The ISPOR Asia Consortium Newsletter

“Pharmacoeconomics and outcomes research quarterly serving to inform health policy in Asia”

FEATURED ARTICLES

Health Policy in Asia

Pharmacoeconomics and Outcomes Research in Korea: Past, Present and Future
Seungjin Bae, PhD, Ewha Women’s University, College of Pharmacy, Seoul, Korea

Estimating Economic Loss Resulting from Irrational Use of Medicines in Mongolia
Ch. Munkhdelger, PhD¹, D. Enkhjargal, PhD², S. Munkhbat, PhD², R. Tserenlkhagva, PhD²
¹Division of Pharmaceuticals & Medical Devices, Ministry of Health, Ulaanbaatar, Mongolia
²Health Sciences University of Mongolia, Ulaanbaatar, Mongolia

ALSO IN THIS ISSUE

ISPOR 6th Asia-Pacific Conference Call For Abstracts
Abstract submissions deadline March 20, 2014

Education and Capacity Building in Asia
ISPOR 6th Asia-Pacific Conference Short Courses
HTA Capacity Building Program

Outcomes Research in Asia
Value in Health Regional Issues focusing on Asia 2014

ISPOR Asia Consortium
HealthNetIndia: Comments on Draft India PE guidelines

Regional Initiatives
ISPOR regional chapters in Asia 2013 reports

Member-Reported News

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Dear Friends and Colleagues:

Our warmest wishes and greetings in the New Year! We hope 2014 will be your year of happiness, health and prosperity.

We always look forward to starting the New Year off right with our winter issue of News Across Asia. This is a particularly exciting time for ISPOR Asia Consortium, not only because of the many new projects that have been initiated, but also because this is an ISPOR Asia-Pacific Conference year. The 6th Asia-Pacific Conference will be held on 6-9 September, 2014 in Beijing, China. We expect this to be the largest ISPOR Asia-Pacific Conference to-date, with over 1,200 attendees. Abstracts submissions are open from January 20, 2014 to March 20, 2014 and we encourage you to submit your research. The Conference Call for Abstracts has also been inserted into the newsletter (pg 6). We sincerely hope to see you in Beijing this fall!

The featured articles for this issue include a report on pharmacoeconomics and outcomes research in Korea: past, present and future, which highlights the development of PEOR in Korea at the national level. Also featured is a health policy analysis focusing on economic loss due to irrational use of medicines in Mongolia, which was conducted with support of the Ministry of Health, Mongolia, and was the first of its kind.

Value in Health Regional Issues focusing on Asia 2014 will be fully published in May 2014. With 72 manuscripts submitted, the quality of the journal has increased substantially and interest in both submission and readership is growing exponentially. There are currently 3 articles in press as of February 2014, with more to come (pg 8).

There are a number of ISPOR initiatives in the region. We are very delighted to announce the newest ISPOR regional chapter in Asia, the ISPOR West China Chapter, which is headquartered in Chengdu, China. In addition, the Draft Pharmacoeconomics Guidelines for India (PEG-1), which was compiled by ISPOR India Chapter in collaboration with HealthNetIndia, is currently soliciting expert comments and feedback from experts with the Asia Consortium (pg 10). Key experts from ISPOR Indonesia Chapter have also drafted the 1st Indonesia Pharmacoeconomics Guidelines for Indonesian government-owned hospitals and clinics. Finally, we have received 2013 annual reports from all ISPOR Asia chapters and welcome you to review past chapter activities and upcoming initiatives at each chapters’ webpage.

These are just a sample of the countless initiatives that ISPOR Asia Consortium members are involved in. We welcome you to participate and join us in making an impact for positive health outcomes in Asia.

With warmest regards,

Gordon G. Liu, PhD, Professor of Economics, Peking University National School of Development (NSD) and Executive Director, China Center for Health Economic Research (CCHER), Beijing, China

Dixon Thomas, PhD, MS, MSc, Professor & Head, Dep. of Pharmacy Practice, Raghavendra Institute of Pharmaceutical Education and Research (RIPER), Anantapur, India

Nguyen Thi Bach Yen, MD, PhD, Senior Lecturer & Head, Department of Health Economics, Institute of Preventive Medicine and Public Health Education, Hanoi Medical University, Hanoi, Viet Nam
HEALTH POLICY IN ASIA

Pharmacoeconomics and Outcomes Research in Korea: Past, Present and Future
SeungJin Bae, PhD, Ewha Women’s University, College of Pharmacy, Seoul, Korea

This article is developed from a forum presentation during the ISPOR European Congress, 2013, in Ireland, Dublin.

In December 2006, the Korean government introduced a positive list system (PLS), which means drugs offering good value for money, based on economic evaluation, will be selectively reimbursed in the Korean National Health Insurance (NHI) program. With the introduction of PLS, Health Insurance Review and Assessment service (HIRA) published the first version of Korean Pharmacoeconomics Evaluation guidelines in 2006 and became the first Asian country to officially adopt economic evaluation in the reimbursement decision making process.

However, the limitation of the first version was noted, since it was mostly based on international trend and theoretical basis, rather than reflecting our domestic infrastructure or feasibility. As Korea domestic experience has accumulated, the need for providing practical Korean standard by revising the existing guidelines has been raised by stakeholders. The guideline was thus revised and was endorsed by the Drug Reimbursement Evaluation Committee (DREC) in December 2011.

Various efforts had been made to land the positive list system in Korea as softly as possible. For example, submission guidelines and indirect comparison guidelines were published in 2007 and 2011, respectively. Pre-submission consulting service has been incorporated into the system by HIRA since 2009, meaning that manufacturers now have an opportunity to consult their preliminary data with HIRA reviewers. For transparency, the results of committee assessment are now publicly available at the HIRA homepage.

Even so, our system is faced with further challenges. In many cases, clinical evidences come with uncertainties, that is, generalizing foreign studies and extrapolating intermediate outcomes rather than using final outcomes are persistent. For cancer or orphan drugs, clinical evidence is usually involved with lots of uncertainties, while their prices are very expensive, thus their values are hard to be justified based on the conventional pharmacoeconomic evaluation yardstick.

For the future, to my view, it is time to think about value of information. When economic evidence is considered as part of the reimbursement process, decision makers prefer higher level evidence with less uncertainties, like values obtained from domestic populations with less-biased design. However, as we are all aware, collecting this evidence is costly. We might have to think about the cost of collecting this information, especially in countries with limited resources. Also, how to quantify the value of innovation when the value could not be fully captured in current pharmacoeconomic evaluation should be considered, especially when those values are not health related, but yield wider societal benefit. Under the current extra-welfarist approach, health-related and quantified benefits are mainly measured, yet how to incorporate those values not captured by pharmacoeconomic evaluation should also be openly considered.

References:

Reviewer:
Bong-Min Yang, PhD, Professor of Health Economics, Seoul National University, Seoul, Korea

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As our domestic experience has been accumulated, thus the need of providing practical Korean standards by revising guidelines has been raised by the stakeholders.”
HEALTH POLICY IN ASIA - CONTINUED

Estimating Economic Loss Resulting from Irrational Use of Medicines in Mongolia
Ch. Munkhdelger, PhD1, D. Enkhjargal, PhD2, S. Munkhbat, PhD2, R. Tserenlkhagva, PhD2
1.Division of Pharmaceuticals & Medical Devices, Ministry of Health, Ulaanbaatar, Mongolia
2.Health Sciences University of Mongolia, Ulaanbaatar, Mongolia

This study was conducted to estimate economic loss resulting from the irrational use of medicines among the population of Mongolia. Irrational use of medicines is a key challenge for Mongolia, and this study, with the support of the Ministry of Health, is an important first step in addressing this issue in Mongolia. The key objectives of the study included assessing the civilians’ level of knowledge on rational use of medicine, estimating the level of economic loss for households resulting from irrational use of medicine, and estimating direct and indirect expenses for patients admitted to hospital.

Study Methods
Medicine and medical devices expenses were estimated by a descriptive method and direct and indirect expenses for patients were estimated by a questionnaire method from medical records of 1361 patients in 6 third level hospitals, 9 second level hospitals, 4 regional diagnostics and treatment centers and 1 maternity house. Prepared questionnaire forms were used to survey 454 civilians, 17 hospital administration personnel, 253 doctors and 145 medical professionals. Depending on the objective and scope of research an observation method, open questionnaire method, survey and comparative research, interview or documentation method was used. Medicine expenses for patients admitted to hospital were estimated using a cross-sectional study. A random selection method was used to conduct survey, interview and observations from doctors of aimag and district hospitals, medical professionals in pharmacies and civilians. Survey results were grouped, compared, evaluated, and assessed by graphic display using Excel, SPSS-17 programs.

Results
Following the observational period, it was found that civilians’ level of knowledge on rational use of medicine is 61.35%. Insufficient knowledge on rational use of painkillers, gastric medicine and solution and prescription of antibiotics are directly related with public and private medicine suppliers not providing consumers with adequate information on rational use of medicine. Nationwide, 8.04 percent of household income or MNT 37813.2 is spent on purchasing medicine, from which 63.1 percent is used for treatment and 36.9 percent is used for other expenses. Dead expense caused from irrational use of medicine in Ulaanbaatar city household is on average 39.4 percent from MNT 447826.4 medicine purchase and is MNT 10641.2 on average from a MNT 30844 medicine purchase. This is related with self treatment without doctor’s consultation, purchase of medicine without prescription, not taking medicine before the required period, or use of medicine based on advice from family, relatives and friends without doctor’s consultation. From the total cost of lab analysis, diagnostics conducted with devices and medicines, approximately 60 percent goes to medicine cost, 19 percent to lab analysis, 20.9 percent for diagnostics conducted with devices. There is clearly a need for improving quality and increasing economic benefit of medical services.

Recommendations
Based on the above findings, we have several recommendations. With regards to improving civilians’ knowledge on rational use of medicine, the Ministry of Health, public non-profit organizations in cooperation with the private sector shall develop a guideline on organizing trainings for civilians and patients on rational use of medicines on a regular basis which may be included in the annual plan with outcomes presented to professional associations and regulatory authorities. These organizations may prepare and deliver information in a realistic and clear manner through mass media on whom to approach in emergency, rational use of medicine, storage of medicine at home, preventative measures against irrational use of medicine at home, pre-hospital and at hospital.

There is clearly a need for improving quality and increasing economic benefit of medical services [in Mongolia].”
HEALTH POLICY IN ASIA - CONTINUED

ADR and side effects and effects of food supplements. These materials may be included on frequently visited websites and updated regularly. Classes on rational use of medicine as part of general education program should be provided to each child to explain the harmful effects of irrational use of medicine. With regards to reducing economic loss resulting from irrational use of medicine, it is recommended that medicines supplied to the market through registration policy should be further regulated and monitored, and doctors should be provided with medicine prescription standards and prescription forms. Pharmacies should be prohibited from dispensing medicines that are not prescribed. Noncompliant behaviors should be subject to increased liability for breaching the standards. Health care organizations shall also have a common training program on rational use of medicines for practitioners and dispensers, and specify areas of responsibility and scope with regard to the program. Additionally, the prescribing and dispensing of prescribed medicines may be a main criterion in the accreditation of a health organization. In addition, a document should be developed that specifies the range of information to be provided to patients within the framework of implementing the article on rational use of medicine from Law on Medicines and Medical Devices. For further transparency, prescription forms could be recorded on carbon paper to make the forms more available for practitioners, pharmacies and patients. Individuals and families may be educated in how to better control their own health care costs through preventative medicine.

Reviewer
Tsetsegmaa Sanjjav, PhD, Drug Safety Coordinator, Fourth Health Sector Development Project, Asian Development Bank, Ministry of Health, Mongolia

Letter from the Conference Chair: Call for Abstracts

Dear colleagues and friends,

It is great pleasure to announce the upcoming ISPOR 6th Asia-Pacific Conference, which will be held on 6-9 September 2014 at the Beijing International Convention Center, Beijing China. The Conference theme is Patients: The Center of Evolving Health Care in Asia-Pacific, and there will be three plenary sessions: “Hearing the Patient’s Voice in Health Care Decision Making in Asia,” “Electronic Health Records for Informed Health Care in Asia-Pacific: Learning from Each Other,” and “China Health Care Reform: Who Gains and Who Loses?”

The conference will feature research presentations: 60 podiums and 400 poster presentations; 20 issue panels and workshops; 5 forums. There will also be 18 short courses, with 5 new short courses included. During the conference there will also be several chapter and committee meetings.

On behalf of the ISPOR 6th Asia-Pacific Conference Committee, I warmly welcome your participation in this important event, and invite you to submit your abstracts for the conference by 20 March 2014.

Thank you for your support of ISPOR Asia Consortium and we look forward to seeing you in Beijing!

Sincerely,

Gordon G. Liu, PhD, ISPOR 6th Asia-Pacific Conference Chair, and Professor of Economics, Peking University National School of Development (NSD) and Executive Director, China Center for Health Economic Research (CCHER), Beijing, China

Call for Abstracts
ISPOR 6th Asia-Pacific Conference
6-9 September 2014
Beijing, China

Over 1,200 attendees expected

Submissions Now Open
• Research abstracts
• Workshop proposals
• Issue panel proposals

Please submit abstracts by March 20, 2014

Click here to submit abstract

See you in Beijing this September!

ISPOR 6TH ASIA-PACIFIC CONFERENCE

Call For Abstracts
• Research abstracts
• Workshop proposals
• Issue panel proposals

Please submit abstracts by March 20, 2014

See you in Beijing this September!

Volume 2 Number 4 Winter Issue (December 2013-February 2014) ISSN 2308-1945
First Plenary Session: Hearing the Patient’s Voice in Health Care Decision Making in Asia
Health care is for the patient, but the patient's voice is often lost in the debate among different stakeholders. This is particularly true in health care delivery and health care policymaking in Asia where health care providers, payers and producers usually dominate the discussion. Patient groups are established to amplify the patient's voice not only at the health care delivery level, but also at the formulary and reimbursement level. This session will discuss challenges and opportunities for how patient perspectives can be incorporated into health care decisions in Asia through the efforts of patient organizations.

* 20 Research Podium Presentations * 5 Issue Panels & Workshops * Exhibits * 200 Research Poster Presentations – Session I

Second Plenary Session: Electronic Health Records for Informed Health Care in Asia-Pacific: Learning from Each Other
Health care data is essential for evidence-based decision making, but with the current data deficit in Asia, providers, researchers and policymakers are often limited in how they can better apply the knowledge and make the right decision for the patient. Electronic Health Records (EHRs) are an important resource for capturing patients’ up-to-date health information accurately and completely for smarter health care. This session will focus on issues that the health care systems in Asia are facing in developing EHR software, collecting and using data, as well as privacy concerns. International experience and lessons-learned will be shared and how EHRs can be adopted in Asia will be examined.

* 20 Research Podium Presentations * 10 Issue Panels & Workshops * 5 ISPOR Group Forums * Exhibits * 200 Research Poster Presentations – Session I & II

Third Plenary Session: China Health Care Reform: Who Gains and Who Loses?
Health care reform has brought significant changes to the health care system and infrastructure in China, with new opportunities for different stakeholders. As reform has been implemented in the past decade, the question has become “Who are the true winners and who are the losers?” Is the reform successful in achieving its goal of benefiting the patient? What experiences can China share with and learn from other countries’ health care reforms? This session will debate the answers to these questions with those arguing in favor of the reform’s successes and those who contend the outcomes. The trend of China health care reform for the next decade will also be explored.

* 20 Research Podium Presentations * 5 Issue Panels & Workshops * Exhibits * 200 Research Poster Presentations – Session II
**Asia Consortium Short Course Committee Activities**

Asia Consortium Asia-Pacific Conference Short Course Committee held a teleconference on Monday January 27, 2014 to discuss faculty selections for the ISPOR 6th Asia-Pacific Conference Short Course Program. Short Course Committee members provided recommendations for potential candidates for consideration. The Short Course Committee is now in the process of verifying and finalizing the faculty list by March 2014.

**“Training Trainers”**

The objectives of ISPOR Asia Consortium are to help facilitate the transfer of knowledge and capacity to the region, promote better regional representation and relevance of scientific content, and foster a spirit of inter-cultural and inter-disciplinary cooperation. In keeping with these objectives, when nominating and selecting short course faculty, Asia Consortium follows the principle of training trainers, where each course aims to have at least one co-instructor from Asia.

**Asia Consortium Short Course Committee Members**

2012-2014 Chair
Wen Chen, PhD
Shanghai, Mainland China

Past Chair
Usa Chaikledkaew, PhD
Bangkok, Thailand

Members:
- Jeonghoon Ahn, PhD, MA
  Seoul, Korea
- Jawahar Bapna, PhD, MD
  Jaipur, India
- Hsing Luh, PhD
  Taipei, Taiwan
- Ashar Muhammad Malik, MSc, MA
  Karachi, Pakistan
- Young Joo Song, PhD
  Seoul, Korea

**New ISPOR Short Courses at the ISPOR 6th Asia-Pacific Conference**

- Cost Effectiveness Analysis Alongside Clinical Trials
- Health-Related Quality of Life (HRQOL) Measures
- Case Studies in Health Technology Assessment
- Introduction to Outcomes Research for Medical Devices & Diagnostics
- Risk-Sharing/ Performance-Based Schemes for Drugs & Medical Devices

*View all short courses at the ISPOR 6th Asia-Pacific Conference*

**HTA Capacity Building Program in Asia**

ISPOR Asia Consortium is undergoing a new initiative, the HTA capacity building program, which aims to be in collaboration with World Health Organization (WHO) Western Pacific Regional Office (WPRO) and Southeast Asian Regional Office (SEARO). The purpose of the ISPOR Asia Consortium HTA Capacity Building Program is to develop HTA “capacity” (i.e., knowledge and skills) in Asia through training courses and research collaboration.

One aspect of this program will be an HTA training course in Asia. The training course content is currently being adapted by the ISPOR Asia Consortium Health Care Policymakers and Payers and HTA Agencies Committees, respectively, with collaboration from key opinion leaders in Asia. The course will aim to span 7 days and feature general HTA theory and applications such as cost-effectiveness analyses, systematic review, social, legal and ethical considerations, drafting and submitting reports and health care systems overview, as well as country-specific case studies. The ISPOR Asia Consortium Education Committee will also be assisting with faculty recommendations.
News Across Asia

OUTCOMES RESEARCH IN ASIA

Value in Health Regional Issues Volume 3 Issue 1 (Focusing on Asia) 2014, which is due to be fully published in May 2014, received 73 manuscript submissions, and 20 manuscripts have already been accepted. Submission to the Value in Health Regional Issues is year-round, and accepted articles are published immediately online as articles-in-press. As of March 2014, the newest article-in-press may be viewed below, with more coming soon.

New ViHRI Article in Press
Revisit What Is Next for Pharmacoeconomics and Outcomes Research in Asia
Hong Li, Surachat Ngorsuraches
View abstract  View full text pdf

New Editorial System for Value in Health Region Issues
ViHRI is announcing the introduction of a NEW manuscript submission system, the Elsevier Editorial System (EES). All new manuscript submissions will now go through this system, which will allow submitters to access their manuscript and view status updates on the review process. The new site can be found at: http://ees.elsevier.com/vhri/, and Elsevier Editorial System (EES) is also easily accessible via the Value in Health Regional Issues webpage at: http://www.ispor.org/publications/VIHRI/index.asp. All manuscripts already submitted to Value in Health Regional Issues will continue to be managed and processed by the Editorial Office. Please continue to check with the Editorial Office for updates on all previously submitted manuscripts.

If you have any questions, please do not hesitate to contact the Editorial Office: Value in Health Regional Issues for Asia - vihriasia@ispor.org

*View past Value in Health Regional Issues focusing on Asia

Call for Papers
Submit a manuscript to ViHRI for the following topics:
• Economic Evaluation
• Patient-Reported Outcomes (PRO) or Quality of Life (QOL) Studies
• Clinical Outcomes Studies
• Health Policy Analysis
• Conceptual Analysis

Reviewers Needed
Interested in serving as reviewer for Value in Health Regional Issues focusing on Asia or CEEWAA?
We are seeking qualified reviewers who can review manuscripts in the following areas of outcomes research:
• Economic Evaluation
• Patient-Reported Outcomes (PRO) or Quality of Life (QOL) Studies
• Clinical Outcomes Studies
• Health Policy Analysis
Register to become a reviewer by emailing vihriasia@ispor.org

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News Across Asia

ISPOR ASIA CONSORTIUM

ISPOR Asia Consortium Updates
ISPOR Asia Consortium has undergone the following approved changes in the organizational structure: 1) Asia Consortium HTA Agencies and Health Care Policymakers and Payers Committees will be combined into one committee; 2) HTAnetAsia has been formed as a working committee; and 3) Health Care Decision Maker Case Study Committee has been discontinued. ISPOR Asia Consortium is also preparing for elections of key leadership roles, including 2014-2016 Chair-Elects for the Executive Committee and working committees, respectively.

Asia Consortium featured Working Committees, Working Groups, Subcommittees and Networks

ISPOR Asia-Pacific Conference Committee: ISPOR Asia Consortium 6th Asia-Pacific Conference Review Committee recently held a teleconference to discuss responsibilities during the abstract selection and review process.

Education Committee: The Asia Consortium Education Committee is collaborating on an HTA capacity building initiative, which will focus on developing onsite training materials in HTA and other HEOR topics. The Education Committee will be assisting in recommending faculty to develop and teach the training materials.

Health Service Providers (Clinicians) Committee: Asia Consortium Clinicians Committee solicited suggestions from members for hot topics to be explored for a forum. The top two suggestions included “involving patients and providers in health care decisions in Asia,” and “health care system quality assurance.”

Industry Committee ASEAN Affairs Group: The working group is formed to monitor and discuss health policy issues in the ASEAN countries (Brunei, Cambodia, Indonesia, Laos, Malaysia, Myanmar, Philippines, Thailand, Singapore and Vietnam). With currently 8 members, this committee will hold its inaugural teleconference this quarter.

Industry Committee China Affairs Group: The working group engages in China health policy issues through discussion, evidence generation and stakeholder interaction. The group currently has 21 members, and held its first annual teleconference on March 14, 2014.

HealthNetIndia: This network of ISPOR India chapters and healthcare stakeholders collaborates on health policy and education initiatives in India. Recently, HealthNetIndia members collaborated on draft PE guidelines for India. This network currently has 100 members.

ISPOR Asia Consortium Forums to be featured during ISPOR 6th Asia-Pacific Conference

HTAnetAsia Forum: This forum will present the progress and direction of health technology assessment implementation in different countries in Asia, with a particular focus on rapidly developing regions.

Value in Health Regional Issues Forum: This forum will provide potential authors with guidance and feedback directly from the Value in Health Regional Issues Editorial Board (Asia) on how to write quality scientific papers for publication in the journal.

Clinicians Committee Forum: This forum will provide a comparative discussion on health care quality assurance in different health care system settings in Asia. Challenges and opportunities to integrate the patient-centered outcomes in decision-making will be debated.

Industry Committee Forum: This forum will involve different stakeholders to debate on evolving health care systems and health policies in Asia. Initiatives of the Industry Committee China Affairs Group and the ASEAN Group will be represented as well.

HealthNetIndia Forum: This forum will introduce the current status of pharmacoeconomic guideline development in India. Opportunities and challenges in adopting pharmacoeconomic evaluation in health care decisions in India will be debated.

ISPOR Asia Consortium working committees - At a Glance -

Education Committee
2012-2014 Chair
Bruce Crawford, MA, MPH
Total members: 174
Initiatives: Distance learning and onsite training, ISPOR Short Courses in Asia

Publication Committee
2012-2014 Chair
Gordon G. Liu, PhD
Total members: 163
Initiatives: News Across Asia

Health Technology Producers (Industry) Committee
2012-2014 Chair
Ashoke Bhattacharjya, PhD
Total members: 125
Initiatives: Industry forums, capacity-building, ASEAN Affairs, Medical Devices & Diagnostics

Health Service Providers (Clinicians) Committee
2012-2014 Chair
Hsiao-Yi Lin, MD
Total members: 36
Initiatives: Clinicians forum

Asia Consortium Meetings during ISPOR 19th International Meeting
•Asia Consortium Business Meeting
•ViHRI Editorial Board / Editorial Advisory Board (Asia) Meeting
•Asia Consortium Industry Committee Meeting
•Asia Consortium Asia-Pacific Conference Committee Meeting
•Asia Consortium Young Professionals Group Meeting
•Asia Consortium HealthNetIndia Meeting

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ISPOR Regional Initiatives in Asia

NEW! ISPOR Regional Chapter in Asia
We are very pleased to welcome the newest ISPOR Chapters in Asia. ISPOR West China Chapter. ISPOR West China Chapter is headquartered in Chinese Evidence-based Medicine Center, West China Hospital, Sichuan University in Chengdu, China.

NEW! South Korea Global Health Care Systems
Members of ISPOR Korea Chapter compiled a new road map on Medical Devices & Diagnostics in South Korea.

The 1st Indonesia Pharmacoeconomics Guidelines for Indonesian government-owned hospitals and clinics
ISPOR Indonesia Chapter President Professor Ahmad Fuad Afifah and chapter member Dr. Hasbullah Thabrany contributed to the first Indonesian Pharmacoeconomics Guidelines which will be implemented in Government-owned hospitals and clinics in Indonesia. The chapter will also hold the 1st ISPOR Indonesia Conference on May 24-27, 2014 titled “Patient: Focus of Health Care Transformation.” For details, see ISPOR Indonesia Chapter website.

Draft Pharmacoeconomic Guidelines for India
India PE guidelines draft outline the role of key stakeholders including the National Pharmaceutical Pricing Authority, Insurance regulatory authority, drug controller general India and Ministry of Health. Expert comments and feedback are requested and can be sent to asiaconsor-tium@ispor.org.

Health Economic Evaluation Workshop
ISPOR Beijing Chapter will be hosting a workshop May 17-18, 2014 on economic evaluation in supporting health policy. Registration deadline is March 31, 2014. For more information, please see ISPOR Beijing Chapter website.

6th Hua Xia forum
The ISPOR Hong Kong Chapter is organizing the 6th Hua Xia forum, HTA and its Values of Medicine which will be held from April 26-27, 2014. For more information, please see ISPOR Hong Kong Chapter website.

2nd Biennial Pharmacoeconomics Conference
MYSPOR, the ISPOR Malaysia Chapter, organized the 2nd Biennial PE Conference, Pharmacoeconomics in Healthcare Transformation: Towards Universal Coverage from 7-9 March, 2014. For more information, please see ISPOR Malaysia Chapter website.

India-Karnataka National Symposium
ISPOR India-Karnataka organized a national symposium on “Pharmacoeconomics, Outcomes Research and Pharmaceutical care guidelines for India” on February 12, 2014. For more information, please see ISPOR India-Karnataka Chapter website.

Indo-European Pharmacoeconomics Symposium
The ISPOR India-Andhra Pradesh Chapter held an Indo-European Symposium on pharmacoeconomics policies on March 3, 2014. For more information, please see ISPOR India-Andhra Pradesh Chapter website.

India-West Bengal Educational Seminar
ISPOR India-West Bengal Chapter organized a seminar on “Application of Pharmacoeconomic tools in the Health Care Delivery System” jointly with the School of Natural Product Studies at Jadavpur University, Kolkata, India on 19 December 2013. For more information, please see ISPOR India-West Bengal Chapter website.

TaSPOR Updates
ISPOR Taiwan Chapter organized a Real World Research and Value Workshop with Kantar Health on December 16, 2013 which had 60 attendees. The chapter also redesigned the TaSPOR homepage in a new format.

Health Policy in South East Asia
ISPOR Viet Nam-Hanoi Chapter members attended the 5th International Conference on Public Health among Greater Mekong Sub-Regional Countries, Yangon, Myanmar in September 2013. Chapter members also attended the Health Technology Assessment Conference which was organized by Ministry of Health in Hanoi, November 2013.
News Across Asia

MEMBER-REPORTED NEWS

Brief Symposium- Basic concepts of pharmacoeconomics & health economics: Their application in health care research

Chanda Kulkarni, MD, PhD, Professor & Head, Division of Clinical Pharmacology, St. John's Medical College, Bangalore, India

Bangalore, India - A symposium on “Basic concepts of pharmacoeconomics & health economics: Their application in health care research” was organized by Dr. Mrs Chanda Kulkarni, Professor & Head, Division of Clinical Pharmacology, in collaboration with the Department of Epidemiology & Biostatistics, St John’s Medical College & Research Institute, Bangalore, India on Friday 25th Oct 2013.

A total of 68 participants attended the symposium on October 25, 2013. 68 participants attended the symposium from various medical, pharmacy and health care institutes. This one day symposium started with a brief inauguration by the Director and Dean of St John’s National Academy of Health Sciences, followed by a pre-test which covered basic concepts relevant to PE such as – introduction, definitions, types of PE analysis; overview of various models and their applications. Also included was a critical evaluation of published articles on PE with guidelines for writing and conducting PE studies, the role of PE and health economics in the pharmaceutical industry, simple statistical considerations and group exercises. In addition, there was panel discussion at the end of both morning and evening session.

The program ended with a post test and participant feedback. The scores showed significant improvement in participants knowledge with pre-test scores of 54.24% improving to 75.94% as post-test scores.

PhD dissertation - Health State valuation in Sri Lanka

Sanjeewa Kularatna, PhD candidate, Centre for Applied Health Economics, Griffith University, Queensland, Australia

Queensland, Australia - I would like to report that I am near to completing my PhD in health economics at the Centre for Applied Health Economics, Griffith University, Queensland, Australia. I received the Griffith University Postgraduate Research Scholarship and Griffith University International Postgraduate Research Scholarship in 2011. My PhD topic is "Health State Valuation Using Generic and Disease Specific Multi Attribute Utility Instruments in a Representative Sri Lankan Sample". I completed the EQ-5D health state valuation and EORTC-8D (a cancer specific preference based measure) health state valuations for Sri Lanka.

Featured Degree Program: MSc Management of Health Industries

Allen Lai, MD, PhD, MPA, MSc, Director, Institute of Health Economics & Management, ESSEC Business School Asia Pacific, Singapore

Singapore - The ESSEC Business School’s Master programme in Management of Health Industries will be the first of its kind to provide a comprehensive insight from the European experience, integrating regional best practices within the Asian context, and will be offered in strategic partnerships with leading academic institutions, public health agencies, and multinational pharmaceutical and biomedical companies in the region. The MSc in Management of Health Industries is an intensive programme with 2 options for completion: a 1-year full-time track and a 2-year part-time track. This programme provides executives with the opportunity to acquire practical skills and develop a comprehensive understanding of Healthcare in Asia and is particularly designed for managers who are involved in health product development and service delivery with about 3 years of working experience or high calibre individuals holding a Bachelor, Master or Ph.D. degree in relevant disciplines. Intake in Singapore begins in December 2014. Please direct your inquiry to Dr. Allen Lai at allen.lai@essec.edu

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CALL FOR NEWS

We welcome the following news items for *News Across Asia*:

- **HTA/Health Policies in Asia**
  Your insights on health care policy trends and updates of HEOR/HTA in Asia

- **HE/OR Education in Asia**
  HE/OR/HTA degree programs or training opportunities in Asia

- **Outcomes Research in Asia**
  Your insights on the recent status of HE/OR research in your country

- **Member Accomplishments**
  Your accomplishments in HEOR, i.e. articles/books published, scientific presentations made and your participations in the health care decision making process in your country

- **ISPOR Asia Chapter Initiatives**

- **Letter to the Editors**
  Your comments to the *News Across Asia* previous issues.

SUBMIT ALL COMMENTS AND NEWS TO:
asiaconsortium@ispor.org

*News Across Asia content submission form

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~Letter from the Executive Committee Chair~

Dear ISPOR Asia Consortium members,

As a new year begins, I always like to look back on past accomplishments. For ISPOR Asia Consortium, 2013 was another breakthrough year.

Just last year, one network was formed, HealthNetIndia, two chapters were added, India-West Bengal and West China chapters, and one subgroup was formed within the Industry Committee, the ASEAN Affairs Group. Not to mention, ISPOR Asia Consortium has initiated commentary on draft India PE guidelines, organized an HTA roundtable, managed an independent scientific journal with over 70 manuscript submissions, published 4 newsletters, and collaborated on joint initiatives with ISPOR BRICS and WHO Asia regional offices.

Suffice it to say, Asia Consortium is becoming more dynamic each year. This year promises to be even more active as the consortium gears up for the ISPOR 6th Asia-Pacific Conference, which is shaping up to be the largest ISPOR regional biennial conference ever. Moreover, heading into the new year, ISPOR Asia Consortium membership has reached 640 members, a 50% increase from last year.

It really looks as though the upstart ISPOR Asia will be shaking up the global health care landscape for years to come. I am truly excited to see what lies ahead for ISPOR Asia Consortium.

Sincerely,

Surachat Ngorsuraches, PhD, RPh
2012-2014 Chair, ISPOR Asia Consortium Executive Committee, and Associate Professor, Faculty of Pharmaceutical Sciences, Prince of Songkla University, Songkhla, Thailand

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Stay Tuned for our Next Issue:
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Check out this ISPOR Interview with Surachat Ngorsuraches, PhD, RPh, on how ISPOR Impacts Pharmacoeconomics in Asia

The International Society for Pharmacoeconomics and Outcomes Research (ISPOR) is a nonprofit, international, educational and scientific organization that strives to increase the efficiency, effectiveness, and fairness of health care resource use to improve health.

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