I was also privileged to meet some key personalities of Diabetes management to Cocoa Clinics in Ghana. I share my findings in my poster presentation, “Cost readily available to provide assistance; credit to all ISPOR staff were excellent in performing their duties. The ISPOR staff were more than willing and ISPOR staff members were more than willing to assist with all requests. The ISPOR staff were excellent in performing their duties. The Plenary Sessions, Issue Panels and sessions very practical. Participants were given courses provided exactly what I needed and met my needs. The methods discussed were applicable and useful for countries where randomized clinical trials are not practiced. I was also interested in taking “Advanced Retrospective Database Analysis,” because a retrospective design is utilized by my studies. The opportunity to attend short courses and workshops afforded me a chance to acquire knowledge from the world’s leading experts. The Congress provided a lot of educational and academic presentations as well. I hope to submit one of my own studies to ISPOR in the future. I was impressed by the intensive work of the ISPOR staff. They were quick in responding to all inquiries and questions during the organization of the Congress. With my three years of research experience, I can state that every health care professional should know the basic principles of health economics analysis.

I truly appreciated the opportunity to participate in the ISPOR community and feel honored to have been awarded an ISPOR 2011 Meeting Travel Scholarship Award. The Congress was an opportunity for me to upgrade my knowledge in basic pharmacoeconomic methodologies and techniques in outcome research. The ISPOR Congress was the biggest and most impressive event I have ever attended. I met interesting people and engaged in resourceful discussions. During the Congress, I attended three short courses and many other important sessions. The workshop on “Network Meta-Analysis in Relative Effectiveness Research” was especially valuable for me. I learned about indirect and mixed-treatment comparisons, about the use of different types of outcomes and other methods that should prove essential during my work. The methods discussed throughout the workshop are very useful for countries where randomized clinical trials are not practiced. I was also interested in taking “Advanced Retrospective Database Analysis,” because a retrospective design is utilized by my studies. The opportunity to attend short courses and workshops afforded me a chance to acquire knowledge from the world’s leading experts. The Congress provided a lot of educational and academic presentations as well. I hope to submit one of my own studies to ISPOR in the future. I was impressed by the intensive work of the ISPOR staff. They were quick in responding to all inquiries and questions during the organization of the Congress.

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I was overwhelmed by the publication of the recipients for the ISPOR 14th Annual European Congress Travel Scholarship Award in Madrid, Spain, which included my name, because I did not expect that on my first attempt, I would receive an award. As this was my first ISPOR congress, I wanted to maximize every opportunity at my disposal. I felt privileged to be able to attend three short courses. Two of these courses were just introduced by ISPOR, thus making me one of the pioneering students for those short courses. As a new researcher, my quest is to do quality research through good methods, and so I selected the following short courses: 1) Introduction to Retrospective Database Analysis; 2) Advanced Retrospective Database Analysis; and 3) Conjoint Analysis – Theory and Methods. In Armenia, this is particularly important for the governmental decision-making process as it is mostly based on approximate estimations. The need for adaptation and development of health technology assessments is obvious, since the health care system is in the process of developing and implementing reforms to make our health services more affordable and because most of the preconditions for the establishment of the Armenian medical insurance system include rationalization and minimization of widespread inefficiencies. I hope to bring my colleagues, who are engaged in pharmacoeconomics and public health, together to create a community in Armenia which will contribute to the goals defined by ISPOR. I believe that active cooperation will benefit not only health care professionals but patients also.

I was also privileged to meet some key personalities of ISPOR. Chapter in 2009. Now, a cadre of professionals has been created to sustain this initiative and promote its ideals to benefit the society at large.

In its infancy stage [1] and a wide gap often exist between knowledge and practice to deliver cost-effective and efficient healthcare to the populace. A growing interest and force, however, is gathering with the establishment of the ISPOR Nigeria Regional Chapter in 2009. Now, a cadre of professionals has been created to sustain this initiative and promote its ideals to benefit the society at large.

In Armenia, there is a national call for capacity building in its infancy stage [1] and a wide gap often exist between knowledge and practice to deliver cost-effective and efficient healthcare to the populace. A growing interest and force, however, is gathering with the establishment of the ISPOR Armenia Regional Chapter in 2009. Now, a cadre of professionals has been created to sustain this initiative and promote its ideals to benefit the society at large.

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Health care financing is one of six pillars of health systems. External financial assistance is often required in the average low income country to improve synergies between external and domestic funding [1,2]. The sustainance and efficient management of any health system will thus require rational health care decision making based on evidence. Health/ pharmacoeconomics and outcomes research has provided evidence for economists, policy makers and health service researchers as it provides value-based pricing and estimates of the potential health care costs that can be averted to institutions and society. These have also been used in identifying the burden of disease, possible areas for future intervention, and priority settings in health care and research [3]. In Ghana—and many developing countries—health care financing has been facing many challenges. Unfortunately, there is not enough strength in health economics in Africa; many developing countries and most decision makers in this area do not have much capacity or experience in health economics and outcome research [4].

Following the sessions at the ISPOR Congress, I observed that Africa didn’t have any or much of a platform to contribute to the Congress (with the exception of the few poster presentations that were accepted). There is a clarion call for capacity building in pharmacoeconomics and outcomes research in Africa. ISPOR could greatly contribute to this through the ISPOR Distance Learning Program, as well as other training programs, tailor-made for the needs of developing countries. As a pharmacist with interest in health economics and outcomes research and a member of ISPOR, I hope to promote the agenda of ISPOR and the development of pharmacoeconomic guidelines which we lack in Ghana.

Conclusion

I am most grateful to ISPOR for supporting researchers from developing countries to learn and share experiences on such platforms. I hope the experience and knowledge I gathered will help advance the objectives of ISPOR in my region.

References