Third Asia Pacific Pharmacovigilance Training Course

Sarisha Naicker
Pharmacovigilance Pharmacist, Fresenius Kabi South Africa

“All drugs are dangerous
Some may be useful”
Nicholas Moore, BMJ, 2005

It was a phenomenal experience being an international delegate at the Third Asia Pacific Pharmacovigilance Training Course held in Mysuru, India during 16 – 27 January 2017. I was nominated by Fresenius Kabi South Africa and it was one of the best training courses I have ever attended.

This course provided a solid practical foundation for those working in drug safety as well as the latest knowledge and thinking for experienced staff. The course was organized by JSS University, Mysuru, in collaboration with Uppsala Monitoring Centre (UMC), a division of the World Health Organisation, with the aim of developing pharmacovigilance expertise and skills globally.

The central theme was to inspire, engage and transform. There were 28 participants and 13 countries were represented.

Adverse drug reactions (ADRs) are a major public health problem and drug safety monitoring is of paramount importance to public health. An understanding of the clinical aspects of ADRs and the principles of drug safety are fundamental requirements for any professional working in the fields of pharmacovigilance or patient care.

The course focused on essential topics including:
- Pharmacovigilance best practices
- Signal detection
- Regulatory aspects
- Reporting culture
- Pharmacovigilance on public health
- Causality assessments
- Pharmacovigilance tools

India has a population of 1.25 billion people and staying there for two weeks was a kaleidoscope of colours, aromas and sounds.

The two weeks were jam packed with lectures, practical sessions, workshops and visits to the local JSS University Hospital and regional PV Centres. The University premises were spotlessly clean and the students were all traditionally clad and extremely well disciplined.

Uppsala Monitoring Centre’s vision is a world where all patients and health professionals make wise therapeutic decisions in their use of medicines and a positive ADR reporting culture depends on active and collaborative relationships between all health sectors.

The authorities in the National Department of Health of South Africa have embarked on a pilot electronic ADR reporting system and I am positive we will soon be aligned with our global counterparts. In the future, we can establish regional PV centres to ensure all ADRs/events are reported timeously. We can also develop a Pharmacovigilance policy to facilitate capacity building in Pharmacovigilance.