

# Pharmacovigilance in seasonal malaria chemoprevention in northern Nigeria

Jimmy Aiden, Kenneth Maduka, Mujahid Idris, Chrysanthus Dabes, Obinna Emeruwa, Abba Sagagi, Taiwo Ibinaiye, Bello Magaji, Babatunde Fagbemi, Kunle Rotimi, Abimbola Phillips, Olatunde Adesoro, and Olusola Oresanya.<sup>1</sup>

<sup>1</sup> Malaria Consortium, Nigeria

## Introduction

Pharmacovigilance (PV) in seasonal malaria chemoprevention (SMC) involves the identification and reporting of suspected adverse drug reactions (ADR). Although PV is a core component of SMC,<sup>[1]</sup> its functionality has not been well evaluated in Nigeria, where about four million eligible children received SMC in 2019.<sup>[2]</sup> SMC implementation includes a referral and reporting system, used by health facility workers (HFWs) to inform the National Pharmacovigilance Centre, via National Agency for Food and Drug Administration and Control state offices, of SMC-related ADR among communities.

## Methods

- Malaria Consortium, working with the Government of Nigeria, trained HFWs in PV before the start of the SMC campaign in July 2019. A commodity management audit (CMA) in December 2019 collected data from 1,233 randomly selected health facilities (HFs) in five intervention states: Jigawa, Katsina, Sokoto, Yobe and Zamfara.
- Secondary analysis of data from 1,127 HFs assessed the availability of PV reporting tools and HFWs trained in PV, and compliance with the standard ADR reporting protocol.

## Results

- Of the HFs sampled, 84 percent had reporting forms available and 90.5 percent had at least one PV-trained HFW for the SMC campaign. Availability of forms and trained HFWs varied across the states (67.7–95.6 percent and 79.2–97.3 percent, respectively).
- Nine percent of HFs documented at least one suspected ADR, the most common being vomiting. Of these, only 19.8 percent reportedly submitted forms to the state level.
- ADR reporting varied across states (4.7–100 percent) but was not linked to form availability or training.

## Conclusion

This study indicates the institutionalisation of the reporting aspect of PV into SMC implementation as recommended, and availability of trained HFWs and reporting forms at service delivery points. However, as ADR reporting by HFWs is still a challenge, variations in reporting rates should be investigated and learning from better-performing states applied. Such learning would be valuable in routine monitoring, supervision and training to encourage reporting and strengthen compliance with standard processes.

## References

- World Health Organization. *Seasonal malaria chemoprevention with sulfadoxine-pyrimethamine plus amodiaquine in children: A Field Guide*. Geneva: WHO; 2013.
- Malaria Consortium. *Seasonal malaria chemoprevention program philanthropy report 2019–2020*. London: Malaria Consortium; 2020.

# Pharmacovigilance is well integrated in seasonal malaria chemoprevention, yet reporting of suspected adverse drug reactions is low

malaria  
consortium  
disease control, better health

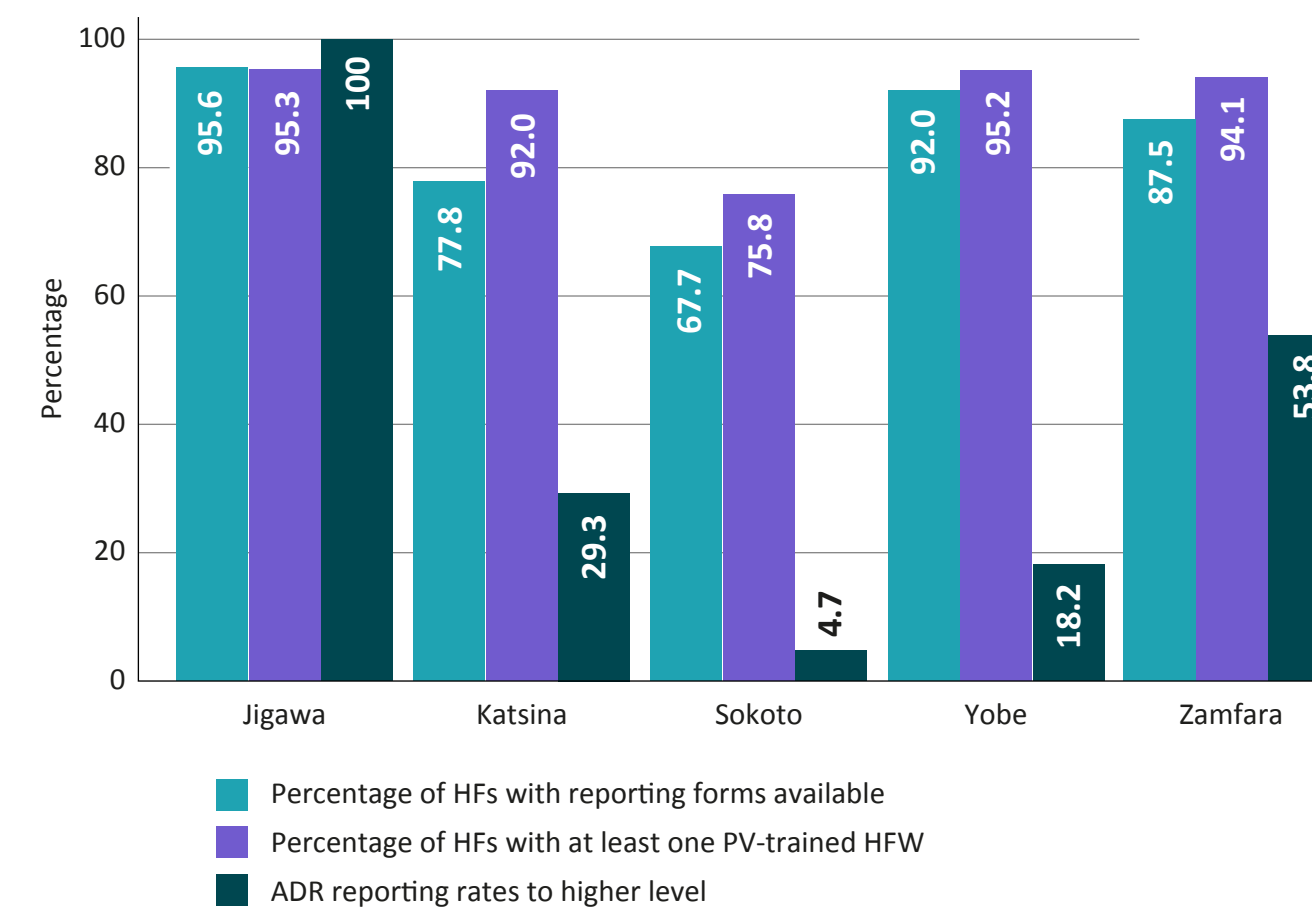


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## Supplementary visuals

Figure 1: Availability of reporting forms and trained HFWs, and reporting rates across states



A child presents with a sulphonamide rash after receiving sulphadoxine-pyrimethamine and amodiaquine.

## Acknowledgements

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