

spent on medicines in LMICs; much of this out-of-pocket. Consequently, there is an urgent need to strengthen collaborative research to improve medicine use.

METHODS:

Summary of groups working together in Africa including the Medicines Utilisation Research in Africa (MURIA) group.

RESULTS:

African Strategies for Health identifies and advocates best practices, as well as works with others to develop sustainable solutions. Pharmacology for Africa (Pharfa) organises and promotes pharmacology on the African continent, including research in clinical pharmacology, alongside the International Union of Basic and Clinical Pharmacology (IUPHAR) sub-division. International Society for Pharmacoeconomics and Outcomes Research (ISPOR) Africa co-ordinates activities from the different African country chapters. The South African Health Technology Assessment Society (SAHTAS) is a scientific and professional society for all those who produce, use, or encounter Health Technology Assessment (HTA) in Southern Africa, and the World Health Organization (WHO) International and Regional groups are improving antibiotic drug utilization capabilities in Africa. The MURIA group was established in 2015 (1). Ongoing collaborative research includes (i) initiatives to optimize antibiotic use; (ii) methods to enhance adherence to anti-infective prescribing guidance, (iii) approaches to improve adherence to HIV and NCDs; (iv) researching current anti-hypertensive utilization patterns and knowledge; (v) approaches to enhance Drugs and Therapeutic Committees (DTC) activities, and (vi) strengthening medicine utilization capabilities (2,3). These activities have already strengthened research ties across Africa.

CONCLUSIONS:

A number of groups are already working across Africa to enhance appropriate medicine use, and should continue. Ongoing MURIA activities include antibiotic point-prevalence studies, ongoing research into infectious diseases, NCDs and DTCs including adherence

as well as the third workshop and symposium in Namibia in 2017.

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VP26 Comparing Statistical Methods For Meta-Analysis Of Rare Event Data

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INTRODUCTION:

We aimed to identify the validity and robustness of effect estimates for serious rare adverse events in clinical study reports of antidepressant trials, across different meta-analysis methods for rare binary events data (1,2).

METHODS:

Four serious rare adverse events (all-cause mortality, suicidality, aggressive behaviour and akathisia) were meta-analyzed using different methods (3). The Yusuf-Peto odds ratio (OR), which ignores studies with no events in the treatment arms, was compared with the alternative approaches of generalized linear mixed models (GLMM), conditional logistic regression, a Bayesian approach using Markov Chain Monte Carlo (MCMC) and a beta-binomial regression model.

RESULTS:

Though the estimates for the four outcomes did not change substantially across the different analysis methods, the Yusuf-Peto method underestimated the treatment harm and overestimated its precision, especially when the estimated odds ratio (OR) deviated greatly from 1. For example the OR for suicidality for children and adolescents was 2.39 (95 percent Confidence Interval, CI 1.32 to 4.33, using the Yusuf-Peto method), but increased to 2.64 (95 percent CI 1.33 to 5.26) using conditional logistic regression, to 2.69 (95 percent CI 1.19 to 6.09) using beta-binomial, to 2.73 (95 percent CI 1.37 to 5.42) using the GLMM and finally to 2.87 (95 percent CI 1.42 to 5.98) using the MCMC approach.

CONCLUSIONS:

The method used for meta-analysis of rare events data influences the estimates obtained and the exclusion of double zero-event studies can give misleading results. To ensure reduction of bias and erroneous inferences, sensitivity analyses should be performed using different methods and we recommend that the Yusuf-Peto approach should no longer be used. Other methods, in particular the beta-binomial method that was shown to be superior, should be considered instead.

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VP28 The Use Of Ethnographic Fieldwork In Health Technology Assessment

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INTRODUCTION:

The aim of the study was to introduce ethnographic fieldwork (1), including participant-observation and ethnographic interviews. Ethnographic fieldwork is a robust research methodology to study patients experiences and perspectives and, therefore, particularly valuable for Health Technology Assessment (HTA). Conducting ethnographic fieldwork requires that the researcher joins the people under study where they live or work for a period of time to observe and experience their everyday life and grasp their point of view in relation to the assessment of a health technology.

METHODS:

The presentation focuses on ethnographic fieldwork with participant-observation and ethnographic interviews. In relation to HTA, fieldwork can be highly relevant in order to understand the social world of the patients, for instance how they perceive and act in relation to a health technology. Furthermore fieldnotes, considerations on the analytic process and the production of knowledge will be a focus in the presentation.

RESULTS:

We argue, that a small fieldwork study based on participant-observation can do much more than just act as supplements to different forms of interviews. We demonstrate that in the production of an HTA, patient knowledge should not depend on or prioritize one method like interviews or recorded talks. We show the importance of good fieldnotes in the process of analysis together with a discussion of the production of knowledge.