

Value in Health

INSTRUCTIONS FOR AUTHORS

REGIONAL ISSUES

I. EDITORIAL SCOPE

About the Journal

Value in Health Regional Issues is a peer-reviewed, MEDLINE-indexed journal of the International Society for Pharmacoeconomics and Outcomes Research (ISPOR). The journal publishes articles that focus on health-related topics that impact the health policies and populations in the following regions: 1) Asia; 2) Central & Eastern Europe, Western Asia, and Africa; and 3) Latin America.

The Editor-in-Chief, Manuel Antonio Espinoza, MD, MSc, PhD, works closely with the Deputy Editors and editorial team to establish the strategic direction and editorial policies for the journal. The journal's 3 Deputy Editors are responsible for specific geographic regions: (1) Nathorn Chiayakunapruk, PharmD, PhD [Asia], (2) Ibrahim Alabbadi, PhD, MBA, BPharm [Central and Eastern Europe, Western Asia, and Africa], and (3) Fernando De La Hoz Restrepo, PhD, MD, MSc [Latin America].

The journal uses a blinded peer-review process to ensure rigorous and transparent use of statistical methods. *Value in Health Regional Issues* also requires that papers reporting modeling results include sensitivity analysis of key and influential model parameters.

ISPOR Journals: Where to Publish?

In 2012, ISPOR launched *Value in Health Regional Issues* as a companion journal to *Value in Health*. A major objective of the new journal was to provide an additional publication outlet for researchers in these regions. *Value in Health Regional Issues* has grown in stature over the years and is now a MEDLINE-indexed journal. Therefore, the distinction between *Value in Health* and *Value in Health Regional Issues* is less clear than initially intended. Thus, potential authors from the regions covered by *Value in Health Regional Issues* may be wondering which journal is most appropriate for submission of their papers.

The main distinction between the 2 journals is not in the methodological quality of papers each publishes, but rather in the paper's specific focus. Given the international readership of *Value in Health*, papers submitted to this journal should have relevance beyond the country where the research was conducted. The clearest example of this would be a paper discussing a new methodological approach that could be applied in a number of settings, or the ISPOR Good Research Practices Task Force Reports, which provide statements on current international methodological standards.

For empirical papers, *Value in Health* might publish some of the first results of the cost-effectiveness or health outcomes gained from a new health technology, since these may be helpful for countries that have not yet evaluated the technology concerned. It might also publish papers exploring the impact of an innovative health policy that may be capable of application in other countries.

However, *Value in Health* is less interested in publishing country applications of economic models that have been published previously, or country adaptations of quality-of-life instruments, unless there are some broader insights from these adaptations.

On the other hand, *Value in Health Regional Issues* may have higher interest in these papers if (1) they meet the journal's methodological standards and (2) they provide useful estimates for the region concerned.

Therefore, when considering whether to submit to *Value in Health* or *Value in Health Regional Issues*, the main issue for an author to consider is: **Does my paper offer important insights beyond the country where the research was conducted?**

Mission Statement

The mission of *Value in Health Regional Issues* is to provide a forum for the advancement and dissemination of knowledge and research in health economics and the health-related outcomes of disease and treatment processes.

Editorial Scope

In keeping with its broad mission, *Value in Health Regional Issues* welcomes original contributions in healthcare policy analysis, outcomes research (clinical, economic, and patient-reported), empirical studies, and methodological studies that examine the use and funding of healthcare resources in the region. Manuscripts submitted to *Value in Health Regional Issues* must focus on patient populations or health policies within the geographic region to which the regional issue is dedicated.

Commentaries are also welcome and should include a discussion on how researchers can respond better to the needs of those making clinical, policy, and financial decisions for the healthcare of the populations in these regions.

Value in Health Regional Issues does not consider papers reporting data series or data sets that do not include appropriate statistical confidence intervals and/or other measures of statistical imprecision. *Value in Health Regional Issues* also does not consider papers reporting modeling results that do not include sensitivity analysis of key and influential model parameters.

The editors are particularly interested in receiving articles on the following topic areas:

Economic Evaluations

Economic evaluations that assess the costs and consequences of alternative healthcare interventions are of interest, including those involving drugs, devices, procedures, and systems of organization of healthcare. However, studies that only consider costs or the economic burden of disease are less likely to be accepted unless they address important methodological or policy issues.

Patient-Reported Outcomes

Many challenging empirical and theoretical problems remain in the concept and measurement of patient-reported outcomes (PRO), including health-related quality of life (QoL). Articles presenting research on the development of measures for PRO/QoL instruments, especially innovative ways of assessing content or construct validity, are invited.

Preference-Based Assessments

Research on the development and use of various types of instruments to express the value of healthcare, including health “utility” assessments, discrete choice experiments/conjoint analyses, and assessments of individuals’ willingness to pay is encouraged.

Comparative-Effectiveness Research/Health Technology Assessment

Although it is difficult to be precise about the nature of the articles in this category (see Luce et al, *The Milbank Quarterly*. 2010;88:256-276 for one taxonomy), *Value in Health Regional Issues* welcomes articles presenting information that can assist those deciding on the efficient and equitable allocation of healthcare resources by examining the relative value of interventions. In some cases, relative value may be addressed by considering only clinical outcomes, although normally it will involve considering PRO/QoL measures and impacts on resource utilization. Articles in this category can report the results of primary research or present findings from meta analyses or systematic reviews of the existing literature.

Health Policy Analyses

The journal invites articles that discuss various aspects of health policy, in particular those concerned with pricing and reimbursement issues, the adoption of new health technologies, or policies to encourage “value-based” decision making. However, the journal’s scope does not include papers dealing with more general issues of healthcare financing, health insurance, and cost-containment measures.

Research Published as “Working Papers,” “Research Papers,” or on Institutions’ Websites

In common with most peer-reviewed journals, ISPOR journals are keen to publish original material that will be highly impactful. However, the editors are aware that, within the field of health services research and policy, some material may have been available previously as a working paper or research paper, or through publication on the host institution’s website.

ISPOR journals do not have a firm policy to reject material that has been available previously in the public domain. Rather, the following tests will be applied to any paper submitted to the journals:

- (i) Does the paper summarize the material from a much longer report that makes it more accessible to the readership of *Value in Health Regional Issues* and more likely to impact decision making because of the peer-reviewed publication?
- (ii) Does the paper add to the methods and/or data published in the original report, either by reporting more data or by raising different discussion points?
- (iii) In the case of a working paper or research paper, is the version submitted for peer review substantively different from the publicly posted draft version, and will the organization that published the draft paper remove the draft version and redirect individuals to the final published paper in ISPOR journals?

If one or more of the above criteria are met, the paper may be considered for publication in an ISPOR journal through the normal peer-review process. If an ISPOR journal publishes the paper, a link from the original posting’s website should refer readers to the appropriate ISPOR publication.

Following Good Practices for Outcomes Research

Our sister journal, *Value in Health*, publishes the reports on “Good Practices for Outcomes Research” developed by task forces appointed by the ISPOR Board of Directors. There are now more than 65 task force reports, which can be accessed via the following link (http://www.ispor.org/workpaper/practices_index.asp). These task force reports provide guidance for best practices across a variety of research areas, including methods related to articles relevant to the scope of *Value in Health Regional Issues*. These include comparative-effectiveness research, economic evaluation, observational studies, patient-reported outcomes, modeling, preference-based methods, and the use of outcomes research in decision making.

Although ISPOR journals do not prescribe any particular research methods, the editors strongly encourage authors to review the ISPOR Good Practices for Outcomes Research reports relating to the methods or topics covered by their paper. The reports are written by thought leaders in the various fields of research and are extensively peer reviewed by members of the Society.

Some of the task force reports address the reporting of research studies. Irrespective of the methods used in a particular study, our editors believe that adherence to accepted standards of reporting is important. Therefore, if your paper reports an economic evaluation, we recommend that you follow the CHEERS¹ guidelines. If your analysis is based on a model, we recommend that you follow the guidance in the ISPOR-SMDM Task Force² report on model transparency and validation. Other reporting standards of particular relevance to authors of papers in ISPOR journals are the PRISMA guidelines³ for the reporting of systematic reviews and the CONSORT guidelines⁴ for reporting the results of studies assessing health-related quality of life/patient-reported outcomes.

Article Categories

Value in Health Regional Issues considers articles in the following categories, which comprise the sections of the journal. When submitting a manuscript through our online system, authors should indicate the appropriate category under which they wish their paper

to be considered. All submissions will be considered for peer review prior to publication, with the exception of Editorials, Commentaries, and Letters to the Editor, which will be reviewed internally by the editors.

Article Type	Description	Word Limit*	Limit No. Figures/ Tables**
Original Research	These papers report the findings of original research and may contain the results of empirical analysis, instrument development, or policy analysis.	4000	6
Methodological Articles	As the name implies, these papers deal with methodological issues in any of the topic areas within the scope of the journal. They can include data if these are required to illustrate the importance of particular methodological points.	3500	6
Policy Perspectives	These papers discuss important health policy topics within the scope of the journal. They may reflect conceptual pieces or reviews of the literature.	3000	4
Systematic Literature Reviews	These papers review empirical studies consistent with the methods of systematic review proposed by the Cochrane Collaboration. ⁵ However, they need not be confined to reviews of randomized controlled trials and can include reviews of observational studies, economic evaluations, outcomes research studies, and preference-based assessments.	4000	6
Brief Reports	These are empirical analyses with a more narrow focus than original research articles and generally a single aim.	2500	2
Commentaries	These brief papers present a particular perspective on a timely or controversial topic. They do not necessarily need to be based on original research or reviews of the literature and can be based on opinion, providing the points made are transparent and well-argued. While commentaries are typically invited contributions, the editors will consider unsolicited submissions.	2000	1
Editorials	Editorials are commissioned by the editorial team and often accompany a paper published in the same issue.	1200	1
Letters to the Editor	Customarily, letters refer to content published in the journal within the past 6 months. Authors of the article to which the letter refers will be given the opportunity to reply, and if a response is issued, both the letter and the reply will be published in the same issue of the journal.	1500	1

*The manuscript word limit excludes the abstract, references, figure legends, tables, and appendices/supplemental materials.

**The maximum number of graphic elements reflects a combined total of figures (including figure parts) and tables.

II. MANUSCRIPT SPECIFICATIONS AND SUBMISSION

Value in Health Regional Issues uses a web-based submission system. To submit a manuscript, please create an account and log on here: <https://mc.manuscriptcentral.com/vihregionalissues>. For assistance, authors may contact the editorial office at vihrieditor@ispor.org.

Author Anonymity

It is the policy of *Value in Health Regional Issues* that peer review of submitted manuscripts is double blinded (ie, the reviewers do not know the names of the authors of manuscripts and the authors do not know the names of the reviewers). As such, the journal requires that all identifying information (author names, acknowledgements, etc) be removed from the manuscript components (including files names) and strictly limited to the cover letter and unblinded title page (which are not accessible to peer reviewers).

Languages

Value in Health Regional Issues articles may be published in a language of the region other than English (ie, Spanish or Portuguese for Latin America issue). All manuscripts accepted for publication in *Value in Health Regional Issues* must have an abstract and keywords in English as well as the language of the manuscript (if not English).

Authors for whom English is a second language who would like to submit a manuscript in English may choose to have their manuscript professionally edited before submission. Authors wishing to employ a professional English-language editing service (English manuscript submissions only) should make contact and arrange payment with the editing service of their choice. For more details regarding the recommended services, see <http://webshop.elsevier.com/languageservices/>.

Manuscript Formatting

Manuscripts must be written in English, typed in 12-point Times New Roman font, double-spaced, using an 8¹/₂ x 11-inch page format with 1-inch margins on all sides. Minimal formatting should be used (ie, no line numbers, no watermarks, no justification, underlining, indenting, etc). There should be no hard returns at the end of lines. Authors should consult the *AMA Manual of Style: A Guide for Authors and Editors* (10th ed)⁶ or the Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals (ICMJE Recommendations)⁷ for specific style issues not addressed here.

Formatting	Description
Font	12-point, Times New Roman
Line spacing	Double-spaced throughout
Margins	One inch (2.5 cm) on all sides
Page size	Letter (8 ¹ / ₂ x 11 inches)
Page numbering	Bottom of page, centered (starting with abstract page)
Heading style	First level: bold; second level: bold italics

Each submission should contain the following manuscript components (elements are listed in the order they should appear in the manuscript):

1. Cover Letter

The cover letter should be addressed to the Editor-in-Chief and include a brief description of the article, indicating why the paper would be of particular interest to the readers of *Value in Health Regional Issues* and how it contributes to the existing literature. In addition, the cover letter should include the following specific components:

Components	Description
Title	The full title and subtitle of the article (no more than 25 words)
Description/Interest to Readers	A brief description of the article, indicating why the paper would be of particular interest to the journal's readership
Statement of Proprietary Data	Statement indicating whether the data, models, or methodology used in the research are proprietary
Funding/Support	All financial and material support for the research must be disclosed. Include the complete names of the funding organization(s) and grant numbers, where applicable (eg, "Funding for this study was provided by the National Institutes of Health grant 1ABC2DEF" or "This study was supported by XYZ, Inc")
Role of Sponsor	Statement that the publication of study results was not contingent on the sponsor's approval or censorship of the manuscript
Contact Information for the Corresponding Author	Full name (first, middle, last) and degree; department; institution; mailing address; email; phone; and fax

2. Title Pages

Each manuscript must contain 2 separate title pages: One *unblinded title page* (containing author information, funding, and acknowledgements) and one *blinded title page* (containing no identifying information of the authors or author institutions). Generally, the title pages should contain the following elements:

Components	Description	Example
Manuscript title and subtitle, as appropriate	Concise title of the manuscript; no more than 25 words; in title case (not all caps)	Clinical Guidelines: A NICE Way to Introduce Cost-Effectiveness Considerations?
Running title	A shortened title (no more than 45 characters, including spaces) to be used as a running header in the journal	Clinical Guidelines and Cost-Effectiveness [see full title above]
Full names, degrees, and affiliation for each author (unblinded title page only)	List the first name, middle initial (if applicable), surname, highest academic degree(s) (excluding certifications and fellowship designations), affiliation (department and institution), and city/province, state, and country for each author	John D. Doe, Jr, MD Department of Medicine University of York Helsington, York United Kingdom Susan T. Smith, MD, MPH Department of Health Policy University of Chicago Chicago, IL USA
Contact information for corresponding author (unblinded page only)	Provide the full name, mailing and email addresses, and telephone and fax numbers of the corresponding author (the person to whom all correspondence regarding the manuscript will be directed)	Thomas J. Wright, III, PhD Department of Economics Princeton University Robertson Hall Princeton, NJ, 08544 USA tjwright@princeton.edu Phone: (609) 123-4567 Fax: (609) 987-6543

Components	Description	Example
Financial disclosures/funding statements (unblinded page only)	Include a brief statement indicating all sources of financial or other support received for the manuscript. If no funding was received, this should be noted on the title page.	Funding/Support: This study was supported by XYZ, Inc. Financial Disclosure: None reported.
Précis	25-word summary of the article (avoid simply restating the title)	Precis: Current Medicaid policies that restrict hepatitis C treatment to patients with advanced disease are more costly and less effective than unrestricted, full-access strategies.
Acknowledgements (where applicable)	Include a statement to acknowledge the assistance of anyone who contributed to the paper (ie, editorial or writing assistance, statistical review, special research assistance, etc), but does not meet the criteria for authorship.	Acknowledgements: Jane Doe, PhD, provided statistical support and Thomas Smith contributed to the writing of this article.
Word count (see limits for particular article types on pages III-IV)	Total number of words (excluding abstract, references, figure legends, tables, appendices)	Word Count: 3250
Number of pages	Total number of pages (including figures, tables, appendices, etc) of the article	Number of Pages: 25
Number of figures (see limits for particular article types on page III)	Total number of figures (including figure parts [ie, 1a, 1b, 1c = 3]) in the main article (figures in appendices should be counted separately)	Number of Figures: 4
Number of tables (see limits for particular article types on page III)	Total number of tables in the main article (tables in appendices should be counted separately)	Number of Tables: 2
Appendices/supplemental materials	Include inclusive number of pages, figures, and tables for any supplemental materials	Appendix: Pages: 6 Figures: 2 Tables: 0

3. Manuscript Components

All manuscript submissions must contain the following components (see table below). Start each component on a new page.

Components	Description	Example
Abstract	<ul style="list-style-type: none"> Structured (objectives, methods, results, and conclusions) 250 words 	All submissions (except Letters to the Editor and Editorials) must include an abstract that summarizes the work reported in the manuscript. Commentaries should include a brief, non-structured abstract/summary.
Highlights	<ul style="list-style-type: none"> 2-3 brief summary statements 75-word limit for each highlight statement 	Authors should identify 2-3 "Highlights" that illustrate the paper's contribution to the field. These bulleted statements should address: <ol style="list-style-type: none"> What is already known about the topic? What does the paper add to existing knowledge? What insights does the paper provide for informing healthcare-related decision making?
Body of article	<ul style="list-style-type: none"> Introduction Methods Results Conclusions Discussion 	The body of the manuscript should be divided into sections that facilitate reading and comprehension of the material, using section headers (first, second, third, etc) as appropriate. Avoid use of footnotes.
References	<ul style="list-style-type: none"> Cite in text using superscript Arabic numerals^{1-4, 22,28} Reference list should be numbered consecutively in order cited in the text Use AMA style for reference format 	Citing unpublished or non-peer-reviewed work such as abstracts and presented papers is discouraged. Personal communications may be indicated in the text as long as written acknowledgment from the authors of the communications accompanies the manuscript. If there are 6 or more authors, use only the names of the first 3, followed by et al. The 4 most common types of references are illustrated below:
	Journal article	Vassall A, Mangham-Jefferies L, Gomez GB, Pitt C, Foster N. Incorporating demand and supply constraints into economic evaluations in low-income and middle-income countries. <i>Health Econ.</i> 2016;25(suppl 1):95-115.

Components	Description	Example
	Journal article with 6 or more authors	Thokala P, Devlin, N, Marsh K, et al. Multiple criteria decision analysis for health care decision making an introduction: report 1 of the ISPOR MCDA Emerging Good Practices Task Force. <i>Value Health</i> . 2016;19(1):1-13.
	Book	Drummond MF, Sculpher MJ, Claxton K, Stoddart GL, Torrance GW. <i>Methods for the Economic Evaluation of Health Care Programmes</i> (4th ed). New York, NY: Oxford University Press; 2015.
	Book chapter	Schulman KA, Glick HA, Polsky D. Pharmacoeconomics: economic evaluation of pharmaceuticals. In: Strom BL, Kimmel SE eds, <i>Textbook of Pharmacoepidemiology</i> . West Sussex, England: John Wiley & Sons, Ltd, published online May 2013. Accessed March 27, 2020.
	Website	ISPOR. ISPOR Good Practices for Outcomes Research Index. www.ispor.org/workpaper/practices_index.asp . [Accessed January 1, 2019].
Figures	<ul style="list-style-type: none"> • Numbered • Title and legends; each on separate page (not embedded in text) • 300 DPI; TIFF, JPG, EPS, and PDF file formats 	Cite figures consecutively as they appear in the text using Arabic numbers (eg, Figure 1, Figure 2, Figure 3A, etc). Refer to Figures section below for more information.
Tables	<ul style="list-style-type: none"> • Numbered • Title • Double-spaced; each on separate page (not embedded in text) 	Tables should be clearly labeled, neatly organized, and easy to understand without reference to the text. Refer to Tables section below for more information.

4. Figures

Figures should each be submitted as a separate image file, not embedded in the manuscript document or in a slide presentation. Cite figures consecutively as they appear in the text using Arabic numbers (eg, Figure 1, Figure 2, Figure 3A, etc). Each figure must be assigned a brief title (as few words as possible, and reserving abbreviations for the legend) and include a legend. The corresponding legend should be double-spaced on a separate page. All symbols, arrows, and abbreviations must be explained in the legend.

If authors provide usable color figures with their accepted article, the journal will ensure (at no additional charge) that these figures will appear in color in the printed version and in the online version posted on the web (eg, ScienceDirect and other sites).

Please submit image files with a resolution of at least 300 DPI at a size of 3" x 5." Line artwork should contain a resolution of at least 1000 DPI. Elsevier recommends submitting figures in the following formats: TIFF, JPG, EPS, and PDF.

Please be sure to delete any identifying patient information such as name, social security number, etc. Photographs in which a person's face is recognizable must be accompanied by a letter of release from that person explicitly granting permission for publication in the journal. For any previously published material, written permission for both print and electronic reprint rights must be obtained from the copyright holder. For further explanation and examples of artwork preparation, see Elsevier's Author Artwork Instructions at www.elsevier.com/artwork.

5. Tables

Tables should be clearly labeled, neatly organized and easy to understand without reference to the text. Statistical estimates should indicate parameter estimates and, as appropriate, t ratios or standard error, statistical significance, sample size, and other relevant information.

All abbreviations must be explained in alphabetical order below each table (eg, DCE indicates discrete choice experiment; EMA, European Medicines Agency; MCDA, multiple criteria decision analysis).

6. Supplementary Material or Supplementary Data

Authors may submit appendices that describe either methods or results in more detail if these are needed for clarity of understanding by either peer reviewers or readers. If submitted, indicate the particular reasons for the appendix and whether you are submitting it for possible web publication or simply for peer review purposes.

Please note supplementary materials are not edited or laid out; they are posted online in the format submitted to the journal. Be sure to upload supplementary materials in the file format you want readers to access the information online.

7. Survey Instrument

For papers analyzing preferences, the editors require the submission of a copy of the survey instrument (translated into English if published in a different original language) used to generate the preference data. This is to help facilitate the review process, and the survey instrument need not appear in a final publication. If the authors wish the questionnaire to be published with the paper, it should be submitted through the journal's online submission system as part of the paper. If the questionnaire is not intended to be published with the paper, it should be uploaded as "Supplemental File for Review" so that reviewers can view it as a supplemental appendix.

III. EDITORIAL PROCESS

Submission Process and Peer Review

Because *Value in Health Regional Issues* uses an article-based publishing model where accepted articles are published without having to wait until a journal issue is complete, authors are encouraged to submit manuscripts on a rolling basis throughout the year. To submit a manuscript for consideration, authors must create an account in the journal's web-based submission system at <https://mc.manuscriptcentral.com/vihregionalissues>. For assistance in navigating the online system, authors may contact the Editorial Office at viheditor@ispor.org.

Although we recognize that authors never want to hear that their papers are rejected, we also know that they value a fast response time. That said, the editors strive to return decisions on papers that are not sent out for an external peer review within 4 weeks.

On the other hand, all manuscripts that are deemed appropriate for *Value in Health Regional Issues* after initial screening will be reviewed by at least 2 peer reviewers. The objective of the journal is to complete peer review and reach an editorial decision within 8 to 10 weeks of submission, at which time the corresponding author will receive an email notification of the decision and anonymous feedback from the reviewers.

Please note that all final decisions regarding acceptance or rejection rest solely with the Editor-in-Chief.

ISPOR journals expect the highest ethical standards from their authors, reviewers, and editors when conducting research, submitting papers, and throughout the entire peer review process. Both *Value in Health* and *Value in Health Regional Issues* subscribe to the Committee on Publishing Ethics (COPE)⁸ and supports COPE Ethical Guidelines for Peer Reviewers.⁹

Acceptance and Publication

Value in Health Regional Issues is an online publication. As a result, accepted articles are published online on the journal's website (<http://www.ispor.org/publications/VIHRI/index.asp>) and on the Elsevier site (<http://www.valuehealthregionalissues.com>) immediately after the article has undergone the production process (ie, copyediting, layout, author proofs, corrections, etc).

Although individual articles are published online on a rolling basis throughout the year, "collected articles" are published according to the following schedule:

- A collection of articles for the **Asia** region is published in **May**
- A collection of articles for the **Central & Eastern Europe, Western Asia, and Africa** region is published in **October**
- A collection of articles for the **Latin America** region is published in **December**

IV. PUBLISHING PROCESS

Author Tracking Services

Authors may track accepted articles and set up email alerts to inform them when an article's status has changed by visiting <http://www.elsevier.com/trackarticle>. For any questions arising after acceptance of an article, especially those relating to proofs and open access publishing, please contact the publisher directly.

Proofs

Proofs will be sent electronically to the authors to be checked carefully for printer's errors. **Substantive changes or additions to the edited manuscript are not allowed at this stage.** Any changes to authorship (additions, deletions, reorder, etc) or substantial changes in the data or results require review and approval by the editors. Corrected proofs must be returned to the publisher within 48 hours.

Offprints

The corresponding author, at no cost, will be provided with a PDF file of the article via email. For an extra charge, paper offprints can be ordered via the offprint order form which is sent once the article is accepted for publication. The PDF file is a watermarked version of the published article and includes a cover sheet with the journal cover image and a disclaimer outlining the terms and conditions of use.

V. PUBLISHING POLICIES AND DISCLOSURES

Ethics in Publishing

For information on Ethics in Publishing and Ethical guidelines for journal publication, see <http://www.elsevier.com/publishingethics> and <http://www.elsevier.com/ethicalguidelines>.

Authorship

The recommended number of authors on a paper should not exceed 10. However, *Value in Health Regional Issues* is aware that sometimes a submitted paper may have a large number of authors, in which case authorship may be assigned to a group rather than to individuals. The Editors reserve the right to seek clarification from the corresponding author if a paper has more than 10 authors, or has a large number of authors in relation to the research reported in the paper.

Value in Health Regional Issues uses the guidance set forth by the International Committee of Medical Journal Editors (ICJME) for Defining the Role of Authors and Contributors.¹⁰

The ICMJE recommends that authorship be based on the following 4 criteria:

- Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; AND
- Drafting the work or revising it critically for important intellectual content; AND
- Final approval of the version to be published; AND
- Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

Authors can read the full set of recommendations at <http://www.icmje.org/recommendations/browse/roles-and-responsibilities/defining-the-role-of-authors-and-contributors.html>.

Submission Declaration

Submission of an article implies that the work described has not been published previously (except in the form of an abstract or as part of a published lecture or academic thesis), that it is not under consideration for publication elsewhere, that its publication is approved by all authors and tacitly or explicitly by the responsible authorities where the work was carried out, and that, if accepted, it will not be published elsewhere (either in whole or in part, in print or electronic form, in English or in any other language, etc) without the written consent of the copyright holder.

Open Access

In recent years, the importance to authors of open access has been increased by the policies of major research funders in many countries, requiring that the publications arising from the work they fund should be freely available to all. Authors can read a full description of ISPOR's approach to open access publication online at https://www.ispor.org/docs/default-source/value-in-health/vih-open-access-policy.pdf?sfvrsn=a0e8cd6a_2.

Although *Value in Health Regional Issues* is a traditional subscription-based journal, authors can choose to pay to have their articles published with open access (immediately and permanently free for everyone to read and download). The current fees for open-access publishing are accessible on the publisher's website at <https://www.elsevier.com/journals/value-in-healthregional-issues/2212-1099/open-access-options>. However, because *Value in Health Regional Issues* is a Society journal, all the published content automatically becomes open archive (freely accessible to all) 1 year after publication. Therefore, authors needing their articles to be open access to meet the requirements of various research competitions and awards may not need to pay for open access publication in *Value in Health Regional Issues*, depending on the precise requirements of their research funders.

In addition, the Editor-in-Chief nominates selected articles throughout the year that he believes are likely to have a high impact and therefore merit immediate "free" access on the publisher's website at <https://www.journals.elsevier.com/value-in-health-regional-issues> for a specified period of time (ie, 30 days). Access is restricted for the remainder of the 12-month period, after which point the article becomes open archive and freely accessible to all 1 year after publication.

Conflict of Interest and Copyright Assignment Forms

All authors must disclose any financial and personal relationships with other people or organizations that could inappropriately influence (bias) their work. As part of the online submission process, all authors are required to complete and submit the ICMJE Form for Disclosure of Potential Conflicts of Interest. Examples of potential conflicts of interest include employment, consultancies, stock ownership, honoraria, paid expert testimony, patent applications/registrations, and grants or other funding. See also <http://www.elsevier.com/conflictsofinterest>.

Each author is also required to describe his/her involvement in the work and assign copyright of their papers. Completion of the journal's Authorship Form is a condition of publication and papers will not be passed to the publisher for production unless the Editorial Office has completed forms on file for each author. The journal's authorship and copyright assignment form can be found online at https://www.ispor.org/docs/default-source/publications/vihri_authorship-form_combo-073019.pdf?sfvrsn=525330bd_0. A copy of this completed and signed form is acceptable; upload completed forms to the journal's online submission system or email to vihrieditor@ispor.org.

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Funding Body Agreements and Policies

Elsevier has established agreements and developed policies to allow authors whose articles appear in journals published by Elsevier to comply with potential manuscript archiving requirements as specified as conditions of their grant awards. To learn more about existing agreements and policies please visit <http://www.elsevier.com/fundingbodies>.

Data, Models, and Methodology

All authors must agree to make their data available at the editor's request for examination and re-analysis by referees or other persons designated by the editor. All models and methodologies must be presented in sufficient detail to be fully comprehensible to readers.

REFERENCES

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