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Editorial

Purpose of Drug Monitoring in Public Health

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DESCRIPTION

With a history of more than 50 years, pharmacovigilance is defined by the World Health Organization (WHO) as 'the knowledge and activities relating to the discovery, assessment, understanding and precluding of adverse effects or any other possible medication- related problems.'

The WHO Programme for International Drug Monitoring started in 1968 and was introduced to completely collect all available information on medicine adverse personal effects and responses as a worldwide response to the thalidomide disaster. Ten years later, in 1978, the Uppsala Monitoring Center (UMC) was set up to support the Drug Monitoring programme. The UMC is an multinational, independent and non-profit foundation based in Uppsala, Sweden. It was launched to research in depth the harms, potential dangers, and benefits of drugs and to guarantee a safe and effective consumption of these medicines by patients.

The provision of good quality, safe and effective drugs as well as assuring their applicable use is the responsibility of public governments and in some instances regional legislative bodies similar as the European Union and FDA. It's a responsibility that has grown significantly over the once 10 to 15 years as the industry has expanded and fresh complications have been introduced as well as accelerating prospects as to what's possible to monitor. The global medicinal industry, universities and non-governmental associations (NGOs) are, by necessity, joining forces to educate the general public on the rational use of drugs and pharmacotherapy monitoring.

So, pharmacovigilance is now an established and integral part of healthcare systems worldwide centered by the WHO. The WHO provides a lead and guidance for pharmacovigilance operations as well as delivering specialized support in reporting the building block of safety reporting-Adverse Drug Responses (ADRs). Guidance is then circulated to the country's regulatory authority.

Numerous countries now have well- built sophisticated pharmacovigilance systems, but the existent prevalence of ADRs is considered by utmost to be much advanced than what's actually being reported. This underreporting of ADRs is a major problem as is the quality and promptitude of the reporting itself. Given that the introductory ideal of pharmacovigilance is the safe use of medicines, patient safety, and eventually, securing public health, this fault is a significant issue.

Going forward, in order to achieve the aim of enhancing public health, public regulators and international associations have to- Empower healthcare professionals and the public to report further ADRs Programs like FDA Med Watch in the US and MHRA Yellow Card scheme in the UK allow healthcare professionals and patients to report adverse responses of different types of drugs and bias into a central consolidated database. Still public mindfulness of similar schemes is limited and wider exposure and knowledge of them is vital if the trend of underreporting is to be addressed. Data collection from what has been seen as non-traditional sources, similar as social media, has to be better integrated into the ADR reporting process.

Utilize advances in technology to expedite the reporting process enhanced ADR reporting is only part of the result. The coming step in the process reporting findings to the applicable regulatory body is a complex and precious exercise for those legally bound to do so. Though the parameters of timeline and type of adverse response are generally well defined, the variation of reporting country to country is a major challenge. By better utilizing technology to manage this process, reporting can be significantly more effective, which has the binary benefit of reducing the resource demanded by associations to meet their reporting scores and allows the regulatory authorities to make a much more complete and timelier picture. This in turn allows authorities to act quicker and thus ameliorate public mindfulness and eventually public safety.

Pharmacovigilance has advanced vastly since its commencement and the public is really much better informed and medicines are safer than they've ever been. Still, the pace of change, complexity of commerce, and the anticipation on medicine companies and controllers to be better will all continue to increase. It's thus over to all stakeholders —cases, pharmaceutical, biotech and medical device companies, controllers and technology associations, to meet the challenge and insure that, as far as safety of drugs and

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bias is concerned, enhancing public health remains paramount and continues to improve.