



Your Well-being, Our Priority

Cascade Training for Pharmacovigilance Focal Points in Ghana

George Sabblah

Agenda

- Background

- The Pharmacovigilance (PV) System in Ghana
- Why the cascaded training
- Objective and Expected Outcomes

- What did we do?
- What did we achieve?
- What next?



Background ^{1/3}

The PV System in Ghana

- Ghana joined the WHO Programme for International Drug Monitoring in November 2001
 - 65th member of the programme and the first country in West Africa
- The FDA serves as the National Centre for Pharmacovigilance and has the mandate to monitor the safety of health products
- Safety monitoring is done in collaboration with designated healthcare workers in facilities; Institutional Contact Persons (ICPs)
- Adverse reaction reports received by the National Centre are mainly through the ICPs

Background ^{2/3}

Why the Cascaded Training

- Review of National Supply Chain and Pharmacovigilance capabilities of the health system in 2019
 - Pharmacovigilance require strengthening at the lower levels
 - Standard Operating Procedures and reporting forms for adverse reactions were not available at last-mile facilities, namely, Community-Based Health Planning and Services (CHPS) zones, Health Centres and Clinics.
 - CHPS zones allows geographical access to healthcare delivery for persons living in deprived communities
- The training was conducted to ensure safety monitoring of medicines and vaccines within the supply chain at all levels
 - Decentralize pharmacovigilance to the lower levels of the healthcare delivery system in Ghana
 - Enhance safety mentoring of COVID-19 vaccines

Background ^{3/3}

Objective and expected Outcomes

- Train ICPs from lower level healthcare delivery facilities on pharmacovigilance
- It is expected that at the end of the training programme:
 - Improved knowledge on pharmacovigilance [i.e. adverse event following immunization (AEFI) adverse drug reaction (ADR)]
 - Designate ICPs for facilities that participated in the training.
 - Downloaded and know how to use the Med Safety App to report ADRs and AEFIs.
 - Improved AEFI and ADR reporting from the spontaneous reporting system.

What did we do?_{1/3}

1

Collaboration with the Ghana Health Service

2

Two-day training workshop held in six out of the 16 administrative regions

3

Interactive PowerPoint presentations and hands-on exercises. Use of the reporting tools. Pre- and post-training tests

What did we do? ^{2/3}

- Total of 182 healthcare professionals from lower-level healthcare facilities

Regions	Date	No. Trained
Central	6 th - 7 th April 2021	31
Ashanti	7 th - 8 th April 2021	31
Bono East	8 th - 9 th April 2021	30
Ahafo	8 th - 9 th April 2021	30
Bono	13 th - 14 th April 2021	30
Greater Accra	13 th - 14 th April 2021	30
Total		182

What did we do? ^{3/3}

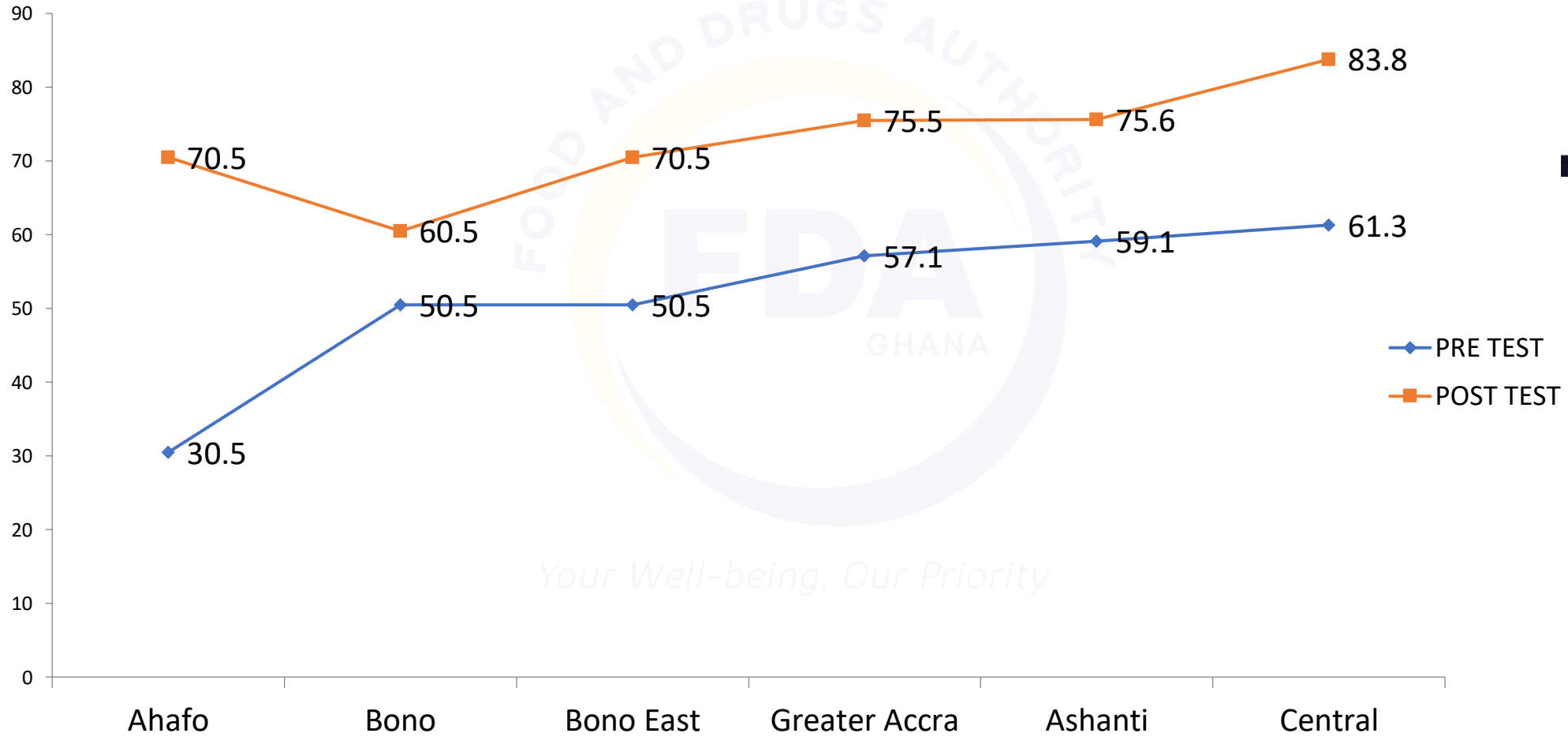


What did we achieve? ^{1/5}

Improved knowledge on pharmacovigilance

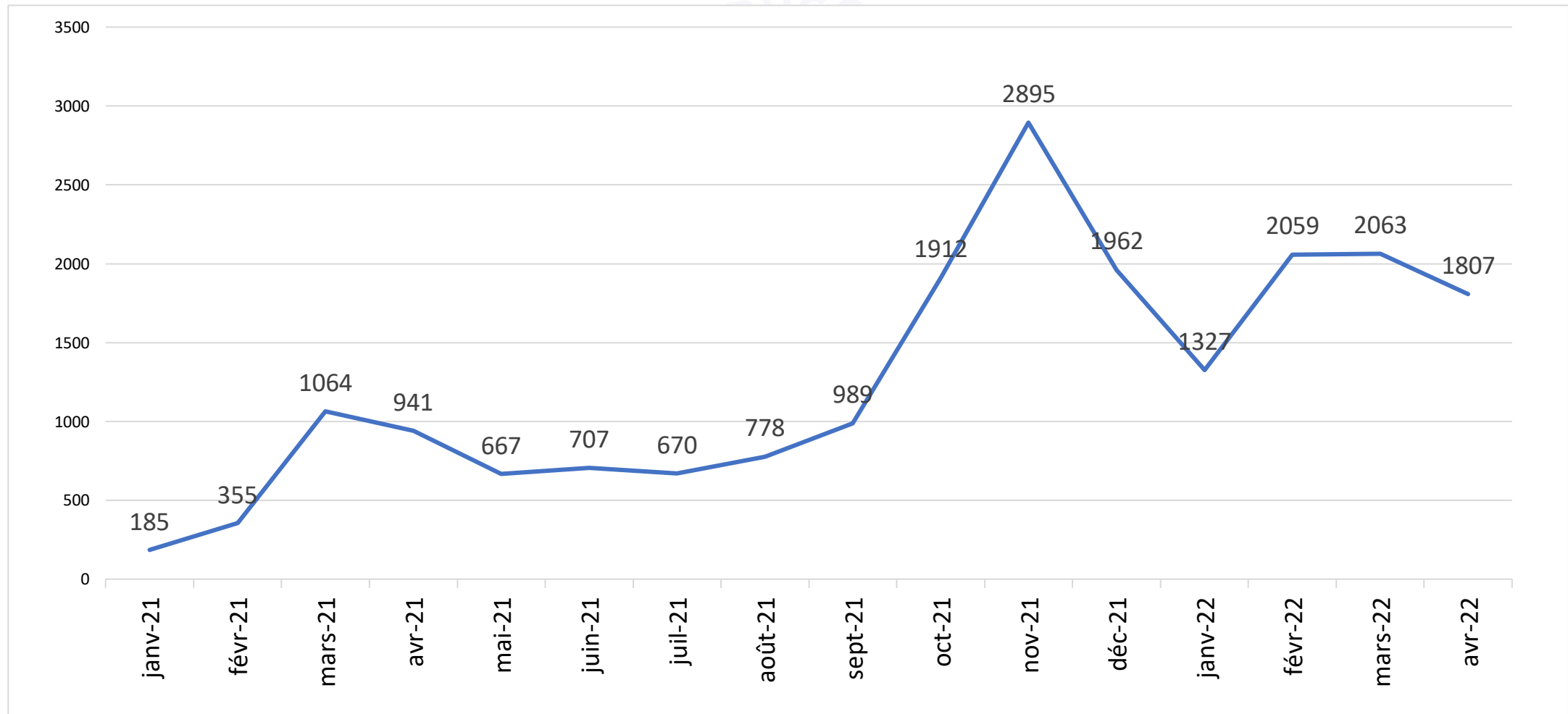


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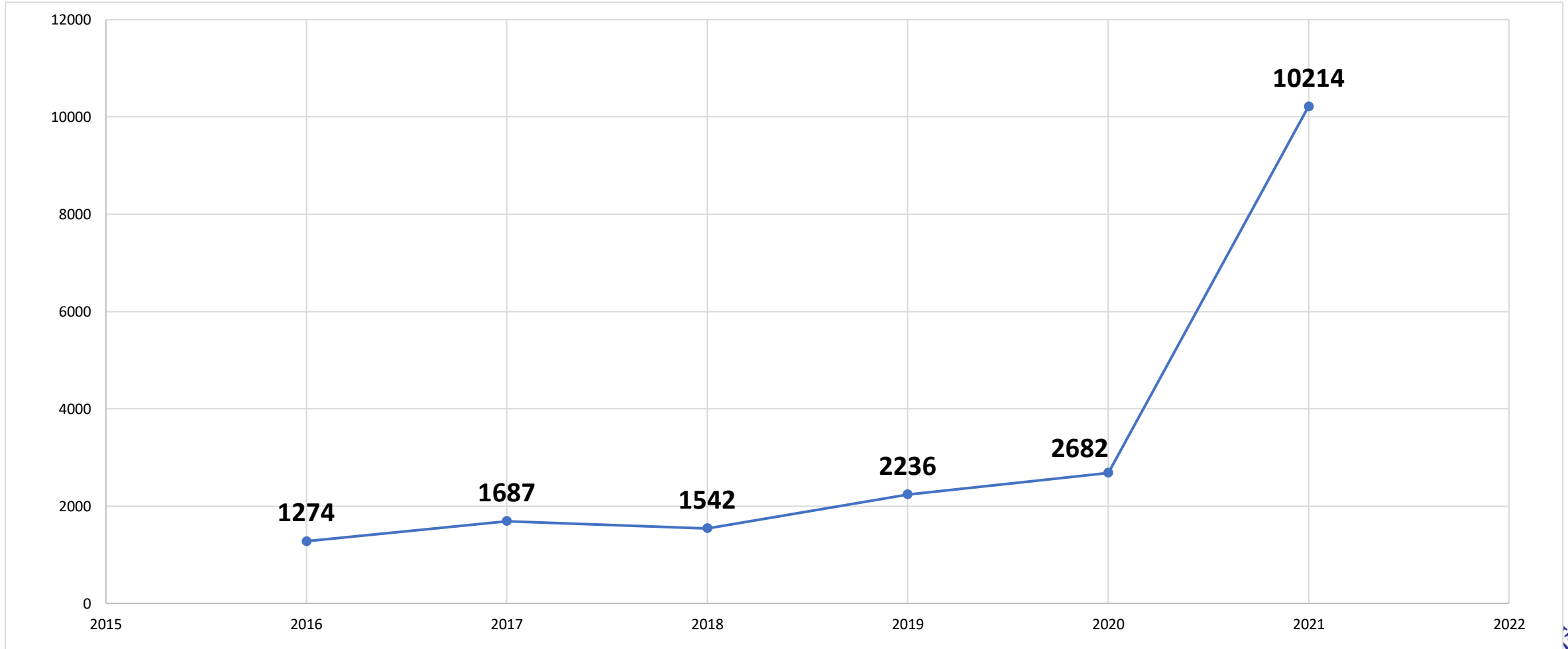
What did we achieve? ^{2/5}

Increased Med Safety App Downloads (Jan 2021-Apr. 2022)



What did we achieve? ^{3/5}

Increased reporting rate of safety issues of drugs and vaccines



What did we achieve? ^{4/5}

Improved safety monitoring during the deployment of COVID-19 vaccines

- Ghana deployed 14,944,182 doses of five different COVID-19 vaccines between 1st March 2021 to 25th May 2022
 - AstraZeneca (Covishield & Vaxzevria) [62.3 %], Pfizer-BioNTech [19.4%], COVID-19 Vaccine Janssen [11.0 %], Moderna [7.1%] and Sputnik V [0.1 %]
- AEFI reports received- 9,173; 1 AEFI Per 1,000 doses administered

**Non-serious
(9,117;99.4%)**

**Serious
(56;0.6%)**

[40-AstraZeneca
8-Pfizer
3-Moderna
5-Janssen]

What did we achieve? ^{5/5}

Causality assessment of serious AEFI reports

- 15 Meetings of the Joint COVID-19 Vaccine Safety Review Committee (JCVSRC)
- Causality assessment for 44 (78.6%) serious AEFI reports with 12 (21.4%) pending
 - No direct relationship between the AEFIs and the vaccines except those listed in the Summary of the Product Characteristics
- Fourteen recommendations from the Committee published

So, What's next?



i

- Expand the decentralization of pharmacovigilance to the at last-mile facilities

ii

- Collaborate with stakeholders to promote electronic reporting

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THE ACCESS AND DELIVERY PARTNERSHIP

New Health Technologies for TB, Malaria and NTDs

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