

A. Barry^{1,2}, G. Bognon^{2,3}, M. Diop^{1,2}, J. Guedenon^{2,4}, R. Lukamba^{2,5}, D. Munganga^{2,5}, J.J. Ya Atteby^{2,6}, L. Hessissen^{2,7}, B. Pourroy^{2,8}

¹ Pediatric Oncology Unit, Donka Hospital, Conakry, Guinea

² Groupe Francophone Africain d'Oncologie Pédiatrique (GFAOP), Villejuif, France

³ Pediatric Oncology Unit, University Teaching Hospital of Ouémé District, Porto Novo, Bénin

⁴ Pediatry department, University Teaching Hospital Sylvanus Olympio, Lomé, Togo

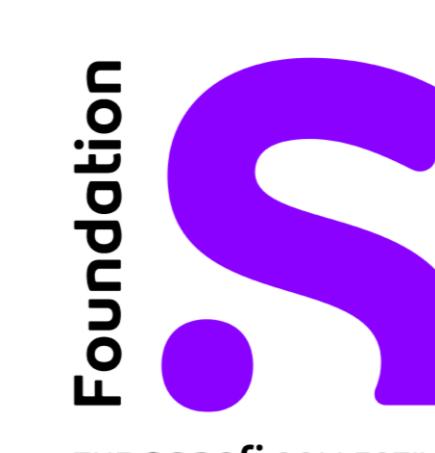
⁵ Pediatric Oncology Unit, University Clinics, Lubumbashi, RDC

⁶ Pediatric Oncology Department, Hôpital Mère Enfant, Bingerville, Côte d'Ivoire

⁷ Pediatric Oncology and Hematology department, University Teaching Hospital Ibn Sina, Rabat, Morocco

⁸ Oncopharma Unit, University Teaching Hospital of La Timone, Assistance Publique-Hôpitaux de Marseille, Marseille, France

gfaop



**My child
matters**

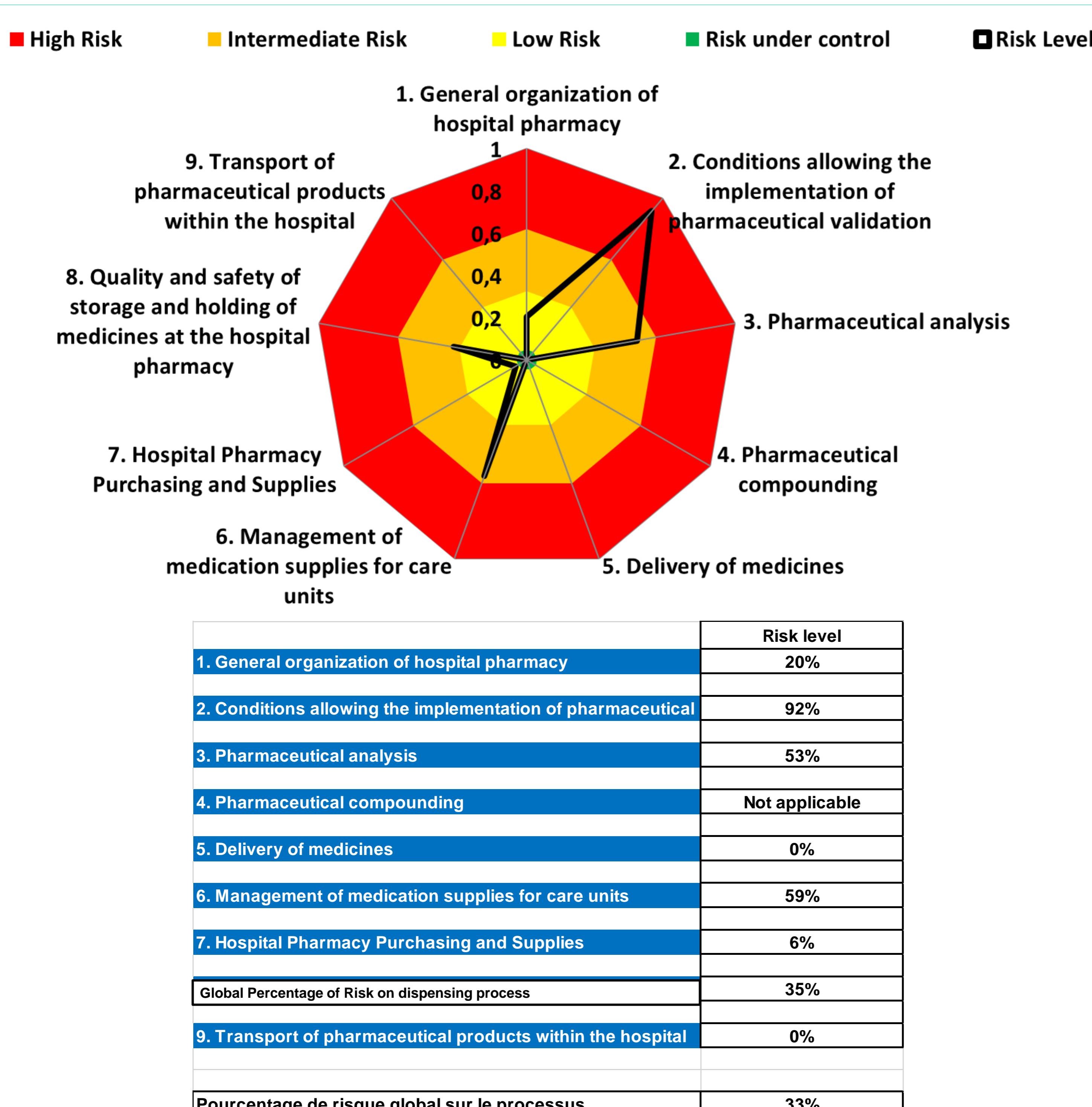
1 INTRODUCTION

Medication safety is a critical issue in pediatric oncology units (POU). A pilot study demonstrated the feasibility of a proactive risk assessment approach to secure the medication use process (1). Based on these results, the MAEva program, steered by the Groupe Francophone Africain d'Oncologie Pédiatrique (GFAOP) and funded by Foundation S has now been implemented in six POU.

2 METHODS

The MAEva program follows methodology previously described (1), slightly modified (**training on medication safety**). It involves three steps:

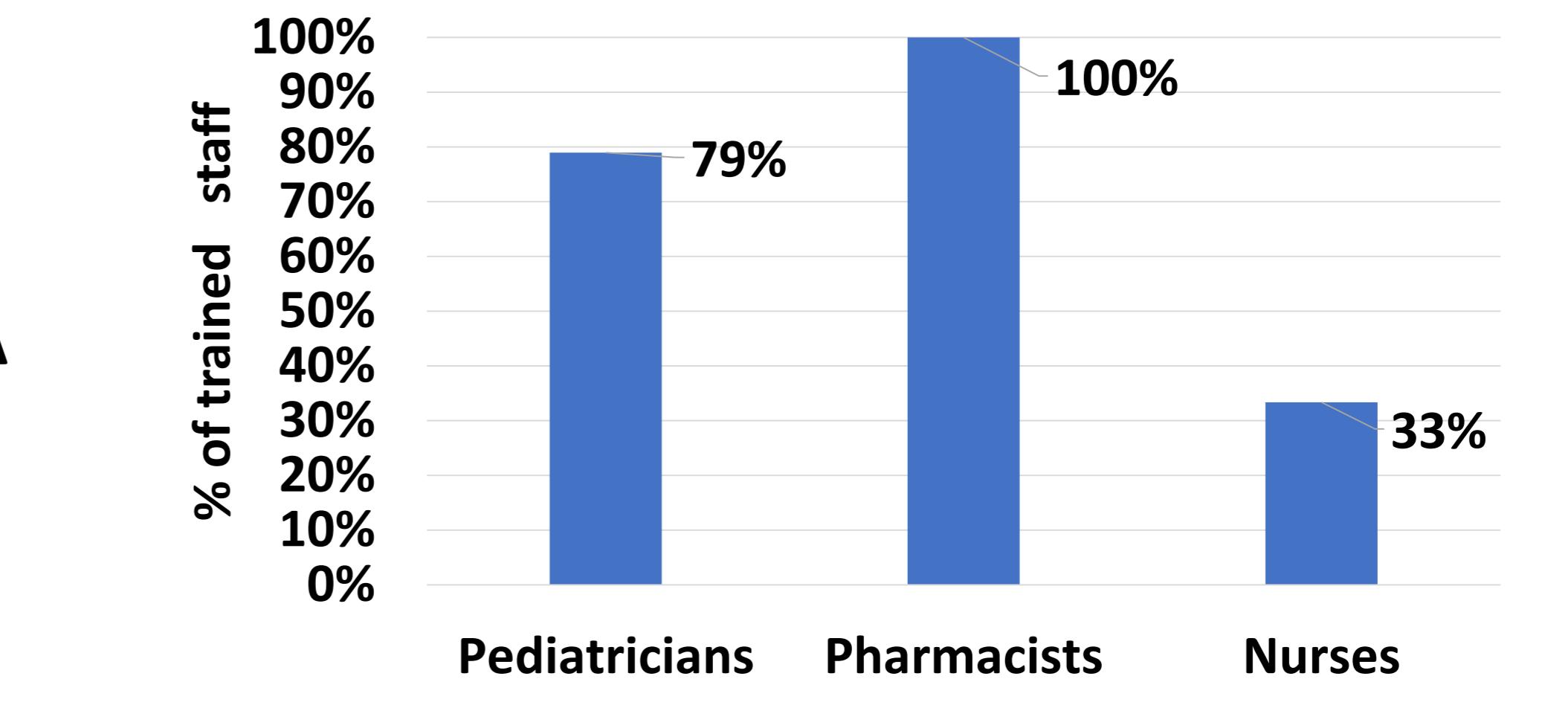
- **Initial assessment** of the medication circuit (including prescription, dispensing, and administration) through structured audit grids;
- **Action plan building** and implementation (based on audit results, each POU develops and implements its own corrective actions plan);
- **Post-implementation audit** (reassessment of risk levels to evaluate the impact of the action plan)



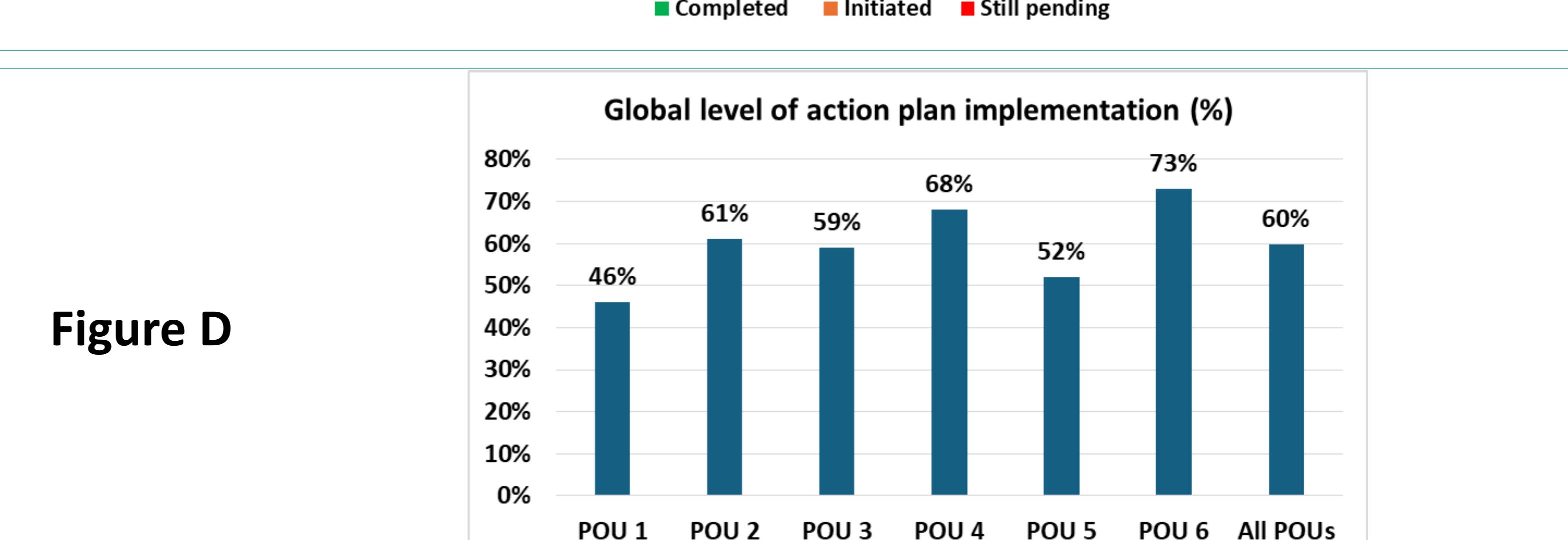
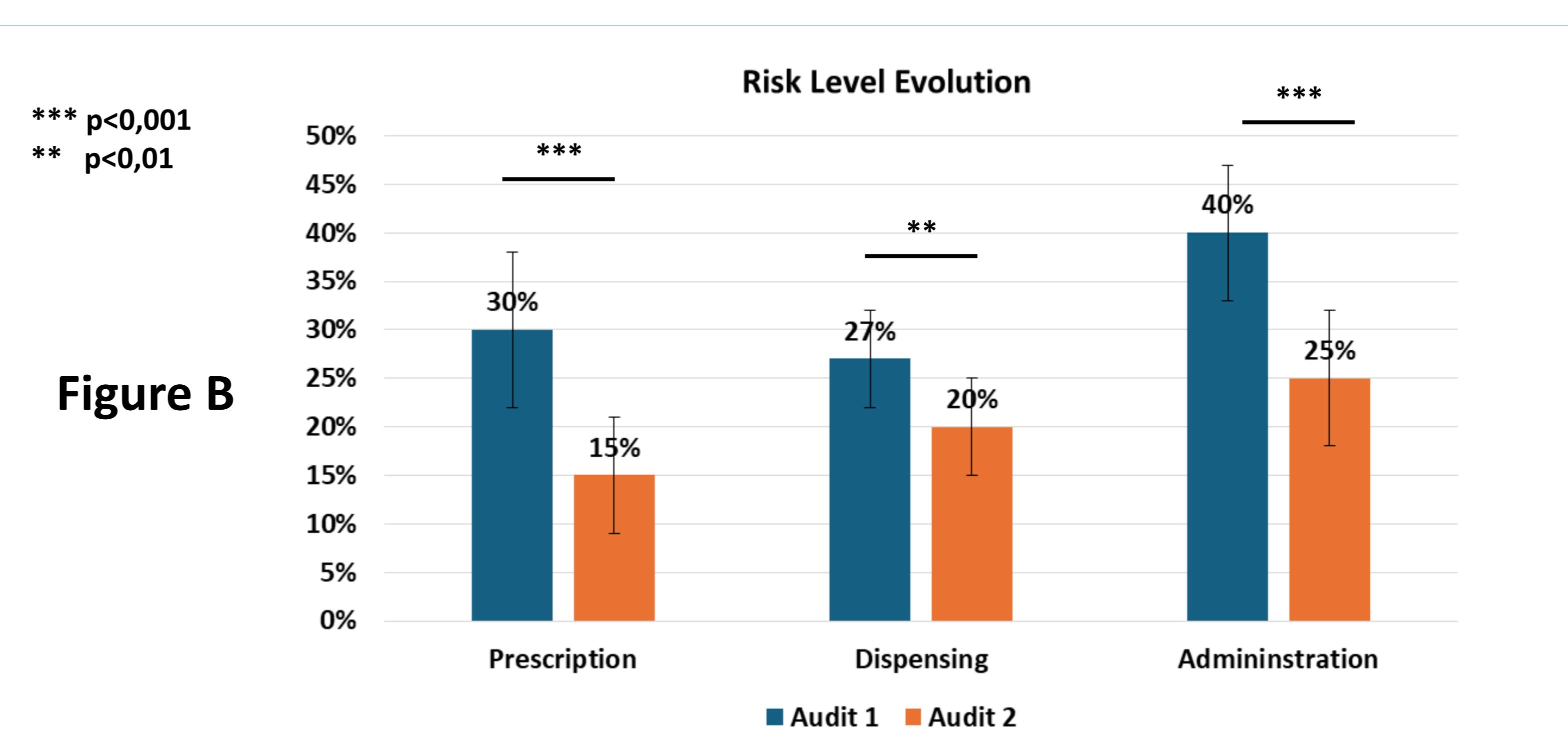
Sample of audit result – Pharmacist /dispensation process evaluation, June 2022

3 RESULTS

- Training on medication safety : 15 pediatricians, 12 pharmacists and 16 nurses



- **Audit 1** (13 pediatricians, 8 pharmacists and 14 nurses)
 - Risk levels were 30%, 27% and 40% for pediatricians, pharmacists and nurses, respectively (see Figure B). 6 actions plan were built (see Figure C).
- **Audit 2** (13 pediatricians, 7 pharmacists and 14 nurses)
 - 79% of actions were initiated or completed (see figure B).
 - Global level of action plan implementation was 60%. (see Figure D)
 - Risk levels were 15%, 20 and 25% for pediatricians, pharmacist, and nurses, respectively (see Figure B).



4 CONCLUSIONS

The program is closed since 03 October 2025, with a multidisciplinary meeting aiming to build guidelines and tools for the 18 others POU GFAOP members. The expansion of the MAEva program to multiple pediatric oncology units in Africa has demonstrated its feasibility and effectiveness in improving medication safety.