

Lifesaver

A Publication of the Product Safety Department – Special Edition 2025

The Kenya National Medicine and Pharmacovigilance Newsletter | Ensuring Quality, Safety and Efficacy of Health Products and Technologies for Better Healthcare

Kenya's Pv journey and key milestones

Kenya has steadily built a strong Pharmacovigilance system through sustained regulatory leadership and strategic partnerships. Since establishing the National PV Centre in 2004 and joining the WHO PIDM in 2010, PPB has expanded surveillance strengthened legal frameworks, and modernized reporting systems. Collaborations with public health programs have boosted ADR reporting, while active monitoring initiatives have improved detection of medicine-related risks. More than 5,000 healthcare providers have been trained nationwide, and expert advisory committees now support evidence-based regulatory decisions. Continuous digital innovation and regional harmonization efforts position Kenya as a continental leader in medicines safety.

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Safety in numbers unpacking Kenya's pharmacovigilance reporting growth

Reporting of medicine-related safety issues in Kenya has grown significantly over the past decade, covering not only adverse drug reactions (ADRs) but also adverse events following immunization (AEFIs), product quality defects, medication errors, therapeutic ineffectiveness, and other safety concerns. This growth reflects rising awareness among healthcare workers and the successful transition from paper-based to electronic reporting systems.

In the early years, all safety reports were submitted manually, with 651 reports recorded in 2011. The upward trend continued into 2012, when 2,884 additional manual reports were received; bringing the cumulative total to 3,535.

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Message from the CEO, Dr. Ahmed A. Mohamed



It is my pleasure to bring you the latest updates from the Pharmacovigilance Division of the Pharmacy and Poisons Board (PPB) in this 2025 edition of the Lifesaver Newsletter. In this issue, we reflect on the remarkable journey we have taken so far. Among our biggest achievements are the significant improvements in reporting rates, technological advancements in our pharmacovigilance electronic reporting system, and the expanded use of data-driven approaches in pharmacovigilance decision-making.

As part of our collaborative commitment, this issue also highlights our engagements with healthcare providers, industry partners, county governments, other government agencies, the media, and the public, all united by our shared goal of ensuring the quality, safety, and efficacy of health products and technologies (HPTs).

In addition to strengthening our internal systems, we have adopted a more proactive approach to monitoring the safety of HPTs, which has led us to undertake several active surveillance initiatives. These activities are also featured in this edition.

We take this opportunity to thank all stakeholders who have contributed immensely to the success of the National Pharmacovigilance Centre (NPC) over the years. Your input matters, and patient safety remains our collective responsibility.

The PPB further reaffirms its commitment to continued partnership with all stakeholders as we work together to strengthen pharmacovigilance in Kenya and across the continent, in our role as a Regional Centre of Regulatory Excellence (RCORE) in pharmacovigilance.

Editor's Note

Welcome to the 2025 Edition of The Life Saver

This edition of PPB's Product Safety Department Newsletter. This special edition highlights the National Pharmacovigilance Centre's ongoing work to ensure the quality, safety, and efficacy of Health Products and Technologies in Kenya. Key updates include strengthened pharmacovigilance activities, trainings, active surveillance, and enhanced collaboration with

stakeholders and regional partners. The newsletter showcases PPB's continued commitment to improving healthcare and safeguarding public health.

We thank all our partners, healthcare professionals, and contributors whose dedication and collaboration continue to advance our shared goal of better healthcare for all Kenyans.

We hope you find this edition insightful and inspiring as we collectively work toward a safer, more resilient pharmacovigilance system.

Enjoy the read.

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Our pharmacovigilance journey and key milestones

Continued from page 1

The Pharmacy and Poisons Board (PPB), Kenya's National Medicines Regulatory Authority, has been at the forefront of protecting public health since its establishment in 1957 under the Pharmacy and Poisons Act. Guided by its mission to safeguard the public by regulating the pharmacy profession and ensuring the quality, safety, and efficacy of medical products and health technologies, PPB continues to strengthen the country's Pharmacovigilance (PV) system. This system plays a crucial role in safeguarding patients by continuously monitoring the safety of authorized medicines and promptly identifying emerging risks that could influence their overall benefit-risk profile.

PPB established the National Pharmacovigilance Centre in 2004 and rolled out the national PV system in 2009, laying the groundwork for Kenya to join the WHO Programme for International Drug Monitoring in 2010 as the 98th full member; a major milestone for the country. Continued progress earned Kenya recognition in 2014 as a Regional Centre for Regulatory Excellence in Pharmacovigilance, a status that has since positioned the PV-RCORE as a regional hub attracting delegations from across Africa and beyond to learn from Kenya's regulatory best practices.

Kenya's multi-faceted approach to strengthening Pharmacovigilance significantly increased the reporting of adverse drug reactions, particularly through collaborations with public health programs. A key partnership was with the national HIV Program, through which PPB conducted Cohort Event Monitoring of antiretroviral medicines with support from the Global Fund. The country also implemented active surveillance for COVID-19 vaccines in collaboration with CIHEB, with additional support from AUDA-NEPAD and the CDC, alongside other active safety monitoring initiatives that enhanced the detection of medicine-related risks.

Capacity building has been a cornerstone of Kenya's PV success. Through support from various development partners, PPB has trained more than 5,000 healthcare providers across 45 counties through one-day sensitizations, three-day workshops, and continuing medical education sessions between January 2022 and December 2025. These efforts have broadened the national knowledge base and strengthened ADR reporting and safety monitoring at all levels of the healthcare system.

Kenya's PV Journey

Kenya has steadily built a strong Pharmacovigilance system through sustained regulatory leadership and strategic partnerships. Since establishing the National PV Centre in 2004 and joining the WHO PIDM in 2010, PPB has expanded surveillance, strengthened legal frameworks, and modernized reporting systems. Collaborations with public health programs have boosted ADR reporting, while active monitoring initiatives have improved detection of medicine-related risks. More than 5,000 healthcare providers have been trained nationwide, and expert advisory committees now support evidence-based regulatory decisions. Continuous digital innovation and regional harmonization efforts position Kenya as a continental leader in medicines safety.

Kenya has strengthened the scope of Pharmacovigilance and Post-Marketing Surveillance through the 2022 PV and PMS Rules, firmly anchoring PV activities within a modern and comprehensive legal framework. PPB continues to update and refine the National Pharmacovigilance Guidelines to ensure full coverage of all medical products and health technologies under its regulatory mandate.

To enhance regulatory decision-making, PPB has established a technical advisory committee, the Pharmacovigilance Expert Review and Advisory Committee (PERAC) and is a joint secretariat to the the National Vaccine Safety Advisory Committee (NVSAC). These committees provide expert assessment of safety data and guide timely regulatory action. The implementation of Qualified Persons for Pharmacovigilance (QPPV) guidelines has further strengthened accountability among marketing authorization holders.

Kenya's PV system continues to evolve technologically. The development and continuous enhancement of the national Pharmacovigilance Electronic Reporting System have improved the efficiency and accessibility of reporting, enabling stronger data-driven insights and faster safety interventions.

As PPB continues to invest in innovation, capacity building, and regional harmonization, it remains committed to ensuring that all Kenyans have access to safe and effective medical products.



Safety in numbers: Unpacking Kenya’s pharmacovigilance reporting growth

Continued from page 1

The introduction of electronic reporting in 2013 marked a transformative shift in the national Pharmacovigilance landscape. As digital tools gained traction, manual submissions steadily declined. By 2018, electronic reporting had almost completely replaced paper forms, signalling a nationwide move toward a faster, more efficient, and more accessible reporting model.

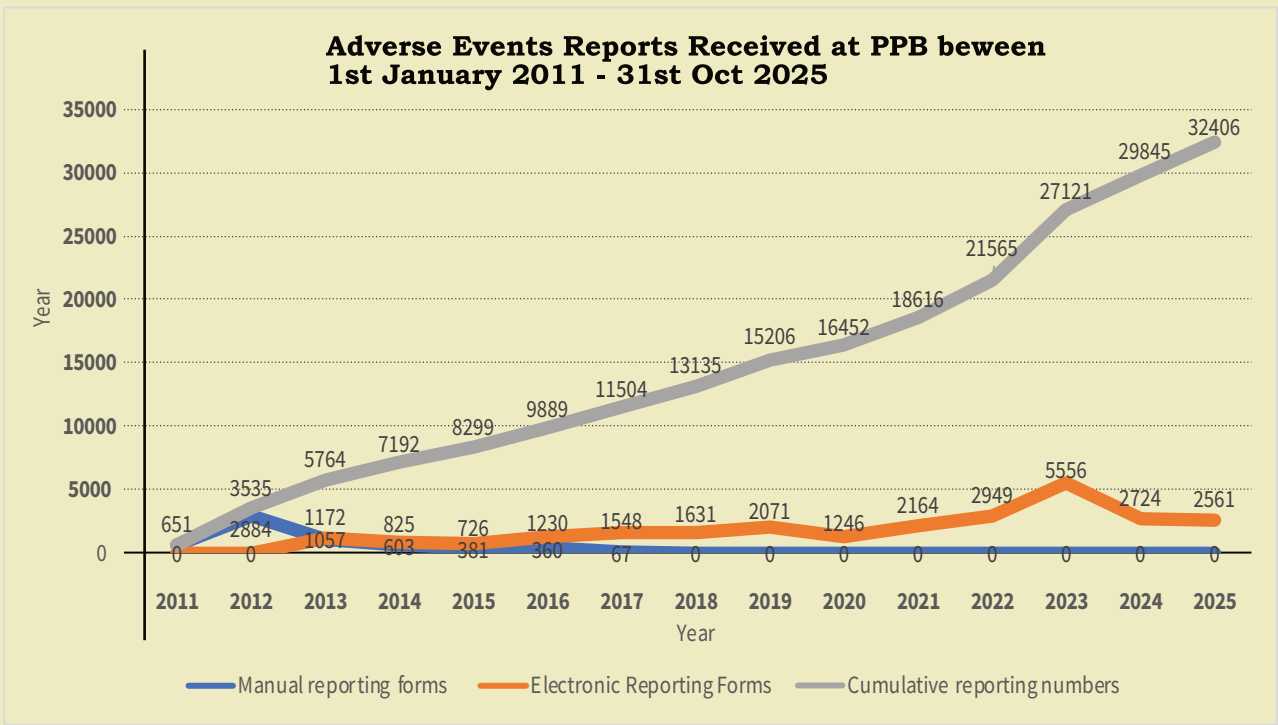
From 2018 onward, nearly all safety reports have been captured electronically, with consistent year-on-year growth. A major milestone came in 2023, when 5,556 reports were recorded, the highest annual total to date. This surge was driven by intensified healthcare worker sensitisation and the impact of COVID-19 active surveillance, which significantly boosted reporting rates.

By October 2025, Kenya had reached a cumulative total of 32,406 safety reports, with 2,561 electronic submissions recorded for the year to date. This sustained growth reflects the increasing maturity of Kenya’s Pharmacovigilance system and the shared

commitment of patients, healthcare workers, marketing authorization holders and other stakeholders to safeguarding the quality, safety, and effectiveness of health products.

As the National Pharmacovigilance Centre, we remain committed to strengthening reporting culture across the country. Our priorities include expanding sensitization and capacity-building activities down to the county level, equipping more healthcare providers to report routinely and confidently. At the same time, we continue to strengthen engagement with Marketing Authorization Holders, actively mobilizing reports through the E2B portal within the PvERS, to ensure comprehensive and timely safety data capture across all regulated products.

A quarterly breakdown of the Individual Case Safety Reports (ICSRs) received at the National Pharmacovigilance Centre is available on the PPB website and can be accessed through the link below: <https://web.pharmacyboardkenya.org/downloads/publications/>



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Strengthening pharmacovigilance systems through technological advancements

Kenya’s journey toward a more resilient and responsive pharmacovigilance ecosystem has been marked by steady digital innovation. Over the past decade, the transition from paper-based reporting to advanced electronic platforms has significantly improved the country’s capacity to detect, analyze, and respond to safety concerns related to medicines, vaccines, and medical technologies. At the center of this transformation is the Pharmacovigilance Electronic Reporting System (PvERS) and its enhanced successor, PvERS II, alongside the more recent mobile solution, mPvERS. Together, these platforms illustrate how strategic use of technology can strengthen regulatory frameworks , expand reporting access and ultimately safeguard patient health.

From Paper to Digital: The Evolution of PvERS

Originally launched in 2013, PvERS was designed to replace Kenya’s paper-based reporting system with a web, desktop, and mobile solution to support the submission of Individual Case Safety Reports (ICSRs). As technological needs grew and pharmacovigilance practices evolved, the system underwent a major upgrade in 2021 resulting in PvERS II, a more robust, interoperable, and feature-rich platform.

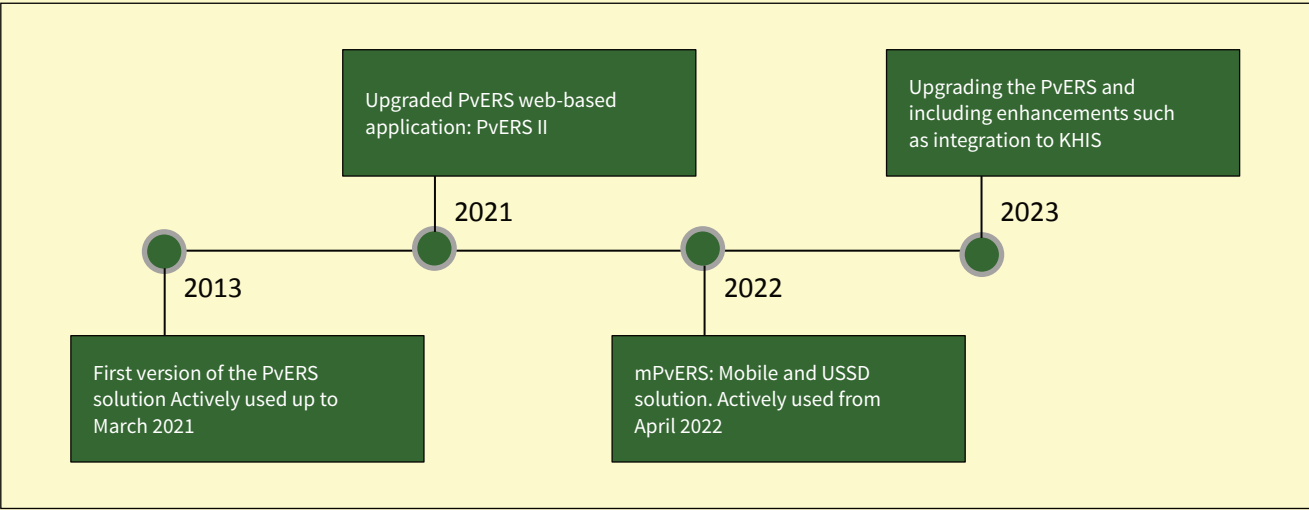
PvERS II expanded the scope of reportable safety issues, accommodating a wider range of ICSRs, from adverse drug reactions to medical device incidents. The upgraded system introduced enhanced security features, intuitive dashboards, advanced analytics, and seamless interoperability with global platforms such as VigiFlow and the Vigilance Hub. New modules have enabled the electronic submission of E2B reports from

Marketing Authorization Holders, aligning Kenya with global regulatory standards. The platform also evolved to support the submission and evaluation of aggregate safety reports. Equally significant was the integration of disproportionality analysis tools, empowering the pharmacovigilance team to statistically monitor and detect emerging safety signals; an essential component of proactive and data-driven signal management.

Despite these advancements, many individuals who needed to report an adverse event still lacked consistent internet access. To bridge this gap, the Board expanded its digital strategy through mPvERS, a mobile application that supports both online and offline data capture. With even basic smartphone, healthcare providers and other stakeholders can now capture report in real-time regardless of connectivity.

For the wider public, the system goes a step further with a USSD-based solution designed for any mobile device. By dialing *271#, anyone, regardless of connectivity or device type can submit a report quickly and easily, without data bundles or complex navigation.

The evolution from paper-based processes to PvERS, from PvERS to the more advanced PvERS II, and now to the mobile-powered mPvERS, represents far more than technological progress. It reflects a national commitment to strengthening patient safety. These systems simplify reporting, enhance the reliability of safety data, and enable regulators to respond more rapidly and effectively. Most importantly, they ensure that patients remain at the center of pharmacovigilance.



Evolution of the PvERS System

Promoting patient safety through healthcare provider capacity building

Capacity building of healthcare professionals in pharmacovigilance is a critical strategy for strengthening national pharmacovigilance systems, particularly in low- and middle-income countries. The Pharmacy and Poisons Board (PPB) National Pharmacovigilance Centre (NPC) has, over the years, systematically implemented a range of training initiatives targeting healthcare professionals, industry stakeholders amongst other stakeholders. The initiative ranges from online continuing medical education (CME) sessions to multi-day workshops and specialized trainings for serious adverse event (SAE) investigation and Qualified Persons for Pharmacovigilance (QPPV).

These initiatives, in some cases supported by development partners such as AUDA-NEPAD, MSH-MTaPS, WHO and CIHEB-K, aim to enhance knowledge, improve reporting of adverse events, and ensure patient safety

Online CMEs

The NPC frequently conducts these online CMEs in close collaboration with relevant professional associations, including the Pharmaceutical Society of Kenya, the Kenya Society of Anesthesiologists, the Hospital Pharmacists Association of Kenya, and the University of Nairobi, among others. Additional CMEs are implemented in partnership with individual

"Empowering Professionals through Capacity building is key to strengthening Pharmacovigilance and safeguarding Patient safety"

facilities such as Kijabe Mission Hospital and Kapsabet County Referral Hospital. To date, approximately 1,500 healthcare providers have participated in PPB-facilitated CMEs, with many more attending county- and facility-led sessions. Collectively, these initiatives have significantly increased awareness and strengthened the foundation for routine pharmacovigilance practices among healthcare professionals.

The National PV System: The Roles and Obligations of Healthcare Providers in PV (Stakeholder Engagement)

Speaker **Moderators**

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Thursday, 11th April 2024 starts at 7:00pm EAT

In collaboration with USAID MTaPS Program

Logos: Pharmaceutical Society of Kenya, Pharmacy and Poisons Board, USAID, CPD ACCREDITED

Website: www.psk.or.ke

1-Day Pharmacovigilance Sensitization Trainings

In collaboration with National Public Health Programs, including NASCOP, NLTP, and NMCP, PPB identified 20 health facilities as sentinel sites to enhance reporting of adverse events associated with public health program products. Between March 2022 and April 2024, five rounds of 1-day trainings were conducted at these sites, sensitizing over 2,000 healthcare professionals. Recognizing the need to expand the initiative, the number of sentinel sites increased to 30 in October 2024, with the sixth round of training reaching over 500 participants. These trainings, supported by the Global Fund, have been instrumental in improving the quality and quantity of adverse event reporting and ensuring patient safety.



3-Day routine pharmacovigilance training

With support from MSH-MTaPS, AUDA-NEPAD, CIHEB-K, and the TAMATISHA TB program, the Board has conducted trainings in over 40 counties, reaching more than 1,461 participants. These trainings have provided healthcare professionals with practical knowledge on adverse event reporting, patient safety, and core pharmacovigilance principles, thereby strengthening the national framework for the safe use of medicines. Participants are also expected to cascade the knowledge gained to their colleagues within their respective health facilities, further expanding the reach and impact of the program.



3-Day serious adverse event investigation training

PPB routinely conducts 3-day SAE investigation trainings targeting County and Sub-County Health Management Teams (CHMTs and SCHMTs). In collaboration with WHO and NVIP, these trainings were conducted in over 20 counties, reaching more than 500 participants, focusing on investigating adverse events following immunization. Additional trainings, supported by AUDA-NEPAD and MSH-MTaPS, reached over 600 participants across 21 counties. These initiatives have enhanced the capacity of health management teams to respond efficiently and effectively to SAEs, ensuring timely investigations and patient safety.



5-Day Training of Trainers (ToT)

With support from CIHEB-K, PPB conducted a 5-day ToT program in July 2022 for staff of the Nairobi Metropolitan Services. These healthcare professionals were tasked with disseminating pharmacovigilance knowledge to their peers and serving as pharmacovigilance champions, ensuring sustainability of training efforts within Nairobi County



Charity begins at home

In addition to training healthcare providers nationwide, the PPB has also strengthened its internal capacity by conducting a 5-day pharmacovigilance workshop for staff, held in Machakos. The training equipped 39 staff members from various departments including Inspectorate, Post-Market Surveillance, Legal, ICT, Human Resources, and others, with the skills to efficiently handle, manage, and escalate safety-related information received through the Pharmacovigilance Electronic Reporting System (PVERS). It also enhanced their ability to disseminate pharmacovigilance information to stakeholders and fostered cross-departmental collaboration on regulatory matters.



Participants at the PV/PMS Workshop for PPB Staff

Data-driven vigilance: Harnessing data analytics to advance patient safety

In today's rapidly evolving health landscape, the ability to detect safety concerns early and respond decisively is essential for protecting public health. As health products and technologies advance faster than ever, national pharmacovigilance systems must rely on accurate, timely data to make informed decisions. Globally, data-driven approaches are transforming how safety signals are identified, assessed, and managed.

In Kenya, safety data collection and management tools such as PVERS have enabled the transformation of raw safety reports as well as aggregate reports received. These analyses, provide critical insights that guide interventions aimed at keeping patients safe.

A recent example highlights the value of this approach. Quarterly data analysis revealed a rise in medication errors involving aceclofenac containing products. Poor prescribing practices were resulting in irrational use, with some patients receiving overdoses that increased their risk of gastrointestinal bleeding, ulcers, and perforation. In response, the National Pharmacovigilance Centre issued a [national safety alert](#) to raise awareness amongst healthcare providers and to prevent further patient harm. Safety data can also originate

from informal sources, such as social media. A case in point is the increasing off-label use of semaglutide-containing products, particularly those marketed for weight loss, beyond approved medical indications, which was identified through social media monitoring, along with a rise in complaints and reports from both the public and healthcare professionals. In response, [a safety communication](#) was issued, cautioning against unsupervised use and emphasizing the importance of consulting a healthcare professional.

The power of data has also extended beyond our borders. Following increased reports of sexual dysfunction associated with Dolutegravir majorly from Kenya, Uganda, and Zambia, a regional safety concern was identified. This signal is now under joint evaluation by the Uppsala Monitoring Centre (UMC) and the AU-3S (African Union Smart Safety Surveillance) program to support collaborative decision-making across countries. Such cross-regional analysis is only possible when countries have reliable data and strong pharmacovigilance systems in place.

These examples demonstrate a powerful truth: When data is harnessed effectively, it becomes a



Strengthening pharmacovigilance capacity in Kisumu County: a journey toward safer medicines

Dr. Ken Abuka

reporting medicine related safety concerns.

Beyond the sensitization meetings and trainings, several ongoing initiatives have been implemented to sustain momentum and embed pharmacovigilance into routine clinical practice. First, facility-based mentorship visits have been integrated into routine support supervision across the sub-counties. During these visits, we continue to offer hands-on coaching on ADR identification, electronic reporting and proper documentation. This targeted approach has improved engagement among frontline staff, particularly nurses, clinical officers, laboratory officers and pharmacy personnel, who play key roles in early detection and reporting.

Additionally, we have established a WhatsApp-based Pharmacovigilance Support Channel to provide real-time guidance to facilities through the sub-county health management teams. This platform has proven useful for clarifying reporting procedures, supporting documentation and offering rapid feedback to facilities submitting reports.

These combined efforts have begun yielding positive results. Kisumu County has recorded an upward trend in pharmacovigilance reporting rates, improved completeness of submitted reports, and increased awareness of medicine safety among healthcare workers.

Looking ahead, our priority is to institutionalize pharmacovigilance through continuous capacity-building, integration within digital health systems like Taifacare and closer collaboration with stakeholders including the Pharmacy and Poisons Board, training institutions, partner organizations and facility management teams. As new medical products, vaccines, and technologies are introduced, our role in safeguarding patient safety becomes even more critical.

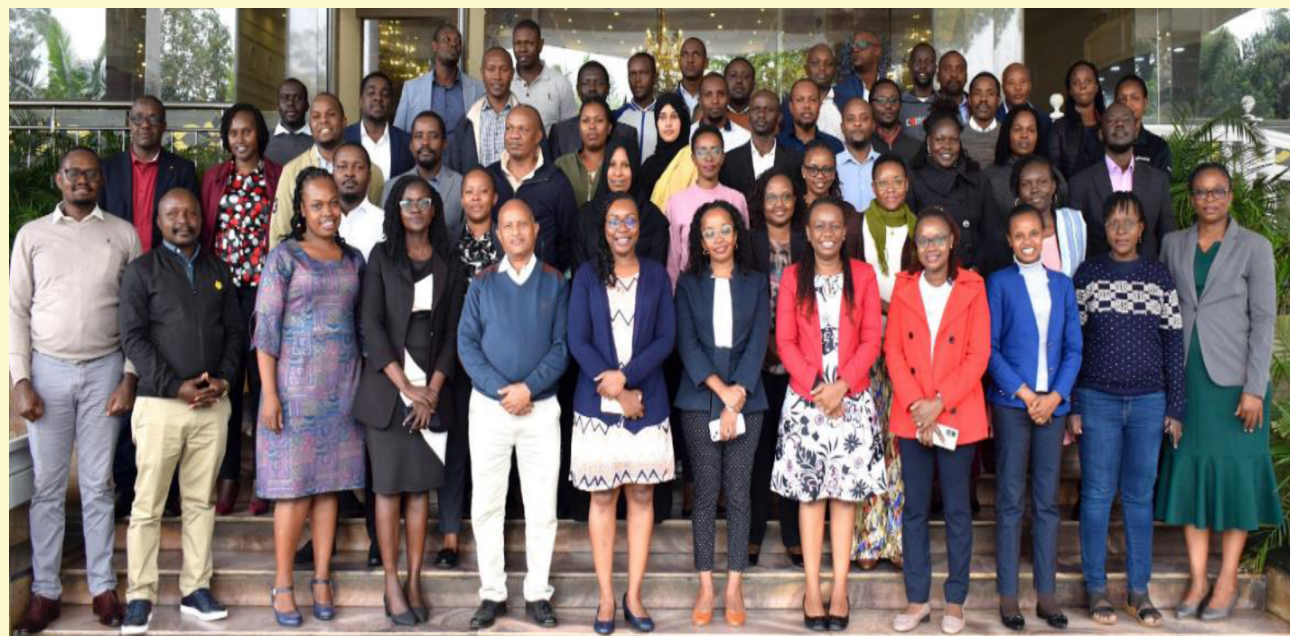
Pharmacovigilance is not an event, it is a culture. And in Kisumu County, that culture is steadily taking root.

Strengthening pharmacovigilance through collaboration with the county health management teams

In its continued commitment to advancing patient safety across the country, the Pharmacy and Poisons Board (PPB), through the Pharmacy and Poisons Rules, 2022, established the role of the County Pharmacovigilance Focal Person to coordinate pharmacovigilance and post-market surveillance activities within counties. This marked a significant step toward decentralizing safety monitoring and bringing pharmacovigilance closer to the facilities and communities where health products and technologies are used.

Following this development, all 47 counties, through the Council of Governors (COG), nominated their County Vigilance Focal Persons in May 2023. Additionally, Kenyatta National Hospital (KNH) and Moi Teaching and Referral Hospital (MTRH) appointed focal persons to strengthen vigilance systems within their institutions. The Board then convened its first Vigilance Focal Person Meeting on 16 May 2023, creating a unified platform for coordination, learning, and engagement.

Charged with leading pharmacovigilance and post-market surveillance activities at the county and facility levels, the focal persons play a pivotal role in reporting



The Annual Vigilance Focal Person Consultative Meeting.

and investigating adverse events, conducting sensitization activities for healthcare providers and the public, and serving as the key link between the PPB and county health administrations. Their efforts ensure that regulatory information and safety alerts reach the right stakeholders in a timely manner.

One year later, on 29 July 2024, the Board held a consultative review meeting to assess progress made since the establishment of these roles. The discussion revealed notable achievements, including increased sensitization of healthcare providers on identifying and reporting adverse events and a marked rise in investigations carried out by County and Sub-County Health Management Teams. These successes underscore the growing impact of the focal persons within the county health systems.

Despite these gains, challenges remain such as inadequate resources for investigations and a generally low reporting culture among healthcare providers and the public. Nonetheless, the focal persons reaffirmed their dedication to strengthening patient safety and committed to continued advocacy and awareness creation in their respective counties.

Building on these achievements, the PPB successfully hosted the Third Annual Pharmacovigilance Focal Persons Meeting on 18 August 2025, bringing together county representatives and national stakeholders to share experiences, reflect on progress, and shape the next phase of Kenya's pharmacovigilance agenda. The meeting further reinforced the importance of strong collaboration between the PPB and county health administrations in safeguarding public health.



Strengthening pharmacovigilance reporting in the Kirinyaga County: strategies and best practices.

Dr. Perpetua Karanja

Continuous sensitisation of health care workers has improved knowledge on the need to report, as well as provided updates on pharmacovigilance reporting systems. Distribution of the various reporting tools to health facilities has increased access at the point of care and eliminated online access barriers caused by poor network connectivity.

All facilities (dispensaries, health centres, and hospitals) are also expected to submit at least one report each month, in addition to the monthly service reports. These targets have increased health workers' vigilance regarding patient safety and generally improved performance. Moreover, the assessment of pharmacovigilance knowledge and reporting as part of the metric for awarding best-performing health facilities has increased competitiveness among facilities and enhanced reporting. The best-performing health facility in pharmacovigilance was awarded a trophy in the previous year, and its points contributed to its overall performance.

Additionally, our county public health system uses a single account to submit pharmacovigilance reports to the regulator, making it easier to track performance. Using a single account means we must ensure the availability of Physical reporting forms in all health facilities and work closely with Sub-County pharmacovigilance focal persons to ensure reports are uploaded to the online system. This enables me to track facility reporting and provide feedback, as well as prepare the county's annual pharmacovigilance summary reports. Though there is still room for improvement, these strategies have worked to improve pharmacovigilance reporting in Kirinyaga County.

I acknowledge Pharmacy and Poisons Board for providing training and access to the pharmacovigilance reporting forms and the Kirinyaga County Department of Health for its leadership in ensuring the implementation of the strategies.

From Kenya to the continent: Advancing pharmacovigilance beyond borders

Over the years, Kenya has developed a structured and robust pharmacovigilance system, which has contributed to improving drug safety and post-marketing surveillance in the country. In recognition of its established systems and capacity, Kenya was designated a Regional Centre of Regulatory Excellence (RCORE) in Pharmacovigilance in 2014 by the New Partnership for Africa's Development (NEPAD).

The RCORE designation was based on multiple factors, including training capacity, regulatory capability, partnerships and collaborations, accredited programs, and governance and infrastructure systems. Since receiving this recognition, the Kenya PV-RCORE has hosted several regulatory bodies for benchmarking and capacity-building initiatives, supporting regional harmonization of pharmacovigilance practices.

Regional collaboration is a key component of Kenya's pharmacovigilance activities. In July 2024, the Pharmacy and Poisons Board (PPB) hosted a two-week shadowing program for a delegation from Malawi's Southern Region Pharmacovigilance Centre at Kamuzu

University of Health Sciences. During the visit, both countries exchanged insights on patient safety and drug monitoring, resulting in a commitment to continue joint initiatives. In addition, other countries, including Rwanda, Zimbabwe, and Somalia, have engaged with Kenya's National Pharmacovigilance Centre to share best practices and regulatory experiences.

By supporting training, sharing regulatory experience, and facilitating knowledge exchange, Kenya's PV-RCORE contributes to the broader development of pharmacovigilance systems in the region. These efforts support safer medicines, improved reporting systems, and stronger regulatory frameworks across multiple countries in Africa.

Looking forward, Kenya's focus remains on fostering regional collaboration, enhancing capacity-building programs, and supporting the adoption of effective pharmacovigilance practices across the continent. Continued engagement aims to strengthen patient safety and regulatory oversight while promoting a harmonized approach to drug monitoring in Africa.



Kenya hosts a delegation from the Malawi's Southern Region Pharmacovigilance Centre based at Kamuzu University of Health Sciences

Collaborating for safer health products and technologies: Enhancing pharmacovigilance with industry partners

Ensuring patient safety and maintaining high standards for health products and technologies requires close collaboration between regulatory authorities and industry stakeholders. The Pharmacy and Poisons Board (PPB) of Kenya has been at the forefront of these efforts, engaging local manufacturers, marketing authorization holders (MAHs), and other industry partners to enhance pharmacovigilance and post-marketing surveillance across the country.

On 9th April 2024, the PPB, in partnership with the Federation of Kenya Pharmaceutical Manufacturers (FKPM), hosted a virtual pharmacovigilance sensitization session via the PPB Zoom platform. The meeting brought together 24 participants from 12 local pharmaceutical manufacturers to review the National

Pharmacovigilance System in Kenya, emphasizing the responsibilities of manufacturers in ensuring drug safety and protecting patient health. This engagement strengthened the understanding of regulatory obligations and fostered collaboration between the Board and local manufacturers to promote compliance and proactive reporting of adverse events.

Beyond one-off engagements, the PPB maintains regular collaboration with the Kenya Association of Pharmaceutical Industry (KAPI) through quarterly stakeholder meetings. These gatherings provide a platform for updates, questions, and joint planning of initiatives like World Patient Safety Day, reinforcing a sense of shared mission between the regulator and the industry.



Participants at the World Patient Safety Day Celebrations

A highlight in this ongoing partnership came on May 23, 2025, when the PPB hosted the Pharmacovigilance and Post-Marketing Surveillance Stakeholders Meeting at the Heron Portico Hotel in Nairobi. This event brought together Marketing Authorization Holders (MAHs), local manufacturers, distributors, and technical representatives in one room. With sixty-six participants representing a cross-section of Kenya's pharmaceutical sector from multinational giants like AstraZeneca, Roche, and Johnson & Johnson, to local innovators, the meeting focused on sharing PV/PMS updates,

discussing challenges, and unveiling upgrades to the Pharmacovigilance Electronic Reporting System (PvERS). Stakeholders explored new features, including E2B reporting and aggregate submissions, and were briefed on the Board's Data Protection Policy, ensuring that patient information is handled securely.

Equally important to these stakeholder engagement initiatives is building human capacity. From 29th May to 9th June 2024, the PPB, in partnership with the University of Nairobi, conducted its first Qualified Persons for Pharmacovigilance (QPPV) training. The



PPB hosts the Pharmacovigilance and Post-Marketing Surveillance Industry Stakeholders Meeting



QPPV Training

Amplifying drug safety: The pivotal role of the media in pharmacovigilance

Patient safety is a shared responsibility, and the media plays a pivotal role in ensuring that accurate, timely information reaches the public. From raising awareness about adverse drug reactions to encouraging patients and healthcare professionals to report suspected side effects, the media serves as a bridge between regulatory authorities and the public. The Pharmacy and Poisons Board (PPB), in collaboration with the Uppsala Monitoring Centre, has actively engaged the media to strengthen pharmacovigilance and promote patient safety through campaigns like #MedSafetyWeek.

Engaging the Media for Patient Safety

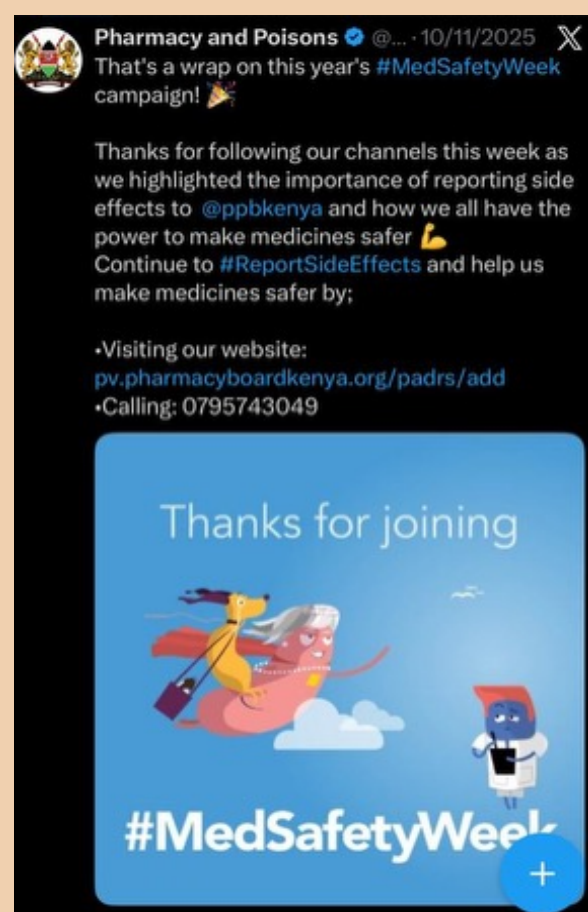
On 17th April 2024, the Pharmacy and Poisons Board, with support from MSH-MTaPS, convened a media sensitization workshop at Sarova Panafric Hotel, Nairobi. The workshop aimed to educate the media on their crucial role in pharmacovigilance and patient safety. It emphasized that responsible media reporting ensures the public receives accurate and timely safety information, while misinformation and disinformation can have serious consequences. Representatives from 22 media outlets attended, reflecting the media's collective influence in shaping public understanding and behavior.

A key example of media engagement in pharmacovigilance is the annual #MedSafetyWeek, a global campaign led by the Uppsala Monitoring Centre

workshop brought together eight QPPVs from MAHs and eight regulatory officers from PPB, equipping them with the skills to establish, implement, and maintain comprehensive pharmacovigilance systems. Building on this success, a second QPPV training was conducted in January 2025, bringing together sixteen participants to further expand the pool of trained professionals in the sector. These set of training ensure that both industry and regulatory personnel are fully equipped to develop, implement, and oversee pharmacovigilance systems within our Marketing Authorization Holders (MAHs).

Through stakeholder engagements, quarterly updates, dedicated MAH meetings, and targeted training programs, the PPB has significantly strengthened Kenya's pharmacovigilance ecosystem. These efforts have created a skilled workforce capable of safeguarding public health while fostering collaboration between regulators and industry.

in collaboration with medicines regulatory authorities and national pharmacovigilance centers. This campaign demonstrates how the media, both traditional and social, can amplify patient safety messages on a global scale. Through social media posts, news reports, and feature articles, the media ensures that critical information about adverse drug reactions (ADRs) reaches patients, caregivers, and healthcare professionals.



#MedSafetyWeek: A Global Initiative Amplified by Media

The COVID-19 Vaccines Cohort Event Monitoring Study in Kenya

The emergence of the COVID-19 pandemic in 2020 not only tested the resilience of the healthcare system but also disrupted the daily activities of most individuals. In Kenya, the pandemic was marked by prolonged lockdowns, restrictions on movement, and limited personal contact. Owing to its mode of transmission, COVID-19 is highly contagious and spreads from person to person through airborne droplets. By December 2022, Kenya had recorded 342,368 confirmed cases of COVID-19 infection and 5,688 related fatalities.

To curb the spread of the virus, the Government of Kenya instituted several measures at the onset of the pandemic. These included the total lockdown of areas with high community transmission and partial lockdowns in Nairobi and Mombasa counties, which had reported elevated numbers of cases. Additional measures included the enforcement of a dusk-to-dawn curfew and individual precautionary practices such as physical and social distancing, frequent handwashing and sanitization, cough etiquette, mask use, and vaccination.

The development of COVID-19 vaccines was expedited, taking approximately 12 months compared to the traditional 10–15 years. As with all new vaccines, proactive post-marketing safety surveillance is critical. The Pharmacy and Poisons Board (PPB) predominantly relies on passive surveillance for monitoring the safety of health products and technologies. However, infrequent and irregular reporting posed challenges to generating timely signals for potential adverse events following immunization (AEFI).

To address the shortcomings of passive surveillance, the PPB working in partnership with the National Vaccine and Immunization Program (NVIP), the University of Nairobi (UON), CDC, CIHEB-Kenya, MTaPS, and AUDA-NEPAD implemented a Cohort Event Monitoring (CEM) system in February 2023. The primary objective of the CEM was to determine the incidence, type, severity, and risk factors for AEFIs associated with COVID-19 vaccines. The study targeted all consenting individuals eligible for their first dose of the COVID-19 vaccine in accordance with the National COVID-19 Vaccination Guidelines. In total, 9,288 participants were enrolled from 17 sentinel sites and followed for up to 84 days for the occurrence of AEFIs.

Three COVID-19 vaccines were administered: Johnson & Johnson (5,163 participants), Pfizer Grey Cap (4,101), and Pfizer Purple Cap. A total of 6,265 AEFIs were reported among 2,987 participants (32%). The incidence of AEFIs was highest after the first dose, accounting for 65% of all reported events. Most AEFIs were mild, though three cases were classified as life-threatening. The majority of AEFIs fell under the General disorders and administration site conditions category of the MedDRA System Organ Class (SOC). Significant factors associated with an increased risk of AEFIs included age group, vaccine type, presence of chronic illness, concomitant medication use, and pre-vaccination symptoms.

Following the conclusion of the study, data analysis was conducted and a comprehensive report was prepared. Feedback was disseminated to the participating sentinel sites, county health authorities, and through national channels. The manuscript will be made publicly on the official PPB Website.



Dr. Bramwel Tongola presenting findings from the National COVID-19 CEM Dissemination

Mitigating medication errors in Kenya: insights from the active surveillance of LASA medicines

According to the World Health Organization (WHO), medication errors are a leading cause of patient harm globally. These errors may occur at various stages of the medication-use process, including prescribing, dispensing, transcription, and administration. Contributing factors span drug- and pharmaceutical-related issues, healthcare provider practices, and even patient-related factors. The Anesthesia Patient Safety Foundation identifies look-alike and sound-alike (LASA) medicines as one of the most common sources of medication errors.

LASA medicines are a well-recognized cause of preventable harm due to their orthographic (look-alike) and phonetic (sound-alike) similarities, which can easily lead to confusion. Such confusion may occur between brand-brand, brand-generic, or generic-generic names. This highlights the need for proactive strategies to identify potential LASA medication errors and to build robust systems capable of intercepting them before they result in patient harm.

In Kenya, the National Pharmacovigilance Center (NPC) received 1,477 medication error reports between January 2021 and March 2024. Of these, 130 were LASA-related, accounting for 8.83% of all reported errors—a significant threat to patient safety. The true burden is likely higher due to widespread under-reporting of medication errors and the numerous LASA-related cases circulating on social media that are never formally submitted to the NPC.

In response to this safety concern, the Pharmacy and Poisons Board launched an active surveillance initiative in July 2024 focused on Look-Alike and Sound-Alike medicines. The objective was to determine the most common LASA medicines in the Kenyan market and increase awareness in the healthcare sector. The surveillance was conducted in 138 selected facilities across eight counties, chosen to represent the former provincial regions and ensure regional balance. Findings from this initiative are expected to inform evidence-based guidance for healthcare providers, support Ministry of Health decision-making, and strengthen regulatory actions by the Pharmacy and Poisons Board to effectively mitigate LASA risks.

Analysis of the validated data showed that most LASA medicine pairs were identified in Nairobi County, followed by Nakuru and Kisumu. This distribution aligns with the higher population densities in these areas, which have a greater number of health facilities and pharmaceutical premises. Additionally, Nairobi's sample included two national distributors—MEDS and

KEMSA—further contributing to the higher count.

Of the 138 sampled facilities, 43 were retail pharmacies. Retail outlets accounted for the highest number of LASA medicine pairs (36.77%), followed by wholesale pharmacies. These premises typically stock a wide variety of products, increasing the likelihood of encountering look-alike and sound-alike medicines. Despite the substantial number of sampled public health facilities, relatively few LASA pairs were identified there, likely due to stockouts and centralized procurement practices that limit product variety.

Most look-alike products originated from the same Marketing Authorization Holder (MAH). Manufacturers often use distinctive branding and trademarks to strengthen brand recognition, a practice that—while beneficial in other industries—carries heightened risks in the pharmaceutical sector.

In contrast, sound-alike names were more commonly seen across different MAHs. Some sound-alike cases arise from intentional mimicry of well-established brands, while others occur by coincidence. Kenya's linguistic diversity further compounds this challenge, as pronunciation varies across ethnic groups. Additionally, the multi-layered structure of generic naming—developed at international, regional, and national levels—creates opportunities for overlaps and unintended phonetic similarities. Regulatory measures are therefore necessary to minimize the entry of sound-alike medicines into the Kenyan market.

In total, 342 unique look-alike medicine pairs and 89 sound-alike medicine pairs were identified. A significant proportion originated from local manufacturers. The medicines involved ranged from low-risk products, such as analgesics, to high-risk medicines, such as adrenaline. This LASA list provides critical insight into the magnitude of the issue in the Kenyan market and will support the development of targeted risk-minimization strategies.

To address the identified risks, the National Pharmacovigilance Center has issued an alert to all Marketing Authorization Holders with look-alike or sound-alike medicines, requiring them to implement necessary changes by the end of 2025. Furthermore, continuous monitoring of LASA medicines will be sustained to ensure ongoing awareness among healthcare providers and the public. Strengthening their capacity to identify and report LASA-related incidents to the National Pharmacovigilance Center (NPC) remains a priority for enhancing patient safety and preventing future medication errors.

The effect of using an “AEFI reporting toolkit” in addressing barriers to AEFI reporting among healthcare providers in two counties in Kenya

Despite ongoing sensitization and training of healthcare professionals (HCPs) on adverse events following immunization (AEFI) in Kenya and across several African countries, AEFI reporting in the region remains sub-optimal. Previous studies have identified multiple barriers to effective AEFI reporting, including fear of repercussions, inadequate knowledge and



training, lack of reporting tools, and limited feedback from relevant authorities. To address these challenges, the Global Immunization Division's Workforce Development and Global Immunization Safety teams developed an AEFI Reporting Toolkit. The toolkit is designed to specifically target known barriers by empowering healthcare workers to identify, document, and report AEFIs confidently and without fear of punishment. It was earmarked for piloting in three African countries: Ghana, Kenya, and Nigeria.

In February 2024, the Pharmacy and Poisons Board (PPB), in partnership with Kenya's National Vaccines and Immunization Program and the African Collaborating Centre for Pharmacovigilance in Ghana, initiated a six-month implementation of the AEFI Toolkit Study in Kenya. The toolkit was piloted in four sub-counties across Nakuru and Kiambu Counties. Fifteen health facilities from each sub-county were selected, and baseline assessments were conducted on three healthcare providers (HCPs) per facility. These HCPs were then trained on the use of the AEFI toolkit and designated as champions responsible for driving toolkit adoption within their respective facilities. Upon completion of the study, the knowledge, attitudes, and

practices (KAP) of the enrolled healthcare providers—as well as AEFI reporting rates from the participating facilities—were evaluated against the baseline findings. The results are intended to guide decision-making regarding the usability, effectiveness, and potential scale-up of the toolkit. The study assessed healthcare workers' understanding, perceptions, and attitudes toward AEFI reporting while comparing pre- and post-implementation reporting rates to determine the toolkit's impact.

The findings revealed a significant association ($p < 0.001$) between the use of the AEFI Reporting Toolkit and improved knowledge, attitudes, and practices regarding AEFIs. Healthcare providers who engaged with the toolkit demonstrated greater awareness, more positive attitudes, and stronger reporting practices. Additionally, the implementation of the toolkit led to a marked improvement in the frequency, quality, and modes of AEFI reporting. Notably, there was a 700% increase in the number of reports following the introduction of the AEFI Reporting Toolkit. Insights from these results will be instrumental in informing and guiding the planned nationwide rollout of the toolkit to strengthen AEFI surveillance across Kenya.



Dr. Pamela Nambwa presenting findings from the AEFI Toolkit Study to the ISO 2025 Annual Meeting. 24-27 October 2025, Cairo Egypt



The roll-out of the AEFI toolkit study in Ruiru and Limuru Subcounties: A Kiambu County perspective

Dr. Margaret Ambetsa

healthcare providers including the vaccinating nurses, clinicians, and MCH in charge received targeted training on AEFI identification, reporting, and safety communication using the AEFI Toolkit. The distribution of the AEFI Toolkit to all participating facilities marked the onset of the implementation period.

Over the six-month implementation period, supportive supervision and structured monitoring enabled the county to assess progress, reinforce good practices, and address emerging challenges. Despite routine staff rotations, trained personnel effectively transferred knowledge within their facilities, ensuring continuity in identification and reporting of AEFI. Collaborative engagement across county and subcounty levels played a critical role in sustaining momentum and aligning the study's objectives with routine immunization activities.

The roll-out yielded clear improvements: increased reporting of both non-serious and serious AEFIs, more timely and thorough investigations, enhanced quality of safety data, and greater confidence among frontline health workers. These gains strengthened the county's evidence base for decision-making and contributed to improved community trust in vaccine safety.

Kiambu County recommends sustaining these achievements through continued resource allocation, integration of the Toolkit into routine supervision and mentorship, periodic refresher training, strengthened community communication, and ongoing close collaboration between the county health administration and the Pharmacy and Poisons Board.

Overall, the AEFI Toolkit roll-out provided Kiambu County with an additional structured and practical approach to enhancing vaccine safety surveillance among its healthcare providers, complementing the routine classroom-based training offered routinely.

The roll-out of the AEFI Toolkit study in Ruiru and Limuru subcounties marked an important initiative in strengthening vaccine safety surveillance within Kiambu County. As a county committed to maintaining high immunization coverage, the need for a more robust and consistent system for detecting, and reporting Adverse Events Following Immunization became increasingly clear in both routine and supplemental immunization activities.

From the outset, Kiambu County welcomed and actively supported the study undertaken by the Pharmacy and Poisons Board, the National Vaccines and Immunization Program, and the Ghana Africa Collaborating Centre.

Thirty health facilities were selected across the two subcounties, representing a diverse mix of service delivery settings. The county commenced with a baseline review of AEFI reporting trends in the selected subcounties, which provided valuable insights into existing gaps, particularly under-reporting, inconsistent quality of reports, and some of the barriers to reporting experienced by the healthcare providers.

Capacity building formed the core of the roll-out. Through coordinated efforts by the County Pharmacovigilance Focal Person, The County EPI Logician and the Pharmacy and Poisons Board,

Speaking and listening: The importance of stakeholder engagement in the National Pharmacovigilance System quality improvement

Effective pharmacovigilance relies not only on systems and tools but also on active engagement with stakeholders across the healthcare ecosystem. Listening to and collaborating with healthcare providers, industry players, and other stakeholders ensures that challenges are identified and addressed, ultimately improving patient safety and the quality of health products and technologies in the country.

The National Pharmacovigilance Centre (NPC) engages stakeholders through surveys, mentorship programs, support supervision, periodic stakeholder meetings/forums and open communication channels such as phone lines, email and social media handles. For example, in October 2025, the Pharmacy and Poisons Board (PPB) conducted a nationwide survey to address underreporting of adverse events (AEs) and the circulation of poor-quality health products. Designed to take just 10–15 minutes, the survey encouraged honest feedback while minimizing respondent fatigue. Insights from this survey will help improve reporting systems, strengthen communication and feedback mechanisms, and enhance monitoring of medicines and health technologies nationwide.

The NPC also supports continuous engagement through mentorship and support supervision. In partnership with NASCOP, NLTP, and NMCP, sentinel sites were established as hubs for high-quality adverse event reporting. Starting with 20 facilities in 2022 and expanding to 30 by 2024, these sites have undergone multiple rounds of one-day pharmacovigilance sensitization sessions. In June 2025, with support from the Global Fund, PPB conducted a support supervision

exercise to reinforce knowledge from training and collect feedback from the sentinel sites on the challenges encountered as well as the best practice. Additional support supervision is planned in the Tamaisha TB focus counties, which face a high burden of drug-resistant tuberculosis, with the same objectives.

In addition to surveys, mentorship, and support supervision, PPB regularly engages with a wide range of stakeholders through periodic meetings and forums. These include industry stakeholders such as the Kenya Association of Pharmaceutical Industries (KAPI) through quarterly meetings, media representatives, public health programs, other government agencies, and even the general public through vibrant and active social media pages amongst others. This broad engagement ensures that all voices are heard and that PPB's pharmacovigilance activities are aligned with the needs of the system.

Continuous stakeholder engagement is critical for the National Pharmacovigilance System's quality improvement. By actively listening to all stakeholders and addressing their experiences, PPB can identify gaps, implement practical solutions, and ensure reporting systems are user-friendly. Initiatives such as surveys, mentorship programs, and support supervision empower healthcare providers to contribute to a national culture of patient safety, while continuous monitoring and feedback ensure stakeholders remain informed, capable, and confident in reporting pharmacovigilance cases effectively.



Enhancing pharmacovigilance reporting awareness in Kenya: A joint PPB-HOPAK initiative

Dr. Dorothy Aywak



The Hospital Pharmacists Association of Kenya (HOPAK), whose mission includes advocating for the safe use of medication and public health, partnered with the Pharmacy and Poisons Board (PPB) through a Pfizer Medical Education Grant to strengthen pharmacovigilance reporting across Kenya. This collaboration focused on counties and institutions with historically low reporting rates, with the goal of improving detection, documentation, and reporting of adverse events related to Health Products and Technologies.

Having robust patient safety systems help minimize incidence and impact of adverse events as well as maximize recovery from the same. One of the WHO guiding principles outlined in the Global patient safety action plan 2021-2030 is to “analyze and share data to generate learning”. In Kenya, the reporting scope has expanded to include adverse drug reactions, poor-quality medicines, transfusion reactions, adverse events following immunization, and medical device incidents. This shift requires targeted awareness-raising among diverse healthcare cadres and increased use of the national Pharmacovigilance Electronic Reporting System (PVERS).

To meet this need, HOPAK engaged seven pharmacovigilance experts to adapt PPB’s core PV curriculum and develop a Continuing Professional Development (CPD) program tailored to various healthcare professionals. Training materials were enriched with two custom videos illustrating adverse events and substandard medicines, and the content was validated through a dedicated workshop. Health workers from public, private, and faith-based facilities were included, expanding sensitization across different levels of care.

The program brought together pharmacists, medical officers, nurses, clinical officers, laboratory technologists, and other cadres in shared learning spaces, where participants were taken through the importance of reporting, the procedures involved, and the follow-up actions taken after a report is submitted. These sessions strengthened healthcare professionals’ capacity and confidence in identifying, documenting, and reporting adverse events, reinforcing their critical role in safeguarding patient safety.

The initiative was implemented between August 2023 and April 2024, which included 14 training sessions, 10 virtual or hybrid and 4 in-person. A total of 1,542 participants attended virtual sessions, 148 participated in physical sessions, and 424 new PVERS accounts were created. These results reflect a significant increase in the number of healthcare workers equipped to engage in pharmacovigilance reporting.

Professional associations, therefore, play a vital role in mobilizing diverse healthcare cadres, equipping them with practical tools, and nurturing the skills needed for effective pharmacovigilance reporting. By fostering continuous learning and promoting best practices, these associations help sustain a culture of vigilance that is essential to safeguarding patient safety.

To amplify these efforts, all professional associations are encouraged to actively collaborate with the national regulatory authority. Such partnerships enable a positive reporting culture, improved data quality and quantity, and greater capacity to have data-driven decision. Together, we can raise awareness, enhance reporting practices, and ensure that pharmacovigilance remains a cornerstone of patient safety in Kenya.

Special Appreciation Post

The Pharmacy and Poisons Board (PPB), through its National Pharmacovigilance Centre (NPC), continues to monitor the safety, quality, and efficacy of health products and technologies (HPTs) in Kenya. In addition to leveraging internal resources, the NPC collaborates with key development partners including the World Health Organization (WHO), the United States Agency for International Development (USAID) and its implementing partners, The Global Fund to Fight AIDS, Tuberculosis and Malaria, the Bill & Melinda Gates Foundation (BMGF), and the African Union Development Agency-NEPAD (AUDA-NEPAD), among others.

A special recognition goes to AUDA-NEPAD for its dedicated support through the African Union Smart Safety Surveillance (AU-3S) Program. Over the years, AUDA-NEPAD has played a central role in strengthening institutional and regulatory systems across Africa. Through the AU-3S initiative, it continues to enhance pharmacovigilance systems continent-wide by promoting joint safety surveillance, regulatory harmonization, capacity building, and peer-to-peer learning among National Regulatory Authorities.

In Kenya, the NPC has closely worked with the AU-3S Program to deliver on its mandate. Notably, the program supported the recruitment of six additional staff in 2022 and three in 2023, significantly

strengthening the Centre’s technical capacity. Staff have also benefited from specialized trainings in critical areas such as QPPV, Signal Management, MedDRA Coding, and Risk-Benefit Assessment, among others. In addition, the program has facilitated participation in scientific conferences organized by the International Society of Pharmacovigilance (ISoP) in Kampala, Uppsala, and Cairo across 2024 and 2025, providing valuable opportunities to showcase Kenya’s work, exchange experiences, and adopt global best practices. Beyond training and conference participation, AU-3S has supported routine pharmacovigilance activities within the NPC. This includes healthcare provider training, review of aggregate safety reports, stakeholder engagement such as the Annual Vigilance Focal Persons Meeting, preparation for the WHO Global Benchmarking Tool (GBT) assessment toward achieving Maturity Level 3 (ML3), and enhanced safety communication initiatives, among other critical functions.

The collaboration between PPB and AUDA-NEPAD is invaluable in ensuring that health products and technologies in Kenya remain safe, efficacious, and of good quality. The PPB expresses its sincere appreciation for AUDA-NEPAD’s continued partnership and reaffirms its commitment to sustained collaboration in advancing pharmacovigilance and safeguarding public health in Kenya and across the African continent

Safety alerts issued

Safety Communication Issued in 2024

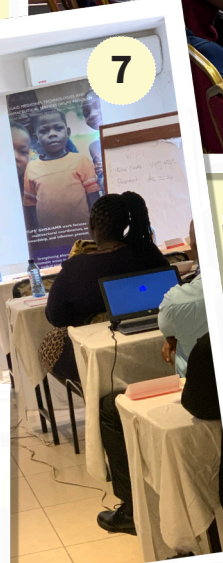
1. [Notice on Prescription Errors Involving Aceclofenac-Combination Medication](#)
2. [Suspected Adverse Drug Reactions and Therapeutic Ineffectiveness Following the use of Bupivacaine HCL Injection](#)

Safety Communication Issued in 2025

1. [Safety communication for healthcare providers: Additional](#)

2. [Risk Minimization Measures \(aRMM\) for Roaccutane \(Isotretinoin\)](#)
3. [Handling Of High-Alert Medicines in the Facilities](#)
4. [Safety Alert for the Members of the Public on the Off-Label use of Semaglutide-containing Compounds for Weight Loss](#)
5. [Safety Communication to Healthcare Professionals on the Misuse and Abuse of Semaglutide-containing Compounds](#)
6. [Public alert on paracetamol use during pregnancy](#)

Picture Speak



9. Data collection activities under the LASA Surveillance Study in selected counties.
10. Participants during the Pharmacovigilance in Community Pharmacy Practice Training.
11. Dr. Sharon Laryea (ACC-Ghana) presenting on the AEFI Study Toolkit.
12. Dissemination of findings from the COVID-19 CEM Study in selected counties.
13. Stakeholder interactions during the Bupivacaine Roundtable Discussion.
14. Presentation session during the routine three-day Pharmacovigilance training in Murang'a County.
15. Participants during the PPB, NVIP, and ACC stakeholder engagement meeting on AEFI safety monitoring.

1. Nyandarua County Health Management Team participating in a three-day SAE Investigation Training.
2. Stakeholders from PPB, KEMRI, and NVIP during the MISSP Study Stakeholder Engagement Meeting - Nairobi.
3. Launch of the AEFI Study Toolkit in Kiambu County.
4. Participants during the 3rd QPPV Training by PPB and UON.
5. PPB staff engaging with the AEFI Toolkit.
6. PPB stakeholder engagement meeting with media representatives in Nairobi.
7. Mombasa County HCPs during a routine 3-day PV training on the MPOX vaccine.
8. Stakeholders during the multicountry MISSP Study Engagement Meeting in Johannesburg, South Africa.

Patient Safety Begins with You: All Reports Count

Every observation matters. Speak up about risks, near misses, or incidents following the use of Health Products and Technologies. Your report could prevent harm. No detail is too small. Timely reporting keeps patients safe, improves care, and strengthens our response. Be the difference, report today!

PATIENT SAFETY BEGINS WITH YOU: ALL REPORTS COUNT

How to Report Healthcare Professionals:
Pharmacovigilance Electronic Reporting System (PvERS)
<https://pv.pharmacyboardkenya.org/>
mPvERS (Android & iOS)
pv@ppb.go.ke

Manual Forms:
Submit to your facility or subcounty pharmacist or to the Pharmacovigilance Focal Person Public/Patients
USSD: *271#

Call/Text/WhatsApp: +254795743049

MAHs: Upload ICH-E2B XML to PvERS or email pv@ppb.go.ke

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