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## The Global Fund and pharmacovigilance systems in resource-limited settings

Harms from drugs could greatly increase costs to health-care delivery in countries.<sup>1</sup> Yet pharmacovigilance systems that measure and monitor the harms from drugs remain underdeveloped in developing countries owing to contrasting priorities.<sup>2</sup>

The Global Fund to fight AIDS, Tuberculosis and Malaria is an international financing institution dedicated to the prevention and treatment of these three major diseases. To date, the Fund has approved US\$22.9 billion for programmes in 151 beneficiary countries. In a 2003 statement,3 the Fund strongly recommended that beneficiaries "monitor adverse drug reactions (ADR) according to existing international guidelines and, necessary, [draw] on budgeted requests for financial support from the Fund." But an internal (unpublished) review of 431 grant proposals from round 4 to round 9 by WHO concluded that the pharmacovigilance aspects in the proposals were weak and inadequate.

In 2010, to help countries prepare for round 10, the Fund and WHO issued information notes on pharmacovigilance system strengthening. The Fund also upgraded some of its management tools to stimulate the systematic implementation of quality pharmacovigilance programmes in grants. This process was aligned with the Fund's perspective that there is a need to invest more of grant budgets, systematically, in pharmacovigilance programmes that monitor the quality, use, and efficacy of the drugs it buys, and that can track adverse events and other post-marketing product defects.4 A new (unpublished) analysis of grant applications shows that these efforts have paid off. The number of applications that describe pharmacovigilance activities that are either in progress, or in the planning stage, has gone up. South Africa, Vietnam, Liberia, Morocco, Indonesia, Thailand, and Colombia are some of the countries that have requested specific funding for pharmacovigilance as part of round 10.

In previous grants in which no resources have been requested for pharmacovigilance activities, redirection of unspent Fund resources towards pharmacovigilance activities should be discussed. WHO and its network of pharmacovigilance experts could participate in such discussions, to facilitate the development of a pharmacovigilance strengthening plan and to provide relevant technical assistance to countries.

The Fund's strategy for 2012-16 stresses the need to invest in pharmaceutical and health product management systems, to improve procurement outcomes and mitigate risk, and for the systematic inclusion of funding requests for strengthening of pharmaceutical and health product management in proposals from countries that lack pharmacovigilance capacity. The strategy thus provides an unprecedented opportunity to develop and strengthen pharmacovigilance systems—an opportunity that countries, in the interest of patients' safety, can neither overlook nor ignore.

We declare that we have no conflicts of interest.

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## **Department of Error**

Cross Disorder Group of the Psychiatric Genomics Consortium. Identification of risk loci with shared effects on five major psychiatric disorders: a genome-wide analysis. Lancet 2013; 381: 1371-79-In this Article (published online Feb 28), the Manhattan plot in figure 1 on page 3 has been corrected and replaced. This correction does not change any of the main results of the paper, including those for top signals presented in the text and in table 1. In the third paragraph of the Discussion section. reference 17 was cited in error. At the end of that same paragraph, reference 19 should have cited "Lee MT, Chen CH, Lee CS, et al. Genome-wide association study of bipolar I disorder in the Han Chinese population. Mol Psychiatry 2011; 16: 548-56". Furthermore, in the Research in context panel, the two citations to reference 33 should have been to reference 32. These corrections have been made to the online version as of April 19, 2013, and to the printed Article.

MacManus D, Dean K, Jones M, et al. Violent offending by UK military personnel deployed to Iraq and Afghanistan: a data linkage cohort study. Lancet 2013; **381**: 907–17—In the affiliations on page 907 of this Article (March 16), K Dean's title of "Prof" was incorrect. KD's Conflicts of interest statement has been updated with the addition of "KD is also employed by the University of New South Wales and Justice and Forensic Mental Health Network, NSW, Australia". Reference 33 was incorrect. These corrections have been made to the online version as of April 19, 2013.

GBD 2010 Country Collaboration. GBD 2010 country results: a global public good. Lancet 2013; **381**: 965–70—In this Comment (March 23), Yara A Halasa, Lorenzo Monasta, Marcella Montico, Kovin S Naidoo, Luca Ronfani, Joshua A Salomon, Kenji Shibuya, Giorgio Tamburlini, and Gonghuan Yang should have been added to the list of members of the GBD 2010 Country Collaboration in the appendix. The appendix has been replaced as of April 19, 2013.