INSTRUCTIONS FOR COMPLETING THE ONLINE ABSTRACT FORM - Oral/Poster

INVITATION TO PRESENT YOUR RESEARCH

The International Society for Pharmacoepidemiology (ISPE) African Regional Interest Group (AfRIG) is a member of ISPE and established in May 2018.

The ISPE African Regional Interest group's mission is to develop, sustain and advance Pharmacoepidemiology research in the African region, through intra- and intercontinental scientific collaborative work. It includes professionals dedicated and/or interested in pharmacoepidemiology.

The Medicines Utilization Research in Africa (MURIA) group is a multi-country and multidisciplinary group with the mission of promoting collaborative research, information sharing, and access to data to address challenges in drug utilization research in Africa.

ISPE AfRIG and MURIA invite you to submit an abstract(s) for presentation at the ISPE Africa/MURIA Conference that will be held in Accra, Ghana from 20-22 April 2026.

Abstract submission timeline:

Abstract Submission Deadline: January 12, 2026

Abstract Review Begins: January 16, 2026

Abstract Review Ends: January 31, 2026

Author Notification: February 14,2026

Live Conference: April 20-22, 2026

Abstracts accepted for presentation and meeting the minimum review score will be published in *Pharmacoepidemiology and Drug Safety (PDS)*, the official journal of ISPE. Only submissions with presenting authors who complete conference registration and attendance will be included.

A. GUIDE FOR ORAL OR POSTER PRESENTATION

The online submission form will allow you to select one of the following options: Oral Presentation Only, Poster presentation preferred, or either presentation format.

The following will provide basic guidance regarding the expected content of the structured abstract for an oral or poster submission.

Background: One or two sentences that describe the clinical (or other) importance of the study question.

Objectives: The main objective(s) or study question should be explicitly stated (e.g., "To determine the rate of"). If study were to assess a priori hypothesis, it should be stated.

Methods: Should include statements that address:

1. Design: Basic study design, source population, follow-up; For new analyses of existing data, the dataset should be disclosed; statement of criterion standard if study of screening or diagnostic test and any blinding; analysis type (e.g., cost-effectiveness, cost-benefit, etc.) if an economic analysis, matching and selection of controls, if relevant, also should be included.

2. Setting: To assist readers in determining the relevance of the findings to their own circumstances, the setting or source population should be described including statements regarding generalization to a larger or more representative population. This may include eligibility, inclusion/exclusion criteria, and for surveys and follow-up studies should include the number eligible versus the number/proportion remaining in the analysis.

3. Exposures or interventions: explicit naming of medications or other interventions. Nonproprietary names should be used.

4. Main outcome measures: the primary and secondary outcome measurement(s) as determined prior to data collection. If a hypothesis was formulated after data collection, this should be stated.

5. Statistical analysis: The statistical methods should be described.

Results: The main outcomes of the study should be provided and quantified, including confidence intervals and/or other significance tests. If differences are not significant, the clinically significant difference should be stated and the confidence interval for the difference between the groups should be given. When risk changes or effect sizes are reported, absolute values should be included so that the reader can determine the absolute as well as relative impact of the result. Screening and diagnostic test studies should report sensitivity, specificity, and likelihood ratio and if predictive value or accuracy is given, prevalence or pretest likelihood should be provided.

Conclusions: Only those conclusions that are directly supported by the reported data should be provided, along with their implications (avoiding speculation and overstatement of findings). Emphasis should be given equally to positive and negative findings of equal scientific merit.

B. DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

At the time of the presentation, all presenters must disclose financial and any other interests of each author that may pose a conflict of interest or the appearance of a conflict of interest. A sample disclosure slide/form will be posted on the website.

For the abstract submission, **the body of the abstract must not exceed 300 words**, disclosure of **funding source** and any **significant and directly relevant conflicts of interest** for the topic of the abstract are required by the submitting author. This disclosure applies to all authors of the abstract and will be made available to the abstract reviewers. The declaration should be **concise (<100 words)** and **not allow identification of authors.**

C. REVIEWING/REGISTRATION

All abstracts will be evaluated and graded by volunteers from the general membership of ISPE AfRIG and MURIA. Reviewers are asked to abstain from reviewing abstracts for which they know or believe to have a potential conflict of interest. Selection is based on score, topic, and time constraints of the program.

ISPE AfRIG will send two email notifications: [1] a general letter of acceptance or non-acceptance will be emailed on February 14, 2026, and [2] a second letter with specific session details will be sent after the agenda is set (anticipate receipt by mid-March. **All accepted oral and poster presenters must register to attend the 2026 ISPE AfRIG /MURIA Conference.**

Presenters not registered by the Early Bird Deadline will be removed from the Final Program.