Health Policy Brief
Volume 3: Issue 1 (2nd Quarter 2017)
Department of Health Manila, Philippines

UNIVERSAL HEALTH CARE SERIES

Protecting consumers through improved Pharmacovigilance

RECOMMENDATIONS

Initiate web-based electronic reporting portals linked to national EMR database in all medical institutions. Invest in surveillance technology for more efficient monitoring of Adverse Effects/Adverse Drug Reactions.

Link incentives to reporting of AE/ADRs by manufacturers and health workers. Tap international organizations to help create venues for sharing of good practices, and provide technical opportunities to capacitate personnel.

Dedicate a specific reporting line (hotline, fax, email) for the public in drug stores and other health facilities to facilitate participatory reporting of suspected drug effects.

OVERVIEW

The growing population and economic development in the Asia Pacific region point to a pharmaceutical market of 350 billion dollars in 2016. China alone is predicted to be the world's second-largest single pharmaceutical market by 2020 (Scheeren et al., 2013). With the increased market demand and activities, strong Pharmacovigilance (PV) must ensure compliance of drug companies to laws and regulations on drug safety.

KEY MESSAGES

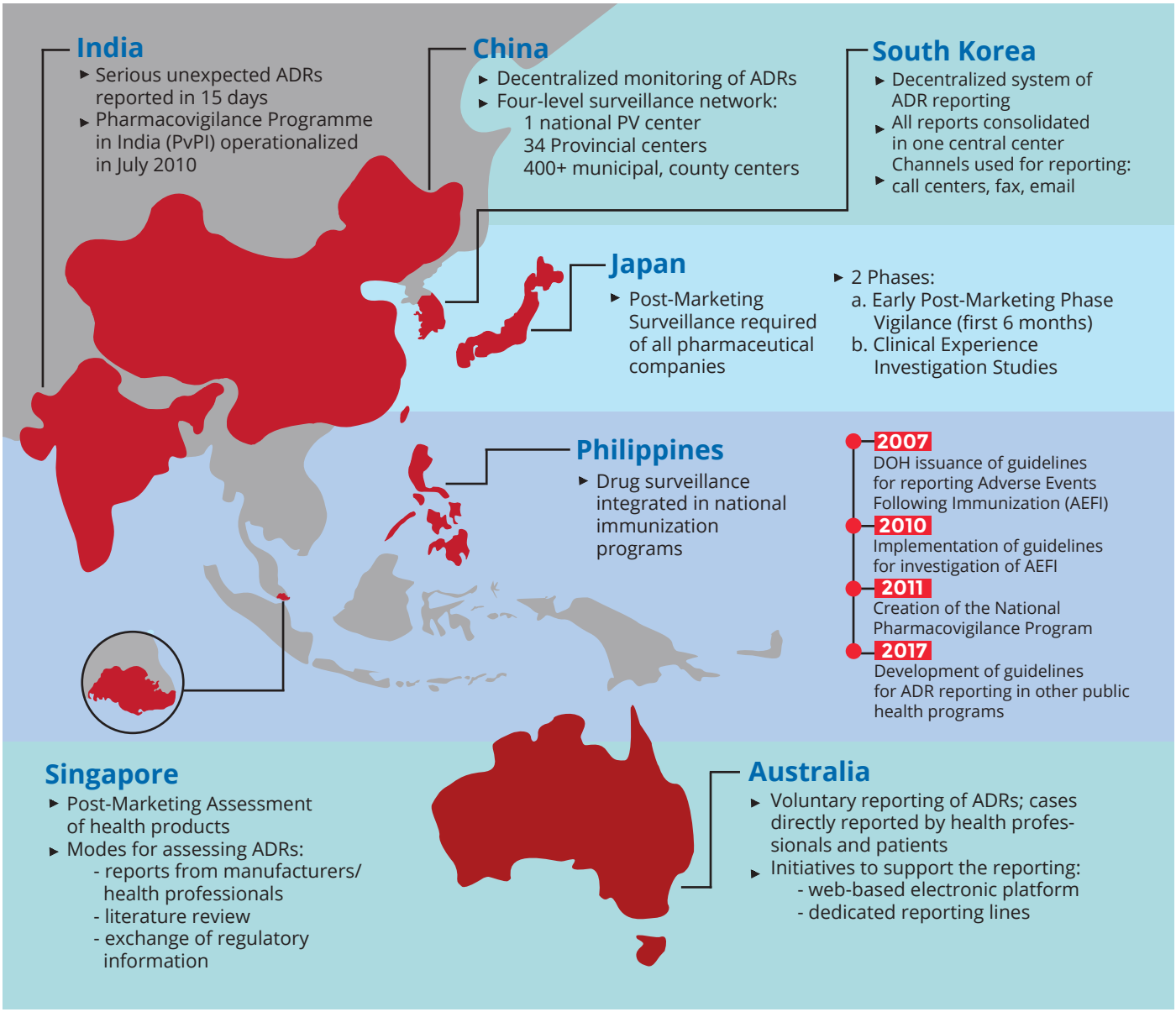
Decentralized monitoring of AE/ADRs collected from multiple sentinel sites across the country may guarantee descriptive and inclusive data results from the population.

Expedited and organized reporting of serious expected and unexpected adverse drug effects help the regulators immediately contain public harm.

Underreporting of AE/ADRs lead to lack of representative data and country-specific policies on drugs regulation.

Post-marketing surveillance of drug reactions help track the performance of their product after release in the market.

Pharmacovigilance Experience in the Asia Pacific



Challenges in Drug Surveillance

Underreporting. Actual cases of AE/ADRs are still underreported. Most reports come from private industries; very few reports come from the public sector.

Misinformation and Low level of knowledge. Medical professionals are routinely misinformed about drug safety by drug companies.

Limited resoures. Insufficient human, technical, and financial resources are alloted for ADR regulatory bodies.

Lack of data. Drug policies are still based on Western evidence. Absence of a nationally representative database on drug effects fails to address actual ADR concerns in the country.

Produced by the Department of Health, Health Policy Development and Planning Bureau

Editorial Board: Usec. Lilibeth David, Dir. Kenneth Ronquillo/ **Editorial Staff:** Dr. Beverly Lorraine Ho, Barbara Michelle de Guzman, Ma. Catherine Arzobal/ **Design and Illustration:** Jake Matthew Kho, Luis Emmanuel De Vera, Armund Arguelles. This note was developed by Armund Arguelles from the DOH based on the Asia Pacific Pharmacovigilance Standards Overview 2016 report by Pharma IQ of IQPC. Health Policy Briefs provide policy options for discussion and for possible adoption by the health sector. The views expressed in this publication do not necessarily reflect the views of the Department of Health.

REFERENCES:

Biswas, P. (2013). Pharmacovigilance in Asia. Journal of Pharmacology & Pharmacotherapeutics. Retrieved from https://www.ncbi.nlm.nih.gov
Nwokike, J., Ludeman, E. & Thumm, M. (2013). Comparative analysis of pharmacovigilance systems in five Asian countries.
Scheeren, J., Woolley, K.L., & Dang, Thuy. (2013). Opportunities and challenges of global drug development in Asia: are you ready?. Regulatory Focus: N.p.
World Health Organization. (N.d.). Pharmacovigilance. Retrieved from http://www.who.int/medicines/areas/quality_safety/safety_efficacy/pharmvigi/en/