



A case for strengthening pharmacovigilance systems in Namibia

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ABSTRACT

The paper seeks to highlight the problems posed by under-reporting of adverse drug reactions encountered by healthcare workers. It emphasized the importance of strengthening pharmacovigilance systems in different settings. It recommended that a cross sectional study focusing on the knowledge, attitude and practices of healthcare workers should be conducted in Namibia. The conclusion was to emphasize the need to report and document ADRs observed by both patients and healthcare workers and the inclusion of PV training into the curriculum of medical doctors, nurses, pharmacists and all allied healthcare professions.

Keywords: Pharmacovigilance, Healthcare Workers, Adverse Drug Reactions, Training, Under Reporting, Patients

INTRODUCTION

Pharmacovigilance (PV), the practice of the science and activities relating to the detection, assessment, understanding and prevention of adverse effects or any other drug-related problem has grown over the past decade in Low and Medium Income Countries (LMIC) such as Namibia.¹ Nonetheless, the goals for robust systems and coordinated efforts to report Adverse Drug Reactions (ADRs) remain suboptimal in these countries. For example, since the inception of the Therapeutic Information and Pharmacovigilance Centre by the Ministry of Health and Social Services, the quantitative and qualitative impact of the centre on informing policy on safety and effectiveness of medicines Namibia remains underutilized.

The public and private health facilities in Namibia under-report ADRs; this is partly due to a poor acceptance and implementation PV systems at health facility level. In most LMIC such as India and Zimbabwe, among the factors that promote under-reporting of ADRs, is lack of awareness of ADRs Monitoring Centres (AMC) and pharmacovigilance program in the settings, complacency, lack of

training to identify ADRs, fear factor, lethargy, lack of risk perception.^{2,3}

In addition about half of the health workers do not know how to report ADRs and/or are not aware of the existence of a formal ADR reporting schemes.

The most reported ADRs in Namibia are associated with ARVs; particularly Efavirenz,⁴ and Nevirapine⁵ and Zidovudine.⁶ Gynaecomastia, an ADR associated with Efavirenz is one of the most reported ADRs in Namibia. Protease Inhibitors (PI) are believed to be milder compared to the NRTI/NNRTIs, this may contribute to under-reporting of observed ADRs in Namibia.

Some of the contributing factors to under-reporting have been outlined by Khan and Khoza.^{2,3}

Factors that are believed to contribute to ADRs under-reporting can be grouped into two:

- 1) Provider influenced
- 2) Patient influenced

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Provider Influenced

- 1) Insignificance of particular ADRs – In a study carried out by Aziz et al,⁷ some of the respondents considered some ADRs to be too trivial or too well known to be reported. Jaundice associated to Atazanavir in Atazanavir/Ritonavir combination, has been reported by word of mouth by some health workers in Namibia; however, no account of such ADR has been reported officially. Impact of some activity on the general overview of the PV system in the country is being undermined and the expected outcomes may not be achieved.
- 2) Okezie and Olufunmilayo,⁸ commented that awareness or knowledge about how ADRs should be reported or what should be reported may not encourage some health workers to report ADRs whenever they detect any.
- 3) Some may deem the ADR form too complex to complete, thus, neglect the activity. According to Kamtane et al,⁹ and Oshikoya and Awobusuyi,¹⁰ lack of electronic reporting system may be a hindrance to ADR reporting, thus, leading to under-reporting.
- 4) Availability of means to communicate compiled report to a central point for collation may discourage health workers from reporting and the possibility of overlooking the importance of the observed ADR over time, considering the possible remission of the ADR.
- 5) Incentives as a tool to motivate health workers to report observed ADRs was highlighted as a reason for under reporting by Bäckström and Mjörndal.¹¹
- 6) Time spent in attending to patients and the perceived workload.

Patient Influenced

- 1) According to Sales et al,¹² minimal knowledge of patients about ADRs i.e. the meaning, implications and what to do whenever it occurs, contributes to under reporting of ADRs in a system.

RECOMMENDATION

A cross-sectional research has to be conducted in Namibia in the public and private settings to know the level of knowledge of healthcare providers. Results of such research will inform the type of intervention necessary to improve the PV system in Namibia.

CONCLUSION

It is important for the providers and patients to know the importance of ADR reporting. Training of health workers should not be limited to after they have graduated from school but PV should be incorporated into medical doctors, pharmacists, nurses and other health care trainees' academic structure so as to enhance appreciation of the subject and improve the PV system in the country.

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