidelines & other documents
- Development of draft amendments and regulations with PV to the Medicines & Related Substances Control Act of 2016
- Increased capacity in PV (NPC staff & other healthcare workers in the country). Capacity building approaches included onsite PV trainings and sensitization
- Streamlining process for data management-cleared backlog at one MATINY



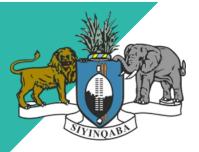




- Decision to transition to Vigiflow[®] as national PV database
- Vigibase[®] visibility also increased
- Increased visibility of PV both at country level and PIDM
- Increased collaboration with the various PV stakeholders
- Partaking in AEFI investigations and Causality assessments











1. Establishment of National PV centre

- Dedicated and capacitated PV focal person (previously the focal person has additional duties)
- There was engagement of additional PV personnel
- Infrastructure:
 - Desktops, Server, Printer, Desks and chairs











2a. Development of Standalone PV Policy

- Development of PV Policy completed in 2021. Also launched
- In 2022, the NPC sensitized stakeholders on Policy. Stakeholders included:
 - Pharmaceutical industry in Eswatini
 - Healthcare workers from private health institutions
 - Regional Health Management Teams in the 4 regions
 - Healthcare workers from public health facilities in all regions in the country
 - Development partners





Eswatini National Pharmacovigilance Policy and Implementation Framework

The Kingdom of Eswatini

INOA







2b. National PV Guidelines, Job Aids & Posters

- Development of National PV guideline completed in 2022
- Development of the AE severity scale
- PV Guideline is yet to be disseminated
- Job aids & posters were developed, printed and disseminated in 2021









Eswatini National Pharmacovigilance Guideline



KINGDOM OF ESWATINI MINISTRY OF HEALTH

Adverse Event Definitions & Grading

A QUICK REFERENCE GUIDE FOR SELECTED ADVRSE DRUG EVENTS





USAID GLOBAL HEALTH SUPPLY CHAIN PROGRA Procument and Supply Management



June 2022





WHY S Pharmacovigiance NEEDED?

- · To improve patient care and safety in relation to all medicines and pers-medical interventions,
- · To contribute to the assessments of benefit, harm, effectiveness and risk of medicines.
- To encourage the safe and rational use of medicine,
- · To capture adverse effects (AE) that are not documented, during Cinical Trials.
- To capture rare AEs.



may or may not be associated with a medicine,

Who reports AEs? Healthcare

HCPa)

Doctors

Pharmaci

Manufacturers

Nurses

- Patients

What to report? Serious reactions Unexpected reactions Unusually severa reaction, Product quality Medication errors Effects of New drugs in

the market.

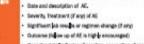
How a HCP can report AEs?

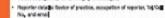
Date of report,

The National Pharmacovigilance Centre (NPC) has AE forms that are available in facilities for HCP to report AEs.

 Active Adverse Event Form (ongoing surveillence) Pasaive Adverse Event Form (spontaneous on the spot' surveillance.)

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Partiest sintally (initially, date of birth (app), genderal

Generic name of suspect and concomitant medicine (dosage.

initiation date, withdrawal date (Fwithdrawn), Indiadon.)

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EDCTP

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Adverse

Event for



Know the difference! Side effect, adverse effect, adverse event, adverse drug reaction

Side effect	Adverse effect	Adverse Event	Advanta dra
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Active Adverse Event form





🖲 USAID



You can report it to the nearest

Health Care Facility

Don't be afraid to mention any problems you are facing to your health care provider with taking any medicines,



PAVIA

-PEPFAR



🖲 USAID

Ngabe ikhona IMIVUKA lohlangabetana nayo usanatsa imitsi yakho?

Bika Emtfolamphilo **lodvute** nawe

Ungesabi kubika noma ngangu yiphi inkinga lohlangabetana nayo kubetemphilo uma utsatsa nomangangu yiphi imitsi yakho. SWATINI MEC

(EMRA)

PESULATORY AUTH

URAD OLOBAL HEALTH OFFICE





2c. Other PV Documents

- Amendments to Medicines and Related Substances Act to add provisions on PV (yet to be endorsed)
- PV regulation (draft stage)







3. Capacity Building

- PAVIA series of trainings for NPC staff(Three trainings)
- Health care workers training
- PAVIA blended training
- Pre-service trainings
- Onsite trainings
- Supportive supervision and mentorship













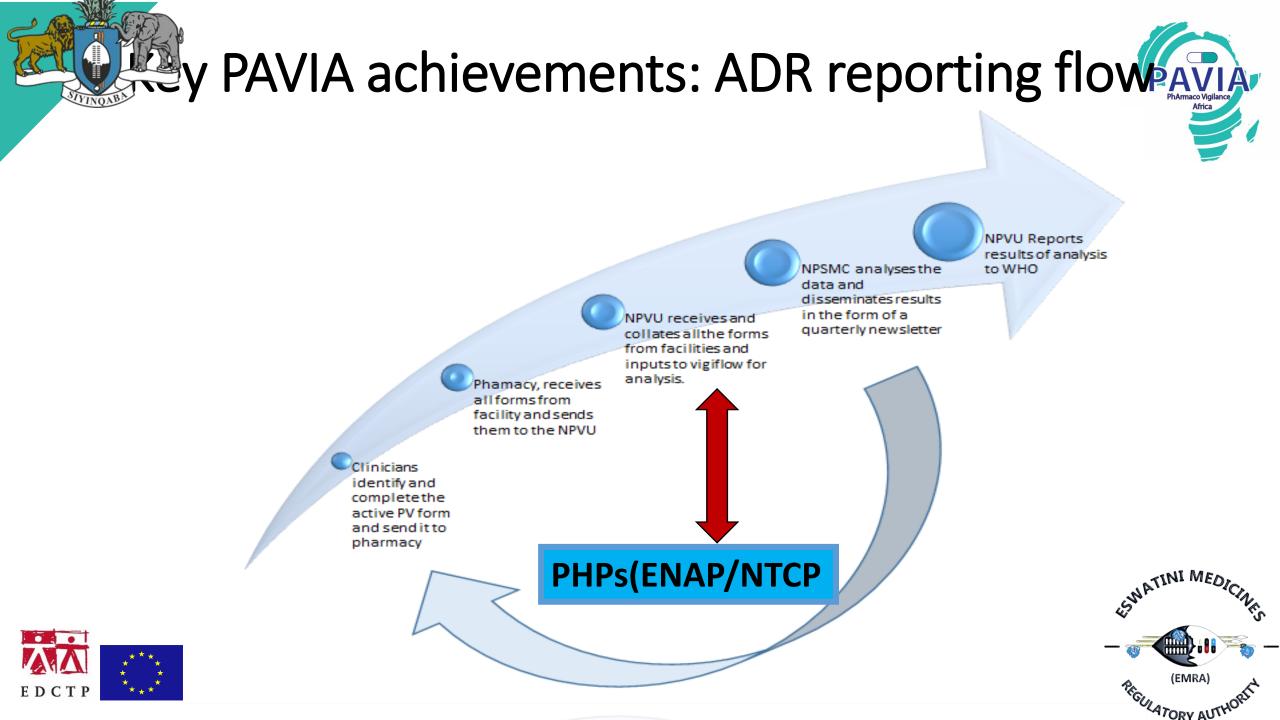


4. Streamlining of PV Data Management & Transitioning to use of Vigiflow[®] as the data management system

- Previously the country was using excel data base which was not properly organized and kept on personal laptop
- Now reports all captured to vigiflow therefore easier to visualize and produce reports
- Eswatini PV data also visible to UMC and globally.



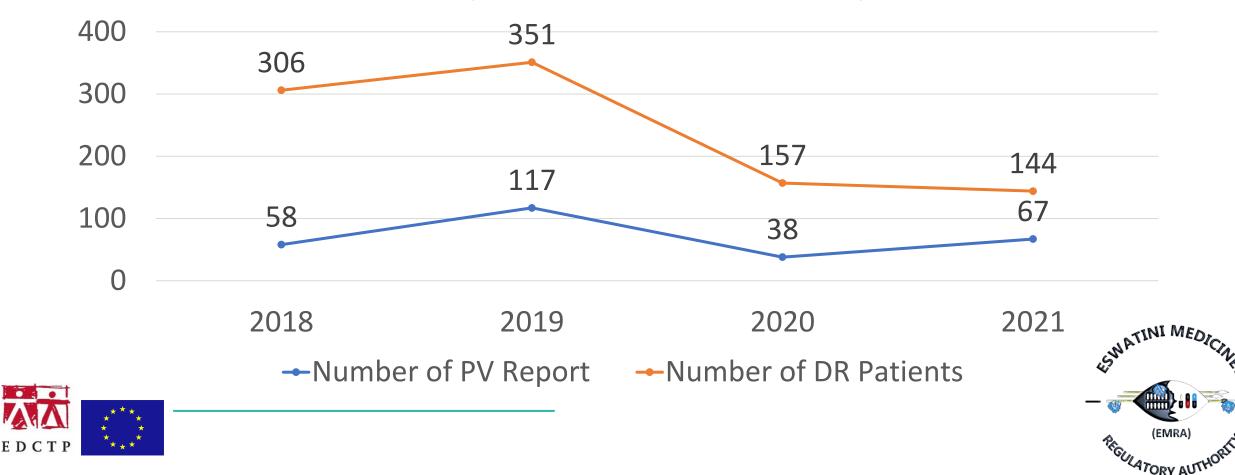


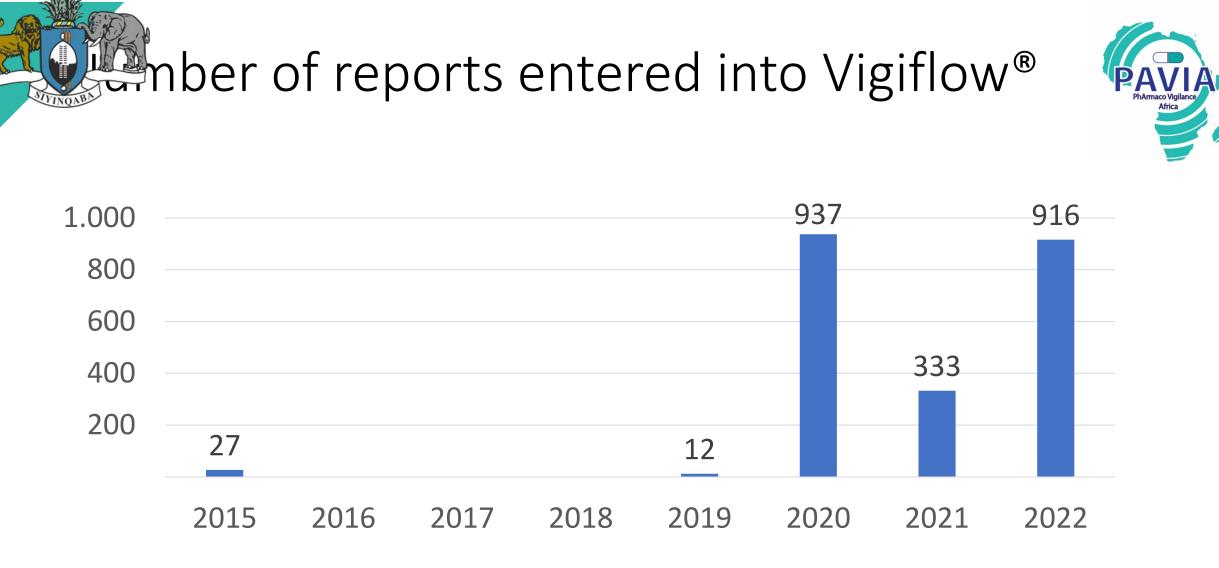


(MDR-TB tx ADRs)



Number of report V Number of DR-TB patients





Note: The number of reports increasing in 2021/22 due to the collaboration^{TINI MEDI}CA between EPI(AEFI)

GULATORY AUT







4. Establishment of aDSM Committee

- Historically only AEFI investigations and causality assessments had been conducted in the country including during COVID
- In August 2022 the NPC coordinated the 1st causality assessment meeting for the aDSM Committee. Two cases were discussed
- A 2nd meeting was conducted in October 2022. Eleven cases were discussed in this meeting







Best practices



- 1. Dissemination of newly developed PV policy to key stakeholders through targeted sensitization meetings
- 2. Focal persons at facility and Public health program/implementing partner level
- 3. Insight of PHP's into Vigiflow.
- 4. Joint activities of PHP's and NPC S S Visits and training.
- 5. Hotline







Closing plans



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GULATORY AUT

- Disseminate PV guidelines
- Supportive Supervision Visits
- In country PAVIA project results dissemination meeting
 - MOH senior management team?
 - PV stakeholder?





Sustainability post-PAVIA

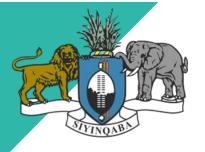


- Country PV linkages with other PV stakeholders
 - Still have strong collaboration NTCP NMP ENAP
 - Causality assessments
 - Trainings
 - TWGs
- Cascading of PV activities??

This part will be extremely difficult with current state of HR and fiscus of the country





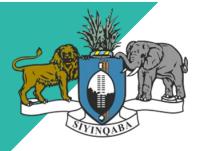


Sustainability post-PAVIA



- Continuation of PV trainings and capacity building for HCW through existing platforms
 - IMAI/Nartis
 - NTP
 - NCD
- Continued strengthening of PV regulatory and policy frameworks
 - Advocate for funding for the implementation of PV Policy
 - Advocacy for the endorsement of the amendment of the Medicines and Related Substances Act (9) of 2016 and the regulations
 - Advocate for the establishment of the MRA
 - Advocate for vacant PV positions to be filled





Sustainability post-PAVIA



- Plans for sustainability of the PV triangle
 - This should continues as there are a number of platforms that foster this collaboration as highlighted above.
 - The research aspect will need to be improved
- Any other plans...
 - Advocate for funding for PV activities
 - Incorporating PV into CMIS









Siyabonga





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