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Adverse Drug Reactions (ADRs) in Kenya 2010 – 2015: How are we doing?

Introduction

Kenya has been a member of the WHO Program for International Drug Monitoring since 4th May 2010 and has been submitting ADR reports to the Uppsala Monitoring Center (UMC) since that year. A total of 8,852 reports had been submitted as at 31st December 2015. The annual number of reports peaked in 2012 and has since declined each year. The decline can be partly explained by the withdrawal of Stavudine, which was implicated in more than 60% of the ARV-related ADRs when it was in use, from the ART guidelines in Kenya. However, even after taking into account the impact of Stavudine withdrawal, there has been a decline in the reporting rates and possible reasons for this include attrition of trained staff as well as systemic changes brought about as the health sector adjusted to the devolved system of governance. It should also be noted that the spike in number of reports in 2011 and 2012 was partly due to entry of backlog ADR reports following Kenya's subscription to VigiFlow.

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Pharmacovigilance in a Modern Day Setting

MOH/FACES, Nyatike Sub-county, Migori County

Background

Monitoring, collection, assessing and evaluating information from healthcare providers and patients on ADRs of medicines with the view to identifying new information about hazards, and preventing harm to patients has been ongoing at Macalder Sub-county Hospital. Sub-optimal identification and reporting of adverse drug reactions (ADRs) and Poor Quality Medicinal Products (PQMP) is thought to be the main challenge hampering pharmacovigilance (PV) at the facility. The facility team was also of the impression that medication errors were not adequately monitored and followed up. The team was however aware of the importance of monitoring ADRs, PQMP and medication errors in improving treatment outcomes for patients and also preventing the financial burden brought about by these challenges.

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Inside

With regard to reporting by health facilities, over 320 facilities have submitted ADR reports. However, 50% of these reports have been submitted by just 14 health facilities and 90% by 83 health facilities. There are over 6,000 health facilities in the public and private sectors across the country. Table 5 provides a breakdown of reporting by health facilities.

Table 5: ADR Reporting by Health Facility in Kenya

Facility Name	Number of Reports by Year						Total
	2010	2011	2012	2013	2014	2015	
Moi Teaching and Referral	0	333	368	177	54	75	1,007
St Camillus Mission Hospital	51	271	126	94	88	22	652
Thika District Hospital	6	56	136	109	90	0	397
Kilifi District Hospital	0	0	20	296	0	0	316
Vihiga District Hospital	0	91	116	72	0	8	287
Coast PGH	9	145	86	25	0	4	269
St Monica Hospital	0	98	26	80	17	13	234
Kisii Level 5 Hospital	0	15	36	63	68	44	226
Mater Hospital	0	73	44	32	42	0	191
Maragua District Hospital	3	0	49	61	73	0	186
Liverpool Care & Treatment	0	0	137	28	1	15	181
Kenyatta National Hospital	0	0	136	22	4	12	174
Riruta Health Centre	0	0	55	56	9	45	165
Kiambu District Hospital	0	54	73	18	3	9	157
Mutomo Mission Hospital	0	100	15	0	15	0	130
Machakos District Hospital	2	5	53	68	2	0	130
Meru District Hospital	12	24	65	25	1	1	128
Asumbi Mission Hospital	0	10	33	81	0	0	124
Migori District Hospital	0	0	0	0	105	14	119
Nakuru PGH	3	0	1	38	0	76	118
Mbagathi DH	0	0	0	0	0	110	110
304 other health facilities	59	833	845	979	428	407	3,551
Total	**145**	**2,108**	**2,420**	**2,324**	**1,000**	**855**	**8,852**

Green Fill denotes top 5 health facilities in number of reports submitted for the respective year

The individuals with the highest number of reports submitted overall were Ng'etich of Moi Teaching and Referral Hospital with 331 reports between 2010 and 2015; and Nabongo, also of MTRH with 241 reports during the same period. Congratulations to these two committed pharmacovigilantes and all others who have been submitting ADR reports.

All county health teams with low (or no) ADR reporting are urged to investigate the reasons for this and address them in order to improve patient safety. Health facility multidisciplinary teams (e.g. the Medicines and Therapeutics Committees) should also routinely review their ADR reports and institute any facility-specific actions as may be necessary.