



**Using Regulation to Strengthen Drug
Access and Quality-**
***Regulator's view from the
Pharmacovigilance lens***

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Head

Division of Medicines Information and Pharmacovigilance

Pharmacy and Poisons Board

Ministry of Medical Services

KENYA

Tuesday 4th October 2011

1st Global Forum on Bacterial Infections, New Delhi, INDIA



Role of Pharmacy and Poisons Board



The PPB is the Drug Regulatory Authority of the Ministry of Health, Kenya.

It was established in 1957 under the Pharmacy and Poisons Act- Cap 244 of the Laws of Kenya, with the mandate:

“to make better provision for the practice and profession of pharmacy and the trade in pharmaceutical products.”



Looking back yesteryears

- Drug Regulatory Authority established in 1957, 1st of May
- Concentration on medicine procurement and distribution:
access
- Monitoring of safety, efficacy and quality of these medicines
wanting- *no formal mechanism*
- Formal launch of the National Pharmacovigilance System
on 9th June 2009



Pharmacovigilance

- Pharmacovigilance is the science of collecting, monitoring, researching, assessing and evaluating information from healthcare providers and patients on the adverse effects of medicines, biological products, herbals and traditional medicines, with the view to:
 - **Identifying new information about hazards, and**
 - **Preventing harm to patients.**

From:

- Greek *pharmakon*- drug
- Latin *vigilare*- to keep awake or alert, to keep watch
- **Safety.....Efficacy.....Quality**



Widening scope of Pharmacovigilance

These include:

- Substandard and counterfeit medicines
- Product development
- Medication error reporting
- Adverse interactions of medicines with chemicals, other medicines, and food reports

- Assessment of drug-related mortality
- Abuse and misuse of medicines reports
- Efficacy monitoring
- Off-label use of medicines
- Case reports of acute and chronic poisoning



Pharmacovigilance tools

IN CONFIDENCE

MINISTRY OF HEALTH
THE PHARMACY AND POISONS BOARD
P. O. Box 27663-00506 NAIROBI
Tel: (020) 2713432 / 14 641 114 Fax: (020) 2713433/2713409
Email: pharmacy@ppb.or.ke

SUSPECTED ADVERSE DRUG REACTION REPORTING FORM

NAME OF INSTITUTION: _____ CONTACT: _____
ADDRESS: _____ IP/OP. NO.: _____ D.O.B.: _____
PATIENT'S NAME/INITIALS: _____ WARD/CLINIC: _____ GENDER: Male Female
PATIENT'S ADDRESS: _____ PREGNANCY STATUS: Not Pregnant 1st Trimester 2nd Trimester 3rd Trimester
ANY KNOWN ALLERGY: No Yes (specify) _____ WEIGHT (kg): _____
HEIGHT (cm): _____
DIAGNOSIS: (what was the patient treated for): _____
BRIEF DESCRIPTION OF REACTION: _____ INDICATION: _____
DATE STARTED: _____ DATE STOPPED: _____
TRK-1 SUSPECTED DRUGS: _____

LIST OF ALL DRUGS USED IN THE LAST 3 MONTHS PRIOR TO REACTION (include OTC and herbal/other over the counter drugs)	DOSE	ROUTE AND FREQUENCY	DATE STARTED	DATE STOPPED	INDICATION	TRK-1 SUSPECTED DRUGS
1						
2						
3						
4						
5						

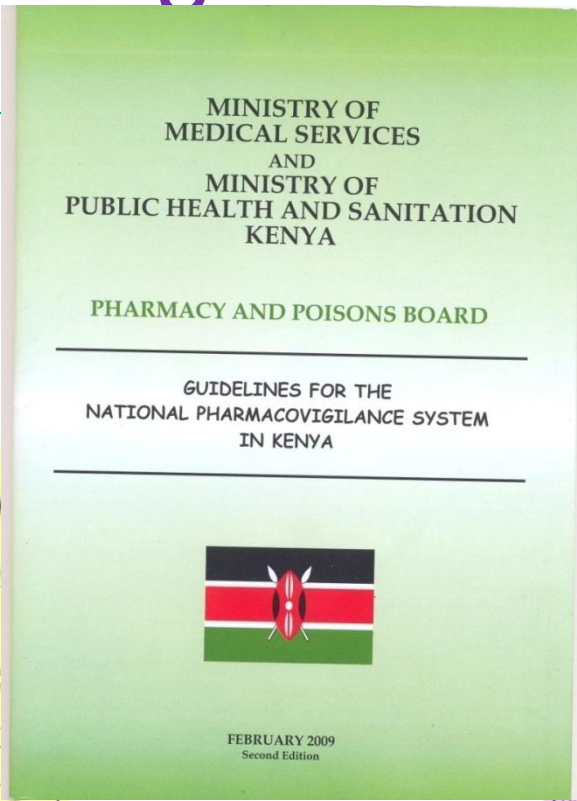
CAUSALITY OF REACTION:
 Certain
 Probable / Likely
 Possible / Unlikely
 Conditional / Unclassified
 Unassessable / Unclassified

SEVERITY OF THE REACTION: ACTION TAKEN: OUTCOME:
 Mild Drug withdrawn Recovering / resolving
 Moderate Dose increased Recovered / resolved
 Severe Dose reduced Requires or prolongs hospitalization
 Fatal Dose not changed Causes a congenital anomaly
 Unknown Unknown Requires intervention to prevent permanent damage

ANY OTHER COMMENT: _____ DATE: _____
NAME OF PERSON REPORTING: _____ PHONE NO.: _____
E-MAIL ADDRESS: _____ SIGNATURE: _____
DESIGNATION: _____

You need not be certain -- just be suspicious!

Your report in this form is for information purposes only.
Submission of a complaint does not constitute an admission that medical personnel or manufacturer or the product caused or contributed to an event.
Patient's identity is held in strict confidence and programme staff is not required to and will not disclose reporter's identity in response to any public request.
Information supplied by you will contribute to the improvement of drug safety and therapy in Kenya. Your co-operation please send to:
The Pharmacy and Poisons Board on the above address.



National PV Guidelines

IN CONFIDENCE

MINISTRY OF HEALTH
PHARMACY AND POISONS BOARD
DEPARTMENT OF PHARMACOVIGILANCE

FORM FOR REPORTING POOR QUALITY MEDICINAL PRODUCTS

Name of Facility: _____ District Name: _____ Province Name: _____
Facility Address: _____ Facility Telephone: _____

Brand Name: _____ PRODUCT IDENTITY: _____
Batch/Lot Number: _____ Generic Name: _____
Name of Manufacturer: _____ Date of Manufacture: _____ Date of Expiry: _____
Name of Distributor/Supplier: _____ Country of Origin: _____ Date of Receipt: _____
Distributor Supplier's Address: _____

PRODUCT FORMULATION (Tick appropriate box):
 Oral tablets / capsules
 Oral suspension / syrup
 Injection
 Dribble
 Powder for reconstitution of suspension
 Eye drops
 Ear drops
 Nebuliser solution
 Cream / Ointment / Liniment / Paste
 Other _____

COMPLAINT (Tick appropriate box(es)):
 Colour change
 Separating
 Powdering / crumbling
 Caking
 Moulding
 Change of odour
 Mislabeling
 Incomplete pack
 Other _____

Describe complaint in detail: _____

Does the product require refrigeration? Yes No
Was product available at facility? Yes No
Was product dispensed and returned by client? Yes No
Was product stored according to manufacturer's recommendations? Yes No

Storage Conditions: _____
Other details (if necessary): _____

Comments (if any): _____

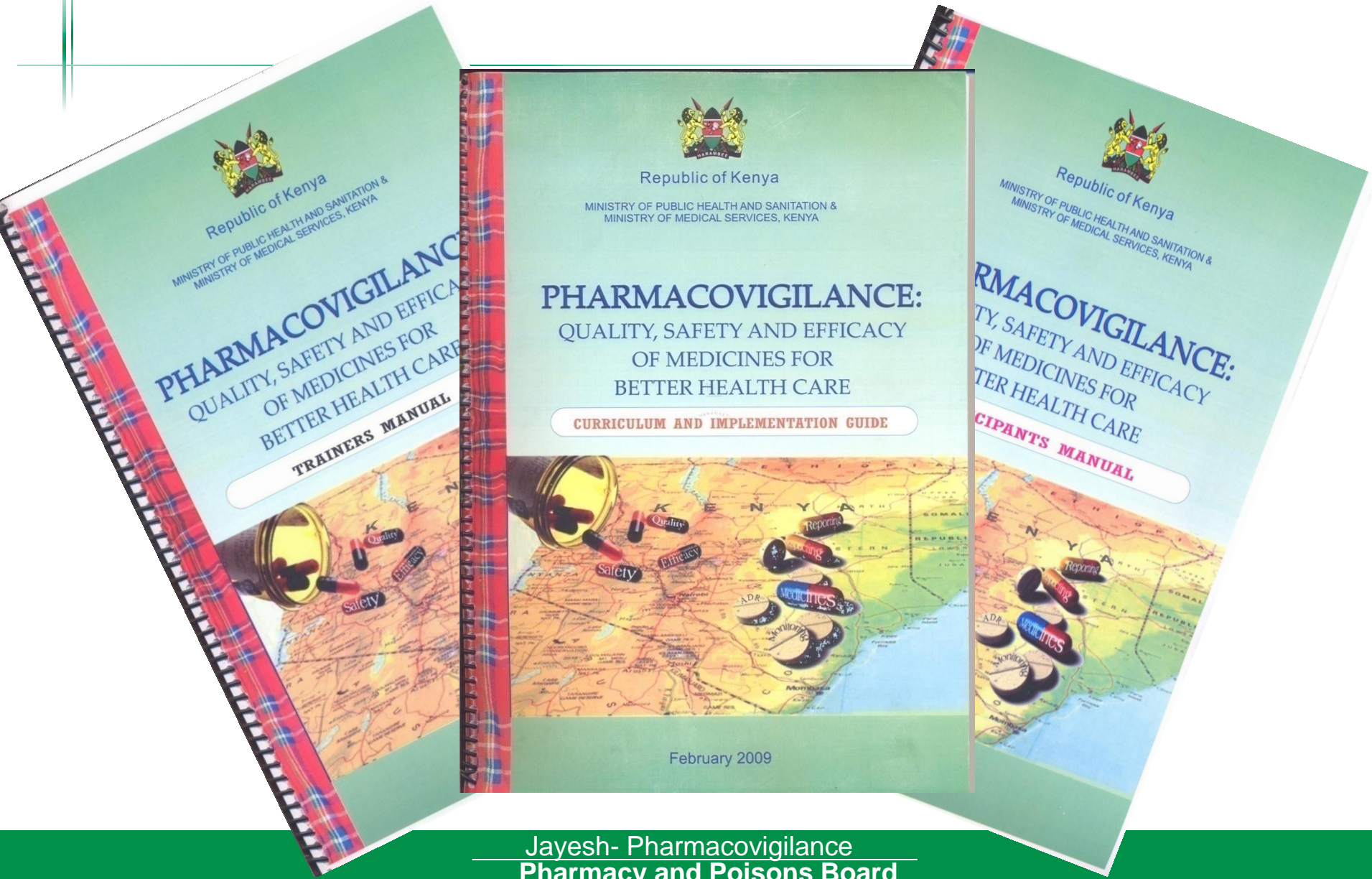
Name of Reporter: _____
Date: _____
Signature: _____
Pharmacy and Poisons Board
Department of Pharmacovigilance
P. O. Box 27663-00506 NRB
Fax: 2713431
E-mail: ps@pharmacyboard.or.ke

Submission of a complaint does not constitute an admission that medical personnel or manufacturer or the product caused or contributed to an event.
All information is held in strict confidence and programme staff is not required to and will not disclose reporter's identity in response to any public request.
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The Pharmacy and Poisons Board on the above address.

Form for Reporting Poor Quality Medicines



PV Training Manuals





We have...

- Training materials
 - Curriculum and Implementation Guide
 - Participant's Manual
 - Trainer's Manual
- Job Aids and Information, Education & Communication (IEC) Materials
- Expert Safety Review Panel
- VigiFlow as our National Database and International Reporting Tool



Specific Activities

- We train HCWs on pharmacovigilance via:
 - 5-day PV training course
 - 3-day focused course
 - 1-day sensitization
 - 1-day, 1/2-day, 1-hour CME/CPD and
 - Presentations at professional conferences
- Create public awareness on PV / Patient safety
- Receive and review reports on ADRs, PQMP and lack of efficacy / suspected counterfeits
- Take regulatory actions: *recall products, revoke regn, revoke application for registration*
- Provide feedback to reporters



Specific Activities (2)

- Introduction of mini-lab screening for antimalarials
 - Scale up to other medicines planned
- Development of a Post Market Surveillance Strategy (PMS) for Kenya
- Collaboration with WHO and other partners
- Collaboration with INTERPOL on anti- counterfeiting



Returns from our activities (1)

- **Suspected ADR reports received: 2484**
- **193 poor quality medicinal products complaint forms received**
- **Post Market Surveillance activities:**
 - **Anti-malarials, anti-TB, ARVs, herbals...**
 - Anti-TB: 10/120 failed: assay... all over 110% upper mark!
 - ARV: 1/274 failed - uniformity of weight
 - Antimalarials: under analysis
 - Magnitude of problem: AM > Anti-TB > ARV
 - Herbals: 11/11 failed: growing mould!



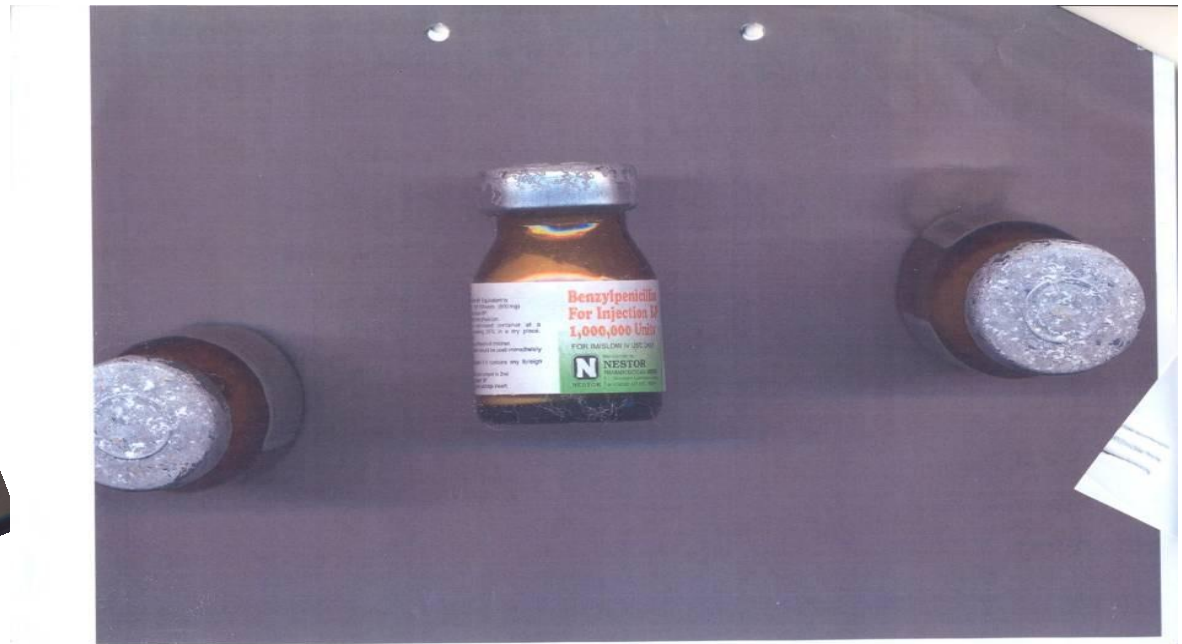
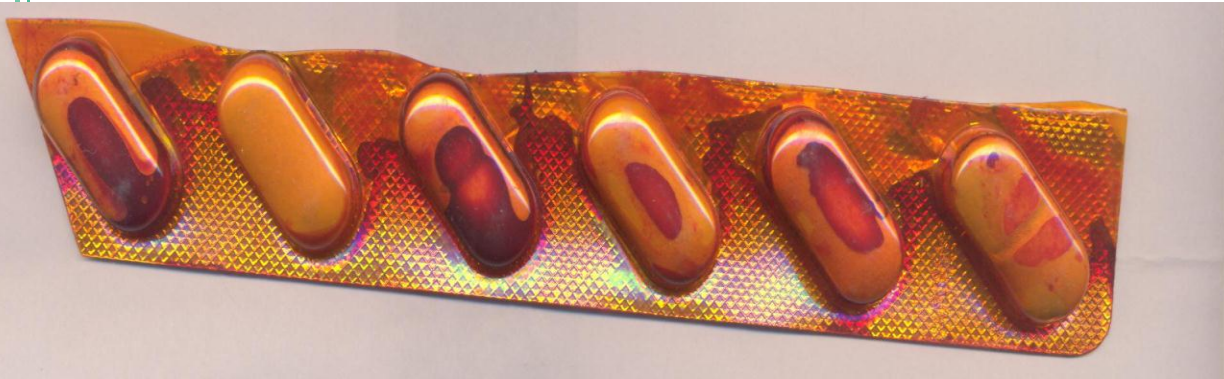
Returns from our activities

Poor quality medicinal products complaints received:

- “Caking
- Not-flowing
- Moulding
- Laminating
- Floating particles
- Crystalization
- Corrosion of Al covers
- Change of colour
- Poor coating
- Chipping
- Poor packaging
- Expired medicines
- Lack of efficacy
- Suspected counterfeits
- Un-registered products...”



Some poor quality Medicines found in Kenya





Some poor quality Medicines found in Kenya (2)





Returns from our activities (2)

- Kenya now (proud) 98th Full Member of the International Drug Monitoring Program: 4th May 2010
- Demands for PV cascade trainings!
- Review of pre-service training curricula and eyes on training PV in University
- Enhanced working relationship with Public Health Programs making patient safety a core agenda in their work and work of Medicines and Therapeutic Committees (MTCs) within hospitals across Kenya



Area of Antibiotics?

- Very little work done
- Very few reports of poor quality ABs received
- Need to have a formal action for ensuring antibiotic stewardship...



Upcoming Activity: *Antibiotic Q, S and E*

- Urgent need to carry out a baseline PMS on ABs in Kenya
- Look at:
 - *Range and Availability of ABs in Kenya*
 - *Verify Registration Status*
 - *Analysis of Quality of these medicines*
 - *Regulatory action*



Antibiotic Q, S and E ... (2)

- GARP- Kenya report is our benchmark tool
- Partnerships being explored for the PMS
- Choice of class of ABs to be surveyed / analysed to be decided, vet and human ABs?
- “Start small and then grow bigger?” *(Or other way round?)*
- Take necessary regulatory action
- *Future: Policy, Legislation and Regulation ensuring AB stewardship*
- *Sustainability*



Financial Sustainability

PPB generated income through fees charged

- Product registration
- Premises licences- Retail and Wholesale
- Manufacturers licences
- Medical representatives licences
- Annual practice licences for pharmaceutical technologists and pharmacists
- GMP Inspection fees
- Professional registration examination fees.
- Pharmacy training institution accreditation fees
- Advertisement fees
- Clinical trials' fees

Support from partners

- WHO
- USP/ USAID
- MSH-SPS
- HAI-Africa



In Summary

We still focus on **Access** to
Medicines...

but we now have **Responsible Access**
to these Medicines

Vibrant Media

Pharmacist tells how to identify fake drugs shop

BY TARIQ REPORTER

Caution: During your next visit to a pharmacy, ensure the premises licence is visible and that you get a receipt showing the name of the drug purchased.

Dr Jayesh Pandit, the head of the pharmacy and poisons board, yesterday urged Kenyan pharmacists to be alert against counterfeit drugs by buying from licensed pharmacies. He said the department is creating awareness with medicines should only be bought from pharmacists licensed by the board.

Dr Pandit said, "Counterfeit drugs can apply to both branded and generic products and correct terms of use with the ingredients, without active ingredients, or with fake packaging." He said the board is aware of the source countries of the counterfeit drugs, which include Kenya, India, China, India, Colombia, South America and Egypt.

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Antiretroviral Medicines

Antiretroviral medicines (ARV) are medicines used for the treatment of persons at an advanced stage of HIV. When administered these medicines reduce the number of circulating HIV, prevent the HIV from making copies of itself and ensure there is no damage to the immune system.

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Cough and Cold Syrups for Children safe, Pharmacy and Poisons Board Assures

Parents should only buy cough and cold syrups for children from licensed pharmacists. The Pharmacy and Poisons Board (PPB) has issued a public health alert to ensure that parents are aware of the risks of buying counterfeit medicines.

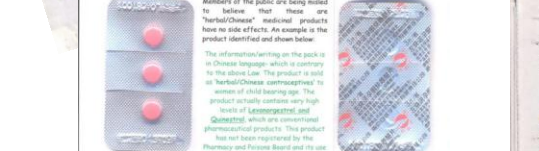
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REPUBLIC OF KENYA
MINISTRY OF MEDICAL SERVICES
PHARMACY AND POISONS BOARD

Telephone: 020-2710013, 020-270287
Mobile: 0712 944 001
Fax: 2741441
Email: mops@momskkenya.org

PUBLIC ALERT ON 'HERBAL/CHINESE' PRODUCTS

The Pharmacy and Poisons Board is intent to issue a warning to consumers regarding the sale of 'herbal/Chinese' products. These products are often sold as 'herbal/Chinese' products and are not regulated by the board.



SPORT INSIDE

Members of the public are being misled by 'herbal/Chinese' products. The board is warning consumers to be cautious of these products, which are often sold as 'herbal/Chinese' products and are not regulated by the board.

WARRING

For the public: All are advised not to take the above product which has not been authorized by the Board. Users are being misled to take the product under which the 'herbal/Chinese' claim is a deliberate attempt to conceal its identity. The safety, efficacy and quality of this product is highly doubtful. The Board requests users report about the above product or other similar products for further investigation and action. Respective Board inspectors are carrying out a

Wenger vows to block

Fabregas from rejoining Barcelona. Wenger has vowed to block Fabregas from rejoining Barcelona. Wenger has vowed to block Fabregas from rejoining Barcelona.



Functional. Protease is the enzyme which is used to cut down the multi-protein molecule into functional proteins. Protease is essential for HIV replication.

3. Integrase inhibitors

These inhibit the enzyme integrase. This is the enzyme which is responsible for integration of the viral genetic material into the host cell genome.

Reverse transcriptase inhibitors

For the virus to replicate, it must first convert its RNA into DNA. Reverse transcriptase inhibitors prevent this process.

Severe side effects

The severe side effects are usually rare but more debilitating to the patient. Severe side effects may occur early after initiation of treatment and usually improve within 1-2 months after initiation of treatment.

Some of the acute severe side effects include:

- Allergic reactions
- Severe rash/Skin rashes
- Severe liver/Serum

Other countries adopted

Other countries have also adopted these drugs. The board is aware of the source countries of the counterfeit drugs, which include Kenya, India, China, India, Colombia, South America and Egypt.

Kenya's Telecom Orange crisis to deal in

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Aids drug to be withdrawn

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Health centres

Health centres have been advised to stop supplying the drug. The board is aware of the source countries of the counterfeit drugs, which include Kenya, India, China, India, Colombia, South America and Egypt.

Jayesh- Pharmacovigilance Pharmacy and Poisons Board

Cough and Cold Syrups for Children safe, Pharmacy and Poisons Board Assures

Ignorance and misinformation fuelled alarm and anxiety

The Pharmacy and Poisons Board (PPB) has issued a public health alert to ensure that parents are aware of the risks of buying counterfeit medicines. The board has issued a public health alert to ensure that parents are aware of the risks of buying counterfeit medicines.

DAILY NATION
Friday September 3, 2010

Why patients are advised to check the safety of the medicine they take

More than 100 children die every year from acute toxicity in Kenya. The Pharmacy and Poisons Board (PPB) has issued a public health alert to ensure that patients are aware of the risks of buying counterfeit medicines.

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Case for sector to be regulated

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Drugs cause more diseases than cures

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OF THE ROMA | George Soros

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Herbal products from China have also been found to be adulterated

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1000 Seats @ Inclusive of

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1000000

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Your child's health and beauty

Parents guide to childhood immunization

Health and Beauty pigmentation. The Pharmacy and Poisons Board is intent to issue a warning to consumers regarding the sale of 'herbal/Chinese' products. These products are often sold as 'herbal/Chinese' products and are not regulated by the board.

NATIONAL / Page 25

Questions arise over flu vaccine

Pharmacists have raised an alarm that the Swine Flu vaccine destined for Kenya next month is yet to be clinically tested in Africa.

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Our PV Newsletters

Republic of Kenya
Pharmacy and Poisons Board

PHARMACOVIGILANCE IN KENYA ONE YEAR ON....

Kenya Becomes 98th Full Member of the WHO Programme for International Drug Monitoring

Kenya is now the 98th Full Member Country of the WHO Programme for International Drug Monitoring within a year of the formal launch of its National pharmacovigilance system.

On 4th May 2010, Dr. Lembit Klägg, Coordinator, Quality Assurance and Safety, Medicines, Essential Medicines and Pharmacovigilance (WHO), of the World Health Organisation (WHO), confirmed that Kenya was the 98th full member with immediate effect. In his letter to the Pharmacy and Poisons Board, he pointed out that WHO considers the International Drug Monitoring Programme a vital network in promoting pharmacovigilance throughout the world.

The WHO programme was set up in 1968 as a result of the "Thalidomide tragedy". It consists of a network of the National Centers for pharmacovigilance, WHO Headquarters (Geneva), WHO Collaborating Centre for International Drug Monitoring and the Uppsala Monitoring Centre in Sweden.

It provides a forum for WHO member states to collaborate in the monitoring of drug safety. Within the programme, individual case reports of suspected adverse drug reactions are collected and stored in a common database, presently containing over 5 million case reports.

As of May 2010, 98 countries had joined the WHO Drug Monitoring Programme, and in addition, 32 'associate members' were awaiting compatibility between the national and international reporting formats.

Kenya was granted full membership following submission of the required number of Good ADR Reports to the Uppsala Monitoring Centre in Sweden.

The Department of Pharmacovigilance at the Pharmacy and Poisons Board Kenya appreciates all individuals and organizations that have supported the initiative by sending Suspected Adverse Drug Reaction Reports, Poor Quality Medicines Complaints and establishing strong and efficient systems.

Read about the functions of the WHO Programme on international Drug Monitoring on pg 3....

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Pharmacy and Poisons Board
Ensuring Quality, Safety and Efficacy of Medicines for Better Healthcare

KENYA PHARMACOVIGILANCE NEWSLETTER

..... MORE GAINS IN PHARMACOVIGILANCE

Kenya Hosts First Global Conference on Pharmacovigilance

The first ever global conference in Kenya on Pharmacovigilance took place in August 2010. Over 100 delegates drawn from 30 countries participated in the conference which aimed at focusing attention to patient safety in the wake of increased access to treatment for AIDS, Malaria and Tuberculosis through various global initiatives. In addition, the conference provided participants with a framework for building, strengthening and optimizing pharmacovigilance systems at country level.

The conference was graced by top Kenya Government officials among them Minister for Public Service- Hon. Dalmas Otieno, Assistant Minister, Ministry of Medical Services—Hon. Samuel Kazungu, PS MoPHS—Mr. Mark Bor, DMS MOPHS-Dr. Shariff and Chief Pharmacist- Dr. Kipkerich Koskei.

Mr. Bor officially opened the conference and in his speech emphasized the significance of post market surveillance of medicines to chronicle long term effects unlikely to be observed during clinical trials.

He also noted that pharmacovigilance systems are beneficial for preventing drug-related morbidity and mortality, making savings on resources spent in healthcare costs and supporting better patient care.

.....Read More on Page 4

Patient Safety Enhanced as a Result of Pharmacovigilance Reporting

Have you ever wondered whether your suspected ADR report or poor quality report any difference? While it may seem like a drop in the ocean, it definitely makes a difference.

The Pharmacy and Poisons Board (PPB) has taken regulatory actions to enhance patient safety based on the receipt of over 1400 suspected ADR reports, poor quality reports from and results of Post Market Surveillance Surveys conducted since June 2009.

.....Continued on page 2

Senior officials from the Ministries of Medical Services and Health and Sanitation during the National launch of Pharmacovigilance in June 2009.

.....Read More on Page 4

Special Edition

The Kenya National Medicines Information and Pharmacovigilance Centre Newsletter
Ensuring Quality, Safety and Efficacy of Medicines for Better Healthcare

The Lifesaver

First Fruits of Boosted ART ADR Sentinel Surveillance

An analysis of 1490 Suspected Adverse Drug Reaction (ADR) reports received at the National Pharmacovigilance Centre revealed that majority (79%) of suspected Adverse Drug Reactions are related to antiretroviral medicines. Approximately 46% of ART ADR reports that clearly indicate the name of the facility, are from boosted sentinel surveillance sites. This approach has been effective and will be adapted in future following introduction of new medicines. The other classes of drugs that had notable suspected ADRs were Antibiotics (7%), Antimalarials (5%) and Anti TBs with 3% of all the reported suspected ADRs.

ADR by class of drugs

Class of Drug	Percentage
ARVs	79%
Antibiotics	7%
Antimalarials	5%
Anti TBs	3%
NSAIDs	1%
Anticongestants	1%
Antitubercular	1%
Cytotoxic	1%
Anaesthetics	1%
Others	1%

The most common suspected ADRs reported for the ARVs include:

- Lipodystrophy
- Lipoatrophy
- Nausea and vomiting
- Peripheral neuropathy
- Pruritis
- Rash
- Anemia
- Erythema multiforme
- Maculopapular rash

See Page 4 for feedback from a pharmacovigilante at an ART ADR Sentinel Surveillance Site

Editorial Team: Jayesh Pandit, Edward Abusoo, George Mathari, Mary Njeri, Christabel Khaemba, Janet Kimes, Nainda Kusiu
Special Contributors: Danvers Omala, Stephen Kimani, Patience Nyaribakani

Pharmacy and Poisons Board

1st Edition of the Kenya National Medicines Information and Pharmacovigilance Newsletter
September 2011

Special Points of Interest:

- ADRs related to ARVs account for bulk reports
- Quality of anti-malarials in Kenya well assured
- Pharmaceutical Company closed down due to its poor quality products
- PPB develops a registry for clinical trials
- World Health Day highlights

Inside this issue:

- Quality of Anti-malarials in Kenya 2
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Vision:

To be a global leader in the control and regulation of drugs, food supplements, cosmetics, alternative medicines, devices, poisons and medical practice of pharmacy.

Mission:

To improve the quality of life of Kenyans through provision of quality, safe and efficacious pharmaceutical products and services.

www.pharmacyboardkenya.org



THANK YOU

Asante sana...

PV mantra in Kenya



***“You need not be certain...
Just be suspicious”***

**Report all suspected ADRs
and Poor Quality Medicines
to PPB**



Contact us?

Division of Medicines Information and Pharmacovigilance

**Pharmacy and Poisons Board
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