REPUBLIC OF MOZAMBIQUE

MINISTRY OF HEALTH

Ministerial Diploma No./2021de _____

If there is a need for a revision of Ministerial Decree No 53/2010 of 23 March with a view to making the collection, processing and dissemination of pharmacovigilance data more efficient, enabling timely intervention by the authorities responsible for ensuring the quality and safety of medicinal products, under the competence conferred on me by Article 36(2) of Law No 12/2017, of 8 September, I determine:

Article 1. The Regulation of the National System of Pharmacovigilance, annexed to this Ministerial Diploma and which is an integral part of it, is approved.

Article 2. Ministerial Diploma No 53/2010 of 23 March is repealed.

Article 3. This Ministerial Diploma shall enter into force on the date of its publication.

Maputo, to those of 2021

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Prof. Dr. Armifído Daniel Tiago

REGULATION OF THE NATIONAL PHARMACOVIGILANCE SYSTEM

CHAPTER I

GENERAL PROVISIONS

Article 1

(Subject)

This Regulation aims to regulate the National System of Pharmacovigilance ■ as well as its functioning, functions and competences.

Article 2

(Settings)

Without prejudice to the definitions defined in Law No. 12/2017 of 8 September, the definitions and terms used in this Regulation are contained in the attached glossary, which is an integral part of it.

Article 3

(Objectives)

O National Pharmacovigilance System aims to:

a) Integrate pharmacovigilance activities throughout the range of use of medicines, vaccines, biological and health products for human use in public and private institutions;
b) Disseminate and communicate to information about the risks inherent to the use of medicines, vaccine and other biological and health products for human use, in the national territory;
c) Promote the education, training and knowledge in Pharmacovigilance, of professionals aswes to the National System of Pharmacovigilance;
d) exchange information and coordinate actions with other countries and international centres on pharmacovigilance;
e) Analyse the impact of adverse reactions and other problems with medicines or actions carried out by the system.

Article 4

(Scope)

This Regulation applies to monitoring adverse reactions and problems related to medicines, vaccines, biological and health products for human use, risk management, as well as all health professionals, to ensure that they are safe and effective.

A APITULO II

ACTIVÍDADES, organization, structure, attributions and COMPETENCIES OF THE NATIONAL PHARMACOVIGILANCE SYSTEM

Section I

Article 5 (Pharmacovigilance Activídes)

1. Pharmacovígâncía acts cover the management of the entire life cycle of medicinal products, vaccines, biological and health products for human use, with regard to safety, efficacy and quality in particular:

   a) collection and management of data on suspected adverse reaction and drug quality;
   b) Risk-benefit analysis and assessment using support information systems and underlying procedures, benefit of the safety profile, efficacy and quality of medicines;
   c) Generating safety signal;
   d) Risk management and communication in order to maximise benefits and minimise risks arising from the use of medicines, vaccines, biological and health products for human use;
   e) Pharmacovigilance in public health programs;
   f) Pharmacovigilance inspections;
   g) Awareness raising, information and promotion of knowledge in pharmacovigilance, promoting the rational use of medicines, vaccines,

      biological and health products for human use;

h) Promotion and conductof studies in the area of Pharmacovigilance, with due coordination with other competent entities.

2. Without prejudice to the provisions of this Regulation, in addition to adverse reactions to medicinal products, vaccines, biological and human health products, issues for the National Pharmacovigilance System are relevant issues:

a) Quality deviation;
b) Administration errors;
c) Notification of loss of efficacy;
d) Use of drugs for unapproved indications, which do not have adequate scientific basis;
e) Notification in cases of acute or chronic intoxication by medicines, vaccines, biological and health products for human use;
f) Evaluation of mortality induced by medicines, vaccines, biological and health products for human use;
g) Abuse and misuse of medicines, vaccines, biological and health products for human use;
h) Interaction of medicines, vaccines, biological and health products for human use, with chemicals, or with food.

Section II

Article 6 (Structure and organisation)

1. The National Faramacovigilance System consists of a structure that integrates the services, in order to ensure the achievement of the objectives set out in Article 3 and the full participation in this of public or private units and establishments, of the provision of health care.
2. ANARME IP through the division of pharmacovigilance and rational use of medicines and health products ensures the implementation, management and maintenance of the national pharmacovigilance system, which integrates the following

Entities:

a) National Center for Pharmacovigilance;
b) National Commission on Pharmacovigilance

c) Pharmacovigilance units incorporated under this Regulation;
d) Regional, Provincial, District and Health Units;
e) Public health programs;
f) Health professionals;
g) Health education institutions, and health professional organizations;
h) Marketing Authorisation (MA) holders;
i) Pharmacies and drug sales stations;
j) Researchers/Research Centers.
k) Patients.

3. The members of the National Pharmacovigilance System referred to in the preceding paragraph guarantee a response to any request for information, formulated by the National Commission of Pharmacovigilance, which it considers necessary, for the evaluation of medicines, vaccines, biological and health products for human use.

Sub-section I
Skills and Duties

Article 7

(National Center for Pharmacovigilance)

The National Center for Pharmacovigilâcia is responsible for the following:

a) Plan, coordinate and develop the actions of the National Pharmacovigilance System;

b) Carry out or coordinate studies on the safety, efficacy and quality of medicines, vaccines with due coordination with the competent entities;

c) Receive, evaluate and issue information on suspected adverse reactions of medicines, vaccines, biological and health products for

human use, which may jeopardise public health;

d) Disseminate information on the safety, efficacy and quality of medicines, vaccines.

e) Coordinate and supervise the implementation of security measures, the National Pharmacovigilance System;

f) Define, delineate and develop information systems, as well as computerized databases of the National Pharmacovigilance System:

g) Manage the database of the National Pharmacovigilance System, ensuring its reliability, availability and updating;

h) Carry out inspections under Pharmacovigilance;

i) Promote pharmacovigilance training in all health services in the country;

j) Collaborate with universities and other public and private entities, teaching in carrying out training and actions relevant to the area of pharmacovigilance;

k) assess the emergence of new risks with existing medicines or changes, through periodic safety reports, risk management plans, and assess the results of post-authorisation studies, which may alter the risk-benefit relationship and any other information on the safety of medicines and vaccines;

l) Collaborate with national pharmacovigilance centres in other countries, in particular those of the Member States of the Southern African Development Community and the World Health Organisation on matters relating to this area; and represent the National Pharmacovigilance Centre before those bodies;

m) Act as a National Reference Center, and collaborate with the International Pharmacovigilance System of the World Health Organization, with regard to the sending of reports of suspected adverse reactions, and participation in meetings on pharmacovigilance topics;

h) Within its competences, the National Pharmacovigilance Centre should also:

i) ensure appropriate interaction with healthcare professionals with regard to the promotion of reporting of adverse reactions;

j) establish measures to minimise or prevent risks and assess their impact;

k) transmit any regulatory measure motivated by a safety problem, to therapeutic committees and to all competent bodies, as set out in the risk reporting procedures;

l) ensure, where necessary, interaction with marketing authorisation holders on actions to be taken resulting from new safety data on their medicinal products;

m) Take all appropriate measures to encourage patients or users to report suspected adverse reactions and involve organisations representing patients if necessary.

Article 8

(Pharmacovigilance Units)

2. Pharmacovigilance units are composed of services specially dedicated to pharmacology and pharmaceuticalaepedimiology, namely: university and hospital establishments and primary health care units, or associated entities and integrate into the national pharmacovigilanca system through collaboration protocols or service contract with ANARME IP.
3. Pharmacovigilance units are responsible for the following entities with technical and administrative autonomy:
   a) To disseminate the National Pharmacovigilance System to health professionals;
   b) carry out specific training of professionals in pharmacovigilance activities;
   c) To carry out the reception, classification, processing and validation of spontaneous notifications of suspected adverse reaction, referring to their area of activity, ensuring the strict confidentiality of the data;
   d) inform the National Pharmacovigilance Centre of suspected serious adverse reactions within a maximum of fifteen days after receipt;
   e) enter, within a maximum of 15 days, after receipt, the data from the notification forms in the database of the National Pharmacovigilance System;
   f) Distribute the adverse reaction notification forms to the various health professionals.
   g) Disseminate and promote, the notification of suspected adverse reactions in the area attached to them;
   h) Disseminate information on the safety profile of medicines and vaccines;
   i) Collaborate with public or private institutions, higher education in relevant acts for this area;
   j) Propose, conduct and coordinate studies on the safety of medicines, vaccines, biological and health products for human use and pharmacoepidemiology;
   k) Develop methods to obtain early signals or warnings;
   l) Participate in meetings of the national pharmacovigilance system;
   m) Securely archive and store all notifications of suspected adverse reactions received.
4. The heads of the Units may work with the university structures that operate in close collaboration with the National Pharmacovigilance Centre:

5. It is up to the President of the National Medicines Regulatory Authority to appoint the heads of the Pharmacovigilance Units.

Article 9 (Contractualization)

1. The cooperation protocols and contracts referred to in Article 8(1) of this Regulation shall identify, as a matter of obligation:
   a) The duration of the protocol or contract, which shall not exceed

three years, which could be renewable;

b) the responsibilities of both parties, for their installation and operation, in return for the performance of the acts provided for in Article 8;

c) the geographical area attached to each pharmacovigilance unit and its articulation with the healthcare units in that area, in particular with regard to the provision of staff;

d) the programme of actions to be developed by each pharmacovigilance unit;

e) mechanisms to ensure the confidentiality of the data collected;

f) the procedure and the time limit for the communication referred to in point (e);

g) The procedures for monitoring, validating and evaluating the data.

Article 10

(Regional, Provincial, District and Health Units)

1. The National Pharmacovigilance System has its representation at the central level, through ANARME I.P and the Pharmacovigilance Center, and at the local level through regional delegations, which interact with the US and other actors at provincial and district level.
2. Regional, Provincial, District and Health Authorities shall cooperate for the efficient functioning of the National Pharmacovigilance System, namely:

a) Disseminate, to health professionals, the National Pharmacovigilance System;

b) Train and raise awareness among health professionals in pharmacovigilance;

c) Promote the notification of adverse reactions;

d) collect and send notifications of suspected adverse reaction to medicines, vaccines, biological and health products for human use to the National Pharmacovigilance Centre;

e) *Collaborate in obtaining additional information;*

f) Collaborate with the National Pharmacovigilance Center in the dissemination of security measures;

g) The rules relating to the exercise of duties of the provincial head of pharmacovigilance are defined by order of the Minister who oversees the area of Health;

h) Produce with a Therapeutics and Pharmacy Committee responses to cases of notification of adverse reactions to medicinal products and send them to their notifiers.

3. In health institutions and services belonging to the National Health Service, but not constituted in pharmacovigilance units, there must be pharmacovigilance officers who are responsible for performing the functions provided for in the preceding paragraph.

Article 11

(Pharmacovigilance as an Integral Part of Public Health Programs)

1. Public health programmes should consider pharmacovigilance as an essential, critical and indispensable part of their activities.

2. As part of their collaboration with the National Centre for Pharmacovigilance, Public Health Professionals should send notifications of suspected adverse reactions.

3. The National Commission on Pharmacovigilance is responsible for the appropriate articulation with the competent bodies of the Ministry of Health, in the implementation of Pharmacovigilance acts, within the framework of public health programs, promoting an approach of harmonization and complementarity.

Article 12

(Duties of Health Professionals)

1. The duties of health professionals belonging to the National Health System are duties, namely: National Health and Private Service, including

Sanitary Units and Pharmacies, the following:

a) immediately notify any suspected adverse reaction they are aware of resulting from the use of medicinal products, vaccines, biological and health products for human use;

b) Inform patients of the need to report any serious or undescribed adverse events in the characteristics of the drug or package leaflet;

c) keep all clinical documentation of suspected adverse reaction to medicinal products and vaccines, with the aim of following them up, where necessary;

d) Cooperate with the National Pharmacovigilance System by providing the necessary information requested to enlarge or complete data on suspected adverse reaction;

e) Keep informed about safety data on medicines, vaccines, biological and health products for human use, prescribed, dispensed or administered;

f) Collaborate with the National Commission on Pharmacovigilance in assessing the safety problems of medicines, vaccines, biological and health products for human use.

2. Healthcare professionals may also notify other information that is considered relevant to the use of the medicine.

Article 3

(Pharmacovigilance delegates)

1. Pharmacovigilance delegates are health professionals, belonging or not to the National Health Service, who are responsible for:

a) Disseminate, to health professionals, the National Pharmacovigilance System;

b) Promote, with the health professionals of the structure to which they belong, the sending to the Pharmacovigilance Units of ANARME I.P of the

reports of suspected adverse reactions that they are aware of.

2. In health institutions and services belonging to the National Health Service but not constituted in pharmacovigilance units there should be pharmacovigilance delegates designated by the respective management bodies, who will be responsible for performing the functions provided for in the preceding paragraph.
3. Pharmacovigilance delegates carry out an activity of public interest, in conjunction with the Pharmacovigilance Units or the Pharmacovigilance Centre.
4. The rules relating to the performance of pharmacovigilance delegate functions shall be defined by ANARME I.P.

Article 14

(National Pharmacovigilance Commission) k

1. The National Commission for Pharmacovigilance (CNF) is responsible for the advisory body of ANARME I.P. for safety issues with medicines, vaccines, biological and health products for human use, issuing opinions on Pharmacovigilance.
2. The responsibilities, composition, designation and mandate of the National Commission on Pharmacovigilance will be described in a specific document to be approved by the Minister overseeing the area of health.

Article 15

(Collaboration and Coordination of Activities with Educational Institutions)

Health education institutions are partners in raising awareness of pharmacovigilance, promoting the importance of reporting adverse reactions and collaborating for the dissemination of security measures established by the National Pharmacovigilance Centre.

Article 16

(Marketing Authorisation Holder)

1. The holder of marketing authorisation for medicinal products, vaccines, biological and health products for human use shall:
   a) on a continuous and permanent basis, a pharmacy professional with pharmacovigilance qualifications, who shall take up the responsibilities laid down in this Regulation, on the national territory;
   b) Create and manage a system that ensures the collection, registration and communication of information on suspected Adverse Reactions to Medicinal Products and the quality, safety and efficacy problems of medicines, vaccines, biological and health products for human use, occurring in Mozambique or in third states, where applicable, as well as developments thereof or any additional information that may arise;
   c) notify the National Pharmacovigilance Centre immediately of all suspected serious adverse reactions in Mozambique reported by health professionals and provide the National Pharmacovigilance Centre with all additional information on the development of notified cases and provide the National Pharmacovigilance Centre with all additional information on the development of notified cases;
   d) Keep detailed records of all suspected adverse reactions that have occurred in Mozambique, any other Member State of the Southern African Development Community or in third states of which they are aware;
   e) provide the National Pharmacovigilance Centre with any other data relevant to the assessment of the risks and benefits of each medicinal product, vaccines, biological and health products for human use, including appropriate data on post-authorisation safety studies;
   f) Provide the National Pharmacovigilance Center with data related to quality deviations and loss of efficacy of medicines, vaccines, biological and health products for human use;

2. Collaborate with the National Pharmacovigilance Centre in sending the necessary information to the management of international and national alerts on problems of quality, safety and efficacy of medicines, vaccines, biological and health products for human use,
3. The notifications referred to in the preceding paragraphs shall not exceed 15 consecutive days after receipt of the information.
4. Without prejudice to the provisions of the preceding paragraphs, the holder of the Marketing Authorisation shall also ensure that the National Pharmacovigilance Centre is notified of all suspected serious adverse reactions in a Member State of the Development Community of southern African countries, where that State acts as a reference Member State, with regard to medicines:
   a) high-tech, in particular those resulting from biotechnology;
   b) have been the subject of the mutual recognition procedure.
5. The holder of a Marketing Authorisation shall notify the National Pharmacovigilance Centre of any information it wishes to transmit to the general public in advance.
6. The information, once approved by the National Centre for Pharmacovigilance, is transmitted to the public under the preceding paragraph in an objective manner.
7. The holder of the Marketing Authorisation shall submit to the National Pharmacovigilance Centre all documentation relating to: a)
   b) Good Pharmacovigilance Practices;
   Preparation of Pharmacovigilance Plan and Risk Management Plan;
   c) Periodic Safety Reports.
8. The marketing authorisation holder shall draw up the Manual of Procedure covering all actions carried out by the Head of Pharmacovigilance. This document is signed by the head of the pharmacovigilance area and should be available in the company for referral to the National Pharmacovigilance Center, whenever requested.
9. The Marketing Authorisation Holder must inform you within 72 hours of

to the National Pharmacovigilance Centre, the measures and actions taken by the company itself in relation to products affecting patient safety, and shall explain the technical and scientific reasons justifying the measures adopted.

10.0 Pharmacovigilance System for Marketing Authorisation Holders is described in Annex II to this Regulation.

Article 17 (Researchers/Research Centers)

The institutions responsible for conducting research, clinical investigations carried out in the post-registration period, considered Phase IV studies, should forward to the National Pharmacovigilance Center, notifications of adverse reactions, which occurred in national territory, within 15 days of the date of knowledge of the reaction.

CHAPTER 111

FUNCTIONING OF THE NATIONAL PHARMACOVIGILANCE SYSTEM

Article 18

(Operation)

1. The National Pharmacovigilance System is essentially based on spontaneous reporting of suspected adverse reaction to drugs, vaccines, biological and health products for human use by health professionals and patients of the National Health System.
2. Notification of all suspected adverse reaction and drug-related problems shall be made in the form in force in the country, available in physical and electronic form provided by ANARME I.P.

Article 19

(Pharmacovigilance inspection)

1. Where necessary, ANARME I.P may carry out inspections in the context of pharmacovigilance on MAHS Holders.
2. Inspections are aimed at evaluating pharmacovigilance systems and can be carried out in an ordinary or extraordinary manner.
3. Inspections are based on the analysis of documents, interviews, visits to the institution, review of the database and assessment of compliance with legal requirements.
4. ANARME I.P may require MAH holders to require any documents relating to the pharmacovigilance system.

Article 20

(Restrictive measures)

1. The suspension, revocation or amendment of a marketing authorisation for reasons of safety of the medicinal product complies with the legal regime for medicinal products, vaccines and other biological and health products for human use.

CHAPTER IV

CONFIDENTIALITY, INCOMPATIBILITIES AND SCIENTIFIC INDEPENDENCE

Article 21

Confidentiality

Members of the National Pharmacovigilance System are obliged to act impartially and confidentially in respect of matters they are aware of in the performance of their duties.

Article 22

Incompatibilities

2. Members of the National Pharmacovigilance Centre, the Pharmacovigilance and Structures Units of the National Health System shall not have financial or other interests in the Pharmaceutical Industry that may affect impartiality in the performance of their duties.
3. Without prejudice to the provisions of the preceding paragraph, the members of the National Pharmacovigilance Center of pharmacovigilance units shall declare and register in ANARME any property or non-property interests they have in the Pharmaceutical Industry.
4. No member of the National Pharmacovigilance Centre and Pharmacovigilance Units shall intervene in proceedings or procedures relating to a pharmaceutical company in which it has a direct or indirect interest.

Article 23

Scientific independence

In the performance of their duties, the National Centre for Pharmacovigilance and pharmacovigilance units shall act with exemption and scientific independence.

CHAPTER V

INFRINGEMENTS AND SANCTIONS

Article 24

Offences

Infringements of this Regulation are punishable under Articles 49, 50, 51,52, 53 of Law No. 12/2017 of 8 September, The Medicine Act, Vaccines and other biological products for human use.

IGLOSSARY ANNEX

The

Abuse of medicines, vaccines, biological and health products for human use: Intentional and excessive, persistent or sporadic use of medicines, vaccines, biological and health products, associated with harmful physical or psychological consequences;

Alerts: Instruments for the dissemination of urgent information and safety or quality that requires the urgent implementation of measures;

Marketing authorisation: a regulatory process by which a medicinal product is examined in the areas relating to quality, efficacy and safety, culminating in the marketing authorisation of the medicinal product in accordance with the approved terms;

Benefit/risk assessment: assessment of the therapeutic effects of medicinal products, vaccines, biological and health products in the face of risks to patients' health or public health and related to their safety, quality and efficacy;

Risk assessment: It is the complex process of determining the meaning or value of the identified hazards and estimating the risks to those concerned or affected by the process;

National Pharmacovigilance Center: It is the service responsible for the Pharmacovigilance acts of ANARME.

Medication errors: Any unintentional error that occurs in the prescription, Hli dispensing or administering a medicinal product that results in or may result in damage to the patient.

Pharmacovigilance: It is science and actions related to the detection, evaluation, understanding and prevention of adverse reactions or any other problem related to medicines, vaccines and biological products.

Adverse reaction notification sheet: Form for the notification of suspected adverse reactions to medicinal products, vaccines or other biological products, distributed by the relevant pharmacovigilance bodies, to health professionals.

Misuse: Regarding situations in which the drug, vaccines, biological health products for human use, is used outside the scope of authorized information, intentionally and inappropriately;

Drug: Any substance contained in a pharmaceutical product used to modify or exploit physiological systems or pathological states for the benefit of the person to whom it administers;

Generic drugs: They are medicinal products whose efficacy, safety and quality have already been proven and are essentially similar to reference medicinal products, containing the same active ingredients, under the same pharmacokinetic and pharmacodynamic characteristics and the same dosage as a medicinal product whose patent or other exclusive right has expired and which can therefore be produced freely. For the purposes of registration, marketing and use, the generic medicinal product is designated by the WHO-recommended International Common Name (ICD), followed or not by the manufacturer's name;

Notification: Reporting of cases of suspected adverse reactions or problems related to medicines, vaccines, biological and health products for human use by healthcare professionals and MAHs.

Risk management plan: It is a detailed description of the risk management system of a medicinal product;

Organic products: Products of animal origin or even of human origin, used for therapeutic or preventive purposes, in the natural state or after biological manipulation;

Health products: All medical articles and substances used in curative, palliative, nutritive, sanitary and aesthetic care that directly or indirectly influence the well-being of the individual;

Health professionals: Persons empowered to prescribe, dispense, administer medicines, vaccines, biological health products for human use, or to provide health care.

Adverse reaction: It is a response that is harmful and unwanted and occurs in doses normally used in clinical practice;

Serious adverse reaction: Any adverse reaction leading to death, life-threatening, requires hospitalization, leads to persistent or significant disability, results in a congenital anomaly or is considered clinically important;

Unexpected adverse reaction: Any adverse reaction whose nature, severity, intensity or consequence is incompatible with the data contained in the Summary of Product Characteristics, vaccines, biological and health products for human use.

Periodic safety report: It is the periodic and actuated communication of safety information available worldwide for each medicinal product, accompanied by scientific assessment of the risks and benefits of the medicinal products.

Sign: Information reported to have a possible causal relationship between an adverse event and a drug, an unknown or incompletely documented relationship previously.

National Pharmacovigilance System: Decentralised structure integrating the activities for collecting and drawing up information on reactions

adverse medicines, vaccines, biological and health health products coordinated by ANARME;

Spontaneous Notification System: Pharmacovigilance method based on communication, collection and evaluation of reports of suspected adverse reaction to medicinal products, vaccines, biological and health products for human use, carried out by a health professional, including those derived from dependence on medication, vaccines, biological and health products for human use abuse and misuse of medicines, vaccines, biological and health products for human use;

MAH: Entity responsible for the introduction of medicinal products, vaccines, biological and human health products on the national market, this may be a manufacturer or person designated by it for this purpose.

Vaccines: They are preparations containing antigenic substances, with the property of creating in man a specific active immunity against the infecting agent or toxin, or against the antigen produced by it.

ANNEX II

PHARMACOVIGILANCE SYSTEM FOR AIM HOLDERS AND PROCEDURES

The operation of a pharmacovigilance system for MAH presupposes requirements including the existence of an organizational structure, human resources with the description of responsibilities, processes and procedures, management and traceability of information.

A pharmacovigilance officer and his responsibilities should be appointed, ensuring that this person has technical autonomy to promote, maintain and improve compliance with obligations. The designation must be duly documented.

The pharmacovigilance system of the MAH shall be documented and contain at least the following sections:

1. Structures and processes
    - Objectives of the Pharmacovigilance System
2. Data recording and maintenance
    - Pharmacovigilance System Summary
    - Head of Pharmacovigilance (RFV):
    - Location, records and maintenance
3. The representation of Pharmacovigilance Systems
4. The information contained in the master file of the Pharmacovigilance System is;
    - Description of the organizational structure of the company
    - The organizational structure of the company, with the position of the RFV ria organization:
        - ❖ The locations where pharmacovigilance functions are performed covering the following activities:

            J Periodic Safety Reports

            J Pharmacovigilance and Risk Minimization Plans

AMY causality assessment

/ Investigation of quality deviations of Medicines

J Drug risk management agencies

- ❖ Pharmacovigilance System documents on safety data sources
- ❖ Computersystems and databases
- ❖ Pharmacovigilance Processes and Procedures (POPs) in the System
- ❖ Pharmacovigilance System Performance
- ❖ Quality management system for Pharmacovigilance activiities

1. Head of Pharmacovigilance

b) The head of pharmacovigilance and his responsibilities should be appointed, ensuring that this person has technical autonomy to promote, maintain and improve compliance with obligations.

c) In compliance with the requirements of this Regulation, the pharmacovigilance officer shall:

(i)be available permanently and continuously;

ii) create and manage a pharmacovigilance system to ensure that information on all suspected adverse reaction is collected, assessed and corrected in such a way that it is available in at least one given place;

iii) ensure the performance of pharmacovigilance acts, as well as the submission and submission of all documents related to pharmacovigilance in accordance with legal requirements;

iv) ensure the prompt and full response to any request for the provision of information, made by the National Pharmacovigilance Centre, which it deems necessary for the benefit-risk assessment of a medicinal product, vaccine, biological and health products for human use;

v) implement or monitor the implementation of security measures adopted under this Regulation;

vi) Ensure that the information disclosed to health professionals or the public is concise and does not contain any advertising element.

(vii) In case of absence, the Head of Pharmacovigilance shall be replaced by a pharmacy professional duly qualified and trained to perform the duties. The functions must be properly documented.

2. Processes and procedures

The procedures necessary for the operation of the pharmacovigilance system for MAIs are:

a) the collection and management of information on suspected adverse reaction;
b) the training of staff in pharmacovigilance;
c) The preparation of Risk Management Plans;
d) The preparation of Periodic Safety Reports
e) The generation and evaluation of signs in pharmacovigilance.

3. Collection and management of information on suspected adverse reactions

a) Collect and keep detailed and up-to-date records of all suspected adverse reaction in Mozambique or other countries, ensuring data confidentiality.
b) Immediately notify the National Pharmacovigilance Centre of any suspected adverse reaction in Mozambique or in third states.
c) Forward the notifications to the National Pharmacovigilance Center as set forth in this regulation;
d) Fill in all fields of the adverse reaction notification form.
e) Codify, avaiate the severity, causality and predictability of suspected adverse reactions received;
f) *Contact the notifier for the collection of additional data or verify the information if necessary;*

g) Follow-up of severe cases, without clinical outcome, and should also forward this information to the National Pharmacovigilance Center, indicating that it is a follow-up notification;

h) Systematically archive notifications to enable them to be tracing and quick access to information. Physical files and electronic files should be kept under the company's responsibility for a minimum period of 15 years.

4. Staff training in Pharmacovigilance

a) All professionals involved in pharmacovigilance activities should receive initial and continuous training. Training should mirror the tasks and responsibility of each professional;

b) . MAHs shall ensure that a training piano is in place, which is based on the assessment of training needs. They shall also keep a detailed record of pharmacovigilance training

c) MAHs should establish mechanisms for assessing the impact of training actions.

d) MAHs shall establish information on the pharmacovigilance procedure for professionals who have no specific pharmacovigilance task or responsibility but whose actions may have an impact on the System. Such actions may include, although not limited to, those related to product complaints and returns, sales and marketing, regulatory affairs, legal affairs and audits.

5. The preparation and submission of Risk Management Plans (PGR): Pharmacovigilance and Risk Minimization Plan

e) The MAH is obliged to submit to the CNF the PGR, which must contain the detailed risk analysis of the drug, vaccines, biological and health products for human use and the measures proposed for the management and minimization of these risks.

f) The properly updated PGR is subject to the following conditions:

1) Immediately after request by ANARME;
2) in the application for granting MA;
3) Where there is a change in the benefit-risk of the medicine, vaccines, biological and health products for human use (e.g. new indication, new contraindication).

g) The MAH shall prepare and submit the PGR, with the minimum of the following sections:

A. Pharmacovigilance Plan:

1. Safety specifications (Non-clinical data, Clinical data, Summary).
2. Pharmacovigilance Plan Topics (Routine Pharmacovigilance Practices, Safety-Related Concerns Action Plan, Pharmacovigilance Plan Summary, Assessment of the Need to Develop risk minimization plan).

B. Risk Mlnimization Plan:

1. Risk-free mitemization activity.
2. Effectiveness of risk minimization activities.
3. Risk minimisation plan for safety concerns.
4. References.

6. The preparation of Periodic Safety Reports (RPS)

The MAH is obliged to submit to the CNF the RPS, which must contain the adverse reactions that occurred and also a scientific assessment of the benefit-risk relationship of the drug, vaccines, biological and health products for human use.

Periodic Safety Reports (RPS) shall be notified to the medicines regulatory authority by the marketing authorisation holder

in electronic format (CD-ROM, DVD), which must be protected against writing and properly identified in the outer box and on the CD/DVD itself. _____ _____

O rps notification cycle is:

a) every six months, in the following two years after the marketing authorisation has been granted;
b) Each year, in the two years following the expiry of the period set in the preceding line;
c) At the time of the first renewal of marketing authorisation
d) three years from the expiry of the period referred to in the preceding line;

For medicinal products whose MA was granted by recognition of MA from another State, the Mah may request the harmonisation of the date for submission of RPS with the timetable of the country from which the MA was recognised.

After renewal, ANARME may determine specific rules on the time limits for the notification of the RPS, including a longer or shorter period depending on whether the benefit-risk ratio is positive or will be called into question, respectively.

Well-established generic medicinal products, health products, homeopathic, herbal or herbal medicines, are exempt from rps submission unless requested by the National Pharmacovigilance Centre for safety reasons or as a condition of marketing authorisation.

The Mahothens shall keep the copy of the Periodic Report of

Pharmacovigilance and refer it to CentroNacionalde
Pharmacovigilance, when requested.

The Marketing Authorisation Holder prepares a single RPS for all products containing the same active substance with information on all indications, via administration and dosage.

The MAH must prepare and submit the RPS according to the model to be made available by ANARME, with at least the following parts: **Part I:** Cover page, including signature, i.e. Cover and Back cover Part II: Executive Summary

Part III. The structure and content shall contain at least the following sections:

a) Introduction;
b) Status of the worldwide market authorization;
c) Actions taken in the interval of the report for security reasons;
d) Changes in reference security information;
e) Estimated exposure and usage patterns;
f) Data in summarized tables;
g) Summaries of significant findings in clinical trials during the reporting interval;
h) Results of non-interventional studies;
i) Information from other clinical trials and sources;
j) Non-clinical data;
k) Literature;'
l) Other periodic reports;
m) Lack of efficacy in controlled clinical trials;.
n) Last minute information;
o) Overview of signs: new, in progress or closed;
p) Evaluation of signs and risks;
q) Evaluation of benefits;
r) Integrated benefit-risk analysis for authorised indications;
s) Conclusions and actions;
t) Appendices to RPS;
u) References.

7. The generation and evaluation of signs in Pharmacovigilance

MAHs or their legal representatives should regularly check data from the literature, clinical trials, epidemiological studies and

database of adverse reaction notifications in order to assess information that may characterise a signal.

ANARME may recognize safety signals and risks identified by reference entities.

The monitoring frequency should be at least once a month and should be proportionate to the identified risk, potential risk and the need for additional information.

Mahors or their legal representatives shall initiate procedures for investigating the detected signal.

MAES or their legal representatives shall notify ANARME of any safety problem resulting from signal detection activities that may have a significant impact on the risk-benefit balance of a medicinal product, vaccines, biological and health products for human use, or which has an impact on public health.

Mahors or their legal representatives shall keep a record of signal detection activities.

Without prejudice to the procedures identified above, the entities covered by this Regulation shall implement self-inspection actions in the following terms:

Inspections shall be carried out in accordance with the plan defined and approved in order to monitor the implementation and compliance with the rules of this Regulation, as well as to define and monitor corrective and preventive actions.

Self-inspections shall be carried out impartially and by competent personnel.
Records of self-inspections carried out, including observations and corresponding corrective and preventive actions defined for a minimum period of three years, shall be kept;

MAHs must have Standard Operating Procedures for conducting their internal inspections;

I. Principle for Drafting

The preparation of PGR and RPS should preferably be done in Portuguese. The option for submission in English must be previously analyzed and authorized by ANARME.

The submission should be made to the CNF, in electronic format, with its cover page...

Terms used

AIM- Marketing Authorisation

ANARME - National Medicines Regulatory Authority

CNF- National Center for Pharmacovigilance

CNFV-National Commission on Pharmacovigilance

DCI- International Common Name

WHO- World Health Organization

PGR-Risk Management Plans

RPS - Periodic Safety Report

SADC- Southern African Development Community