ISoP
Africa Chapter

STRATEGIC PLAN 2024 – 2027

Africa Chapter

International Society of Pharmacovigilance

Acknowledgment

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This plan reflects the collective efforts and commitment of our entire community. It is by maintaining this collective mindset of teamwork and self-sacrifice that we will be able to achieve our main objectives of promoting and popularizing the practice of Pharmacovigilance.

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Preface

We are pleased to present the Africa Chapter of ISoP's Strategic Plan for 2024 – 2027, a comprehensive roadmap designed to guide our activities in the coming years. This plan reflects our unwavering commitment to enhancing pharmacovigilance in Africa, ensuring that we continue to serve patients effectively and responsibly.

In developing this strategic plan, we have undertaken a thorough analysis of the chapter's current position, including an assessment of our strengths, weaknesses, opportunities and threats, and the evolving external environment. This process helped us to identify priority strategic areas that will drive our efforts moving forward.

The strategic areas outlined in the plan are informed by input from members garnered during various interactions including our 2024 annual meeting, bi-monthly chapter meetings, and webinars. We recognize that the successful implementation of this plan relies on the collective efforts of every member. The Executive Committee is committed to fostering an environment of transparency, accountability, and collegiality as we steer the ship of our chapter.

We acknowledge the evolution of more specific terms such as ecovigilance, haemovigilance, materiovigilance, vaccinovigilance, etc to cover the broadening scope of products covered in the science and practice of safety monitoring.

For the sake of simplicity, we have used the term pharmacovigilance in this version of the strategic plan to broadly reflect most aspects of the safety monitoring of patients and products (as relevant).

Comfort Ogar

President

Africa Chapter of ISoP

June 2025.

Profile of ISoP Africa Chapter

In 2010, the African Society of Pharmacovigilance (ASoP) was established during the annual conference of the International Society of Pharmacovigilance (ISoP) held in Accrs, Ghana. In November 2019, it was revived and renamed the Africa chapter of ISoP to foster science, learning, and research in pharmacovigilance in Africa in line with the aims of the International Society of Pharmacovigilance (ISoP). The chapter is an independent, non-profit group of ISoP members within and outside Africa who volunteer their time to advance pharmacovigilance in Africa. It provides a platform for pharmacovigilance and patient safety experts, professionals, and enthusiasts to collaborate, network, and contribute to the development of pharmacovigilance, patient safety, and related issues in Africa. The chapter is not currently registered in any country within or outside Africa and therefore is not a legal entity. Before the establishment of the current ISoP chapter, pharmacovigilance activities in Africa were led by the defunct African Society of Pharmacovigilance (ASoP).

The Africa chapter of ISoP is overseen by an Executive Committee (EC) made up of four positions namely the President, Vice President, Secretary, and Treasurer who serve for a term of three to four years subject to renewal through a properly conducted election process. The first EC was inaugurated in November 2019 and the current EC was inaugurated in July 2024. The chapter has three technical working groups namely the Practice and Regulatory (P&R), Research and Academia (R&A), and Public Relations and Communications (PR&C) TWGs. The technical working groups are led by two co-chairs each and coordinated by a member of the EC. The TWGs are aimed at facilitating and encouraging the participation and contribution of members to achieving the aims of the Chapter. The Practice and Regulatory TWG is responsible for strengthening pharmacovigilance and good vigilance practice standards while the Research and Academia TWG is to facilitate and spearhead pharmacovigilance research activities within the region. The Public Relations and Communications TWG is responsible for creating visibility for the chapter's activities and keeping members informed.

The 2024 – 2027 EC
President – Ms. Comfort Ogar (Nigeria/USA)
Vice President – Dr. Helen Ndagije (Uganda) Coordinating R&A TWG
Secretary – Dr. George Sabblah (Ghana) Coordinating PR&C TWG
Treasurer – Dr. Jayesh Pandit (Kenya) Coordinating P&R TWG

The Co-chairs of the TWGs are:

Practice and Regulatory (P&R) – Dr. Thuli Makhene (South Africa) and Mrs. Adela Ashie (Ghana)
Research and Academia (R&A) – Prof. Hannelie Meyer (South Africa) and Dr. Mulugeta Rossum (Eritrea)
Public Relations and Communications (PR&C) – Mr. Kennedy Odokonyero

Affiliations

The Africa chapter of ISoP is a standalone, independent, non-profit, member-driven entity. The group's main affiliation is with the International Society of Pharmacovigilance (ISoP), other chapters of ISoP, and the ISoP special interest groups (SiGs). Because of its members, the chapter is loosely affiliated with several government and non-government institutions across the African region including national regulatory authorities, national pharmacovigilance centers, relevant organs of the Africa Union Development Agency (AUDA-NEPAD) such as Africa Medicines Agency (AMA), Africa Medicines Regulatory Harmonization Initiative (AMRH) and AU-3S, Africa Center for Disease Control (CDC), several pharmaceutical manufacturers, and academic institutions.

In addition, the chapter collaborates and partners with institutions interested in enhancing the practice of pharmacovigilance within the continents such as the Africa Pharmaceutical Network (APN), the Global Pharmacovigilance Network, Thriive Inc.

Mission Statement

Our mission is to foster collaboration, capacity building, training, research, knowledge exchange, experience sharing, and networking among pharmacovigilance (PV) professionals and enthusiasts on all issues related to patient and medicine safety in support of public health in Africa.

Vision

Our vision is to protect patients and advance public health in Africa through the availability of safer medical products.

Core Values

The core values which, guide our chapter's interactions and activities are;

- Collegial collaboration and support
- Embracing and exploring diversity
- Respect for all
- Fairness and equity
- Honesty and integrity

SWOT Analysis

Strengths

Expertise and Leadership:
The chapter has many highly skilled, diverse professionals passionate about improving pharmacovigilance on the continent. These professionals have provided a vast source of knowledge through research, voluntary work, and multiple projects under their different umbrellas. They are highly motivated and can be incorporated into the chapter's agenda.

Diverse Membership Base:
The members include professionals from regulatory bodies, frontline healthcare providers, academia, and industry who offer a diversified interdisciplinary effort into pharmacovigilance at national, regional and global levels.

Established Global Network:
The African chapter reports feed directly into the International Society of Pharmacovigilance which shares its vast resource bank lending credibility and access to international expertise.

Regional Representation:
The chapter is solely dedicated to a focused approach to addressing the pharmacovigilance challenges specific to the continent creating a specific and precise outlook of the African context.

Collaborations and Partnerships:
Opportunities to collaborate with WHO, national regulatory authorities, and other global organizations.

Increasing Awareness:
Growing recognition of pharmacovigilance's importance in public health, especially with the rise of vaccine and drug deployment programs.

Capacity Building and Training:
The already existing fellowship programs and interest groups by the ISoP provide a great foundation to the Africa chapter and its interests.

Weaknesses

Limited Funding:
Reliance on major membership subscriptions and external sources may limit the ability to implement sustainable programs.

Membership Fee:
Maintaining annual membership is still problematic for many who depend on sponsorship at meetings to be registered in the society as the reduced fee is still prohibitive for many PV practitioners on the continent.

Inability to register the chapter in any one country:
The regional nature of the chapter and its leadership makes it challenging to register the chapter in any one country. This limits its ability to acquire a legal entity status with relevant benefits such as having a physical address and a bank account for business.

Low Membership Engagement:

Some members may not actively participate due to time constraints or lack of clear incentives.

Unequal Representation:
Some African regions or countries might have more active participation than others, leading to disparities in impact.

Linguistic diversity: Three official languages (English, French, and Portuguese) and over 2,000 native languages are spoken across the region, making communication more challenging.

Limited Awareness of ISoP at the Grassroots Level:
Pharmacovigilance is still a relatively niche field, and awareness among healthcare workers and the public remains low.

Dependence on Volunteerism:

Many activities rely on voluntary contributions, which may not always be reliable or consistent.

Opportunities

Expansion of Pharmacovigilance Systems:
Government and global health organizations' increasing investment in pharmacovigilance opens avenues for capacity building.

Digital and Technological Advances:
Leveraging mobile health (mHealth) tools, big data analytics, and AI for adverse event reporting and monitoring.

Policy and Regulatory Frameworks:
Advocacy for stronger pharmacovigilance policies and integration into national health systems.

Capacity Building and Training:
Development of training programs and workshops for healthcare professionals, regulators, and academics.

Partnerships with Academic and other Institutions:

Encouraging research and fostering collaboration between ISoP, universities, and other institutions create opportunities to build the capacity of members on pharmacovigilance-related studies and other research endeavors.

Public Health Crises:
Emerging health crises (e.g., pandemics, and antimicrobial resistance) highlight the need for robust pharmacovigilance systems.

Increased Focus on Maternal and Child Health:
Collaborations on safety monitoring in maternal, neonatal, and pediatric pharmacovigilance programs.

Patient engagement:
Having a young, vibrant, growing, and genetically diverse population provides opportunities for enhancing pharmacovigilance through patient engagement and the use of genomics to

advance safety monitoring and improve benefit-risk decisions.

Threats

Political and Economic Instability:
Instability in some African countries may hinder the effective implementation of pharmacovigilance programs.

Competing Priorities:
Governments and organizations may prioritize other health areas over pharmacovigilance.

Resistance to Reporting:
Socio-cultural or professional hesitancy to report adverse drug reactions may limit data collection.

Technological Barriers:
Limited access to technology and internet connectivity in rural or underdeveloped regions.

Global Health Challenges:
Emerging diseases and pandemics may overwhelm existing health systems, sidelining pharmacovigilance efforts.

Lack of Long-Term Funding:
Dependence on short-term grants and membership fees may threaten sustainability.

Membership

Membership of the chapter is open to all registered ISoP members regardless of country of origin or residence interested in developing pharmacovigilance in Africa.

Benefits of Membership

There are many benefits to membership in ISoP, these include:

- Online access to Drug Safety, the journal of ISoP
- Exclusive Webinars and Training workshops
- Reduced fees for ISoP Annual Meetings
- Reduced fees for ISoP Meetings Training courses and online courses
- Network with ISoP National / Regional Chapters
- Network with Special Interest Groups (SIGs)
- Access to historic Annual Meeting presentations

Goals and Objectives

Goal

To foster science, learning, research, and collaboration in pharmacovigilance in Africa

Objectives

- Develop and foster Pharmacovigilance in African countries
- Support African countries to strengthen their Pharmacovigilance systems
- Encourage and extend research in the field of Pharmacovigilance
- Encourage Pharmacovigilance education at all levels
- Facilitate collaboration, networking, and exchange of ideas among members in Africa
- Facilitate collaboration with external entities interested in developing pharmacovigilance in Africa

Specific Objectives:

- To strengthen pharmacovigilance practice in Africa by increasing the capacity of member countries to establish and maintain robust pharmacovigilance systems.
- To enhance pharmacovigilance knowledge and skills by increasing the number of qualified pharmacovigilance professionals in Africa through training, workshops, and educational programs.
- To foster strengthened collaborations with key stakeholders in pharmacovigilance, including regulatory agencies, healthcare providers, pharmaceutical companies, and patient organizations
- To promote the harmonization of pharmacovigilance regulations and practices across African countries.
- To promote research and publication of high-quality pharmacovigilance data and research findings from Africa.
- To improve patient safety and public health by raising public awareness about the importance of pharmacovigilance and patient safety.

- To strengthen the ISoP Africa Chapter by increasing membership, funding, and engagement within the ISoP Africa Chapter.

- Promote a regular exchange of PV and patient safety information through meetings, symposia, workshops, bulletins, training, and specifically organize African chapter congresses

Current situation of PV on the African continent

Pharmacovigilance on the African continent has developed over time, with 50 of the 54 countries currently being members of the WHO Programme for International Drug Monitoring. However, there are still challenges, such as weak regulation, insufficient resources, and differing policies (1). A comparative study of the PV systems in 4 countries in East Africa examined legal and statutory documents governing the pharmacovigilance systems. The study conducted in Ethiopia, Kenya, Rwanda, and Tanzania found that the pharmacovigilance systems were supported by law and regulations in line with international standards. Standard operating procedures for receiving, processing, and communicating suspected adverse event reports were in place, but reporting of suspected medicine-related harm from stakeholders was inadequate in all countries (2).

Additional challenges common to pharmacovigilance in Africa include the high prevalence of substandard and falsified medicines, extensive use of herbal and traditional medications, high self-medication, easy access to prescription-only medicines without prescription, medicine outlets run by unregulated, non-professionals; political instability leading to fragile health and regulatory systems; and little or no access to drug utilization data, which makes it difficult to reliably estimate the true extent of medicines use and the benefit-risk profile. The increased access to medicinal products in Africa is not well-matched with the pharmacovigilance capacity to monitor drug safety. The spontaneous adverse events (AE) reporting rate in Sub-Saharan Africa is generally lower than in any other region of the world. Very low spontaneous reporting rates with poor quality reports hinder robust signal detection and risk management analyses. Medication Errors are rarely reported through pharmacovigilance systems and there is limited patient involvement in many African countries (3,4).

Country ownership and empowerment are essential to build and sustain a stronger AE reporting culture (5). In Malawi for instance, regular PV training and mentoring of healthcare providers demonstrated effectiveness in enhancing spontaneous adverse event monitoring but the transmission of reports to the national PV centre required further improvement (6). Across the continent, there are challenges relating to the need to translate reporting tools into numerous local languages and the low numbers of healthcare providers relative to the number of patients, with very short consultation times. Additionally, little collaboration between public health programmes and national medicines regulatory authorities coupled with limited investment in pharmacovigilance activities, hinder effective and systematic implementation of pharmacovigilance in Africa.

Key Strategies Area

Key strategies to achieve the stated objectives, including

1. Facilitating high-performing pharmacovigilance systems within Africa through capacity-building for members.
2. Strengthening stakeholder collaborations and engagement
3. Enhancing pharmacovigilance research in Africa

Action Plans/ Implementation of the Strategies

Objectives	Intervention	Expected Outcome	Timelines	Responsible	KPI
Strategic area 1. Facilitating high-performing pharmacovigilance systems within Africa through capacity-building for members					
1. To increase the capacity of members to effectively contribute to establishing and maintaining robust pharmacovigilance systems in the continent.	1.1 Co-create short courses and training sessions on different topics in PV for members in partnership with other stakeholders 1.2. Identify and socialize schools of higher learning in Africa that provide PV training opportunities 1.3 Establish and or support a mentorship program for	1. Increased number of member countries operating at GBT maturity level 3 or higher.	2025 - 2028	EC Research and academia TWG PR & C TWG Practice and Regulation TWG	See Monitoring & Evaluation section on Increased number of pharmacovigilance member countries operating at the WHO global benchmarking tool (GBT) maturity level 3 or higher

Objectives	Intervention	Expected Outcome	Timelines	Responsible	KPI
	students and young professionals 1.4. Facilitate members' access to training opportunities through negotiating reduced rates for members				
2. To promote ongoing exchange of PV and patient safety information, knowledge, and ideas through regular meetings, symposia, workshops, journal clubs, and webinars for members	2.1 Organize annual Africa chapter congresses. 2.2 Utilize bi-monthly meetings of the chapter as an avenue for knowledge, ideas, and information exchange 2.3 Promote regional and global networking through joint summits, conferences, and workshops	1. Increased member engagement in chapter activities.			See Monitoring & Evaluation section on Planned and implemented regular exchange of pharmacovigilance and patient safety information through meetings, symposia, workshops, bulletins, trainings, and

Objectives	Intervention	Expected Outcome	Timelines	Responsible	KPI
	with other chapters. 2.4 Encourage member participation in ISoP activities such as Special interest groups (SiG), patient safety day and journal clubs. 2.5 Utilize our social media outlets such as LinkedIn, X (Formerly Twitter) to socialize our PV activities.				specifically organize African chapter congresses and Increased membership (non-member participation), funding, and member engagement within the ISoP Africa Chapter
Strategic area 2. Strengthening stakeholder collaborations and engagement					
1. To raise public awareness and knowledge about the importance of PV and patient safety through enhanced collaboration with stakeholders	1.1 Stakeholder mapping to identify potential collaborators with interest in PV. These may include regulatory bodies, pharmaceutical companies, professional bodies, patient	1. Increased multi-stakeholder participation in PV activities. 2. Increased public engagement and awareness	2025 - 2028	EC PR & C TWG	See Monitoring & Evaluation section on Increased membership (non-member participation), funding, and

Objectives	Intervention	Expected Outcome	Timelines	Responsible	KPI
	organizations and independent practitioners 1.2. Develop a stakeholder engagement strategy to guide periodic engagement with the public and identified stakeholders on PV-related activities 1.3 Offer learning opportunities to non-members interested in PV through training, webinars, and other avenues 1.4 Identify and appoint country PV ambassadors from members	on patient safety issues 3. Alternative sources of resources and funding identified and utilized.			member engagement within the ISoP Africa Chapter and Increased multi-stakeholder participation in PV activities

Objectives	Intervention	Expected Outcome	Timelines	Responsible	KPI
2. To promote harmonization of Good Pharmacovigilance Practices (GVP) regulations and standards across African countries.	2.1 Collaborate with relevant institutions working on GVP harmonization such as the Regional Economic Communities (RECs), African Medicines Regulatory Harmonization (AMRH) initiative, African Medicines Agency to support harmonization efforts	More aligned GVP regulations in Africa to facilitate PV	2025 - 2028	Practice and Regulatory TWG	See Monitoring & Evaluation section on More aligned GVP regulations in Africa to facilitate PV
Strategic area 3: Enhancing pharmacovigilance innovation and research in Africa					
1. To promote research and publication of high-quality pharmacovigilance data and research findings from Africa.	1.1 Identify opportunities for research including collaborations to seek research grants. 1.2 Activation of a journal club for the chapter.	1. Increased PV-related research with high quality data. 2. Increased research collaboration within the chapter	2025 - 2028	Research and Academia TWG EC	See Monitoring & Evaluation section on Increased PV-related research and publications

Objectives	Intervention	Expected Outcome	Timelines	Responsible	KPI
	1.3. Foster the use of technological advancement such as AI to facilitate research and advance PV	3. Increased publications that generate greater awareness of research work by African PV experts			

Financing mechanism

The Chapter shall be financed through only approved sources agreed on by members. The finance mechanism of the Chapter shall be categorized into short- and long-term mechanisms. The short-term mechanisms shall include:

Membership fees

Annual membership fees are the main financial source for the global ISoP society. These fees are paid directly to the global purse with none of the income shared with the various chapters.

As of 2025, members working in Africa enjoy a reduced membership fee of 49 Euros. This is updated periodically to cover the activities of the society and ensure effective and efficient management. Members are informed by email about any changes.

Sponsorship

The Africa Chapter shall actively seek financial support from credible organizations (i.e. pharmaceutical companies, research institutions, non-governmental organizations, etc), particularly towards organizing its annual general meeting and other events. These financial supports may be without any commitments or extended benefits from the Chapter or may also be exchanged for promotional opportunities. In clear terms, sponsorships can be mutually beneficial for both the Chapter and the sponsor. Terms and conditions shall be negotiated and agreed upon through the signing of a

memorandum of understanding (MOU) based on the circumstances and context of each proposed sponsorship.

Grants

The Chapter may seek financial support in the form of grants from credible agencies (i.e. for planned activities such as training, conferences, research, or projects.

Funded events

The Chapter may accrue funds through Annual General Meetings (AGM), planned educational programs, conferences, continuous professional education, professional/ licensure courses. All funds remaining from organizing these events will be retained, audited (where possible), and utilized to advance other Chapter activities that benefit members.

Donations

The Chapter shall willingly accept financial donations, gifts, and support from credible institutions. These shall be accepted with ethical and moral considerations that will not drag the society into any foreseeable criminal outcome and compromise.

Monitoring and evaluation of performance

The monitoring and evaluation of the performance shall be a series of events that will ensure a continuous improvement in activities that drive the society in a direction that leads to attaining the society's goals and set objectives. This is a structured approach to track progress, assess the effectiveness of implemented strategies, and apply necessary modifications/ adjustments throughout the life cycle of the strategic plan. The implementation of the strategic plan shall be measured annually for the period that it holds a review of the trend of performance.

Increased number of pharmacovigilance member countries operating at the WHO global benchmarking tool (GBT) maturity level 3 or higher: Increase the number of pharmacovigilance systems in Africa operating at WHO GBT maturity level 3 or higher as a proxy for the increase in the knowledge base of members

- **Key Output**: Increased number of PV systems operating at WHO maturity level 3 or higher
- **Indicator**: Number of PV systems in Africa obtaining GBT ML3 or higher
- **Indicator Definition**: GBT level 3 as defined by the WHO
- **Target**: At least one country attaining GBT ML3 or more per year
- **Formula (How the indicator is calculated)**: As provided in the WHO GBT manual

- **Reporting Interval**: Annually.

Means of Verification: Review of the WHO website for countries in Africa listed at GBT ML3 or more

Planned and implemented regular exchange of pharmacovigilance and patient safety information through meetings, symposia, workshops, bulletins, trainings, and specifically organize African chapter congresses: Organize meetings, symposia, workshops, bulletins, training, and African chapter congresses for the exchange of pharmacovigilance and patient safety information.

- **Key Output**: Number of planned pharmacovigilance information exchange events organized.
- **Indicator**: Number of pharmacovigilance information exchange events organized per year.
- **Indicator Definition**: Information exchange events include meetings, symposia, workshops, training, and congresses focused on pharmacovigilance and patient safety, organized by the ISoP Africa Chapter.
- **Target**: At least 4 events per year, including one African chapter annual meeting.
- **Formula (How the indicator is calculated)**: Count of events organized.
- **Reporting Interval**: Annually.
- **Means of Verification**: Event reports, agendas, or participant lists.

Increased membership (non-member participation), funding, and member engagement within the ISoP Africa Chapter: Implement membership drives, fundraising initiatives, and member engagement activities.

- **Key Outputs**:
    1. Number of new members joined.
    2. Amount of funding secured.
    3. Percentage of members engaged.
- **Indicators**:
    1. Number of new members joined the ISoP Africa Chapter.
    2. Amount of funding secured for the ISoP Africa Chapter.
    3. Percentage of members who have participated in at least one chapter activity during the year.
- **Indicator Definitions**:
    1. New members from Africa are individuals who have registered and paid membership fees to ISoP and have indicated interest in joining the Africa Chapter during the reporting period.

2. Funding includes grants, donations, sponsorships, or other financial contributions received by the ISoP Africa Chapter.
3. Member participation is defined as attending meetings, workshops, or other events organized by the ISoP Africa Chapter, or contributing to chapter initiatives.

- **Targets**:
  1. Increase membership by 15% annually.
  2. Increase funding by 20% annually.
  3. At least 50% of members are engaged annually.
- **Formulas (How the indicators are calculated)**:
  1. Count of new members registered.
  2. Sum of financial contributions received.
  3. (Number of members who participated in at least one activity / Total number of members) * 100%.
- **Reporting Interval**: Annually.
- **Means of Verification**:
  1. Membership registry and payment records.
  2. Financial reports and bank statements.
  3. Attendance lists or activity reports.

Increased multi-stakeholder participation in PV activities: Facilitate meetings, partnerships, and networks among key pharmacovigilance stakeholders.

- **Key Output**: Number of active collaborations or partnerships with key pharmacovigilance stakeholders.
- **Indicator**: Number of active collaborations or partnerships with key pharmacovigilance stakeholders.
- **Indicator Definition**: Active collaborations or partnerships are defined as formal or informal agreements between the ISoP Africa Chapter and other stakeholders to work together on pharmacovigilance activities, evidenced by joint projects, shared resources, or regular communication.
- **Target**: At least 3 new collaborations or partnerships established by the end of the target period.
- **Formula (How the indicator is calculated)**: Count of active collaborations or partnerships.
- **Reporting Interval**: Annually.
- **Means of Verification**: Memoranda of Understanding, partnership agreements, joint project reports, or meeting minutes documenting collaboration.

More aligned GVP regulations and standards in Africa to facilitate PV: Develop and promote harmonized/more aligned GVP regulations and standards, and facilitate

regional discussions on regulatory harmonization in collaboration with relevant bodies such as AMA, AMRH, RECs.

- **Key Output**: Number of harmonized pharmacovigilance guidelines or procedures developed alone or in collaboration with other institutions and disseminated.
- **Indicator**: Number of harmonized pharmacovigilance guidelines developed and disseminated.
- **Indicator Definition**: Harmonized guidelines are standardized documents providing recommendations for pharmacovigilance practices, developed through consensus among African countries and disseminated to member states.
- **Target**: At least 2 harmonized guidelines developed and disseminated by the end of the project period.
- **Formula (How the indicator is calculated)**: Count of harmonized guidelines developed and disseminated.
- **Reporting Interval**: Annually.
- **Means of Verification**: Copies of the guidelines, dissemination records, or meeting reports where guidelines were presented.

Increased PV-related research and publications: Support pharmacovigilance research projects and facilitate the publication and dissemination of research findings.

- **Key Output**: Number of peer-reviewed publications on pharmacovigilance from Africa.
- **Indicator**: Number of peer-reviewed publications on pharmacovigilance authored or co-authored by researchers in the chapter.
- **Indicator Definition**: Peer-reviewed publications are articles published in scientific journals that have undergone peer review, focusing on pharmacovigilance topics and involving at least one author from the Africa chapter.
- **Target**: To be determined based on baseline assessment.
- **Formula (How the indicator is calculated)**: Count of peer-reviewed publications meeting the criteria.
- **Reporting Interval**: Annually.
- **Means of Verification**: Literature search in databases like PubMed, or reports from researchers.

Communication

- The strategic plan will be shared with all ISoP African chapter members using our various communication channels including email.
- Training and support to ensure effective implementation will be provided through our technical working groups.

- Periodicity of action plan and timelines for set targets will be as set out in each of the relevant sections.
- Monitoring progress and effectiveness of communicated strategies will be as set out in the M&E plan using available and feasible approaches.

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