LMHRA, PEI Discuss Support for Pharmacovigilance & Clinical Trial

(November 18, 2024-Monrovia): The management of the Liberia Medicines and Health Products Regulatory Authority (LMHRA) recently held a constructive engagement meeting with Dr. Victoria Olaiya and Mrs. Eliane Dibloni, representatives from the Paul Ehrlich Institute (PEI), to discuss support for its Pharmacovigilance (PV) and Clinical Trials (CT) department.

During the meeting, LMHRA Managing Director, Hon. Luke Bawo, welcomed the two representatives from the PEI and further discussed collaborative efforts aimed at enhancing the capabilities of the authority's Pharmacovigilance and Clinical Trial ((PVCT) department.

Managing Director, Bawo, highlighted the authority's goal to achieve Maturity Level 3 in regulatory processes while emphasizing the need for comprehensive training initiatives extending into 2025.

During the meeting, Dr. Bawo outlined the structure of the LMHRA, which includes various technical directorates, with a focus on medicine registration, inspection, and laboratory services. He emphasized the agency's goal to achieve Maturity Level 3 in its regulatory processes, highlighting ongoing efforts to develop guidelines and regulations that strengthen institutional capacity. Furthermore, Dr. Bawo stressed the need for comprehensive training programs extending into 2025.

The LMHRA boss expressed interest in broadening the PV&CT program's scope to include initiatives that enhance staff scientific writing and publication skills, enabling them to present their work at conferences.

Also speaking, of PEI head of delegation, Dr. Victoria Olaiya, expressed readiness to assist the PV&CT department, suggesting in-house capacity building to train a larger staff cohort. The discussions also touched on the importance of sharing best practices with partners from South Africa and expanding the scope of pharmacovigilance to better integrate community health strategies. This collaboration aims to enhance the regulatory framework in Liberia and improve public health outcomes through strengthened pharmacovigilance and clinical trial practices.

Dr. Olaiya also expressed gratitude for the warm reception and shared insights on potential support for the PV&CT department. Key action points discussed during the meeting included: PEIs willingness to assist the department. Seeking clarity on whether such support would encompass all activities or be limited to specific areas. The importance of in-house training was also discussed, with PEI suggesting that building capacity among a larger group of staff would be more beneficial than sending a few individuals abroad.

Discussions were also centered on the possibility of sharing best practices with partners from South Africa, Tanzania, and Kenya; with a focus on Good Pharmacovigilance Practices, the importance of integrating PV&CT activities into community health strategies was also highlighted, to effectively reach traditional communities.

At the close of the meeting, Dr. Bawo welcomed the collaborative spirit and emphasized the need for ongoing dialogue to strengthen the PV&CT department.

According to him, the LMHRA team will follow up on training logistics and potential partnerships to facilitate in-house training initiatives.

He continued: “This meeting marks a significant step toward enhancing the regulatory framework in Liberia, focusing on improving public health outcomes through robust pharmacovigilance and clinical trial practices.”

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