

News Across Asia

Health Policy in Asia | Health Technology Assessment | Education | Outcomes Research | ISPOR Asia Consortium | Regional Initiatives

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The ISPOR Asia Consortium Newsletter

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

FEATURED NEWS

Health Policy Article

Pharmacoeconomic Guidelines in Indonesia, Malaysia and Thailand
Syed Mohamed Aljunid, MD, MSc, PhD, Kuala Lumpur, Malaysia; Mardiaty Nadjib, MPH, Depok, Indonesia; Surachat Ngorsuraches, PhD, Songkhla, Thailand

Regional Health Policy Updates

Recent health policy developments in Hong Kong, Iran, Israel, Japan and Taiwan
Reference: Health Policy Brief on “Strengthening Vital Statistics Systems” by the Asia Pacific Observatory on Health Systems and Policies (APO)

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Letter from the Editors

Pharmacoeconomics and outcomes research in Autumn

Outcomes Research in Asia

Value in Health Regional Issues - New Asia Editorial Advisory Board
ViHRI Excellent article award
Guidance for Writing Excellent Research Manuscripts for Submission to *Value in Health Regional Issues*: Part I

ISPOR Asia Consortium

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Asia Consortium business meeting during ISPOR 17th European Congress
New! Elections for 2014-2016 Chair-Elect of working committees: welcome your nominations
ISPOR 7th Asia-Pacific Conference support opportunities
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ISPOR Regional Initiatives in Asia

New! ISPOR Regional Chapter News: ISPOR South China Chapter
ISPOR CHEERS article translated into Japanese
ISPOR Africa and Arabic Networks meetings and forums during ISPOR 17th European Congress

Member-Reported News

Iran’s Immunization Plan

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International Society for Pharmacoeconomics
and Outcomes Research





News Across Asia

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LETTER FROM THE EDITORS

Dear friends and colleagues:

Autumn is once again upon us, and with it the beautiful fall foliage, shorter days and anticipation of the holiday season. For our friends in the southern hemisphere, enjoy the warmth for us!

ISPOR Asia Consortium members are still undoubtedly reflecting on the epic meeting in September, however, the consortium still churns on with notable achievements and consistent breakthroughs. ISPOR recently concluded its highly successful 17th European Congress in Amsterdam, which had over 4,800 attendees. There were over 480 delegates from Asia in attendance, and the Asia Consortium business meeting had over 50 attendees that shared leading edge policy developments from their countries.

[Value in Health Regional Issues](#) Volume 6 (Asia) editorial process is currently underway, having received 62 submissions. A new Excellent Manuscript Award has also been introduced, which will honor a superior paper published in *ViHRI*. We are also very excited to include in this issue the first part of a 4 part article series on “Guidance for Writing Excellent Manuscripts for Submission to *ViHRI*.”

On the policy front, this issue is chock full of new policy developments throughout the region as reported by experts within the consortium. The featured article also covers PE guideline development in three spotlighted countries: Indonesia, Malaysia and Thailand. The Asia Pacific Observatory on Health Systems and Policies (APO) released a policy brief on *Strengthening Vital Statistics Systems* which is included for reference. There are also recent health policy updates including the initiation of consultation process for the new voluntary health protection scheme (HPS) in Hong Kong, new evidence requirements for Iran's National Medicines List (NML), new inter-hospital electronic communication platforms in Israel, HTA recent developments in Japan, and rising HTA needs in Taiwan including capacity-building, data availability and transferability, and local evidence thresholds.

As an exciting sidebar, ISPOR South China Chapter is the newest ISPOR Regional Chapter in Asia.

Finally, we welcome you to [check out the support opportunities](#) that are available for the upcoming ISPOR 7th Asia-Pacific Conference in Singapore, 2016. Opportunities exist for corporate support, as well as educational symposia and roundtables.

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.

Kind regards,

Chee-Jen Chang, PhD, Director, Clinical Informatics and Medical Statistics Research Center, and Professor, Graduate Institute of Clinical Medical Sciences, Chang Gung University, Taoyuan, Taiwan

Dixon Thomas, PhD, MS, MSc, Professor & Head, Department of Pharmacy Practice, Nirmala College of Pharmacy, Muvattupuzha, Kerala, India

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



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HEALTH POLICY IN ASIA

These reports were based on presentations from ISPOR Forum PE Guidelines in Asia during the ISPOR 6th Asia-Pacific Conference

Pharmaco-economics in Indonesia: HTA, Universal Coverage and PE Guidelines

Mardiati Nadjib, MPH, ISPOR Indonesia Chapter

This report will touch on three dynamic aspects of pharmaco-economic development in Indonesia, including health technology assessment protocols, health care reform and universal coverage and pharmaco-economic guidelines.

Actually, there has been HTA in Indonesia since 2003. It has been under the Ministry of Health, but there was no economic evaluation nor required pharmaco-economic analysis undertaken to support the decision-making for a long time. Thus in 2012 an ad hoc technical team on HTA was assigned by the MOH and there were three working groups included in this ad hoc technical team, which covered procedure, drugs, and medical devices. These groups conducted more than 30 assessments, with the majority on the procedures that need to be included as part of the program within the Ministry of Health. With regard to health reform, in 2014 a new financing scheme has been introduced. Indonesia is moving toward universal health coverage under a single payer system, with the goal of creating a systematic and institutionalized HTA process, particularly related to

the decision of inclusions to the benefits package. The current policy under the national health insurance, or otherwise referred to as Jaminan Kesehatan Nasional or JKN was established with the single payer scheme starting in January of 2014. This single payer system is not tax-based financed but rather mandated. The government covers the poor and the employer and the employee also contribute and all the funding is centrally managed. In 2013 the Government mandated in Article 26 of the legislation for explicit inclusion of new medical technologies and that the benefit package should be based on HTA, with emphasis on the safety, efficacy and equality of interventions, as well cost-effective and efficient resource allocation. It was further stipulated in Article 43 that HTA falls under the jurisdiction of the Ministry of Health.

Pharmaco-economic guidelines were finalized in 2011 to serve key health care stakeholders like health professionals at MOH, health care facilities, industry, and academicians. Their initial aim was to raise the awareness of the importance of pharmaco-economics in determining benefits within the social health insurance scheme. Guidelines provided background on pharmaco-economics, definitions, costing methods including cost minimization, cost effectiveness, cost benefit, and cost utility, and other considerations, and the procedures of the economic evaluation. Looking ahead to the next iteration of

the guidelines, it will be important to provide more guidance on HTA as well as step by step guidance on conducting pharmaco-economic analyses. Ultimately, guidelines will need to be continually refined to be systematic, credible, and practical, for use by decision makers. Finally, it will be very important to include budget impact analysis. We may follow the example of other countries that have developed their own thresholds, like Thailand in following developed institutions like the UK's NICE.

[For ISPOR Indonesia Chapter website view here.](#)

Pharmaco-economic Guidelines in Malaysia

Syed Mohamed Aljunid, MD, MSc, PhD, ISPOR Malaysia Chapter

Malaysia has been undergoing the continual process of developing and refining pharmaco-economic guidelines to decide on the processes that are going to be involved when drugs are submitted by agencies and companies who are interested to include this in the financing mechanisms of the country. In Malaysia a lot of resources still come from the tax-based system. Most of the health systems in the world grapple with the four key issues: – trying to achieve accessibility, quality, efficiency, and equity. And when we talk about drug submission, probably the most important aspect is ensuring that we have enough resources to provide the services to all people in the country.



News Across Asia

Announcements

ISPOR Asia Consortium Business Meeting

Over 50 participants attended the meeting during the ISPOR 17th European Congress in Amsterdam to share health policy information [View the meeting discussion>>](#)

Asia Consortium Elections

Elections are being held for the 2014-2016 Chair-Elect position of the ISPOR Asia Consortium working committees. [Send your nominations>>](#)

ISPOR South China Chapter

The newest ISPOR Asia Chapter is located in Jinan University, Guangzhou, China. [View the Chapter website>>](#)

ViHRI Excellent Manuscript Award

This new award recognizes one outstanding article published in *ViHRI* per year, with the aim of promoting excellent research in the regions. [View the new award information>>](#)

Decision-making Economic Uncertainty Workshop

ISPOR Australia Chapter recently held a workshop on decision making with uncertainty on November 18, 2014 in Melbourne. [View the workshop presentations>>](#)

Strengthening Vital Statistics Policy Brief

The Asia Pacific Observatory on Health Systems and Policies (APO) has launched a Policy Brief on Strengthening Vital Statistics Systems. [View the policy brief>>](#)

Chinese ISPOR Distance Learning Module

“Patient Reported Outcomes – Analysis and Interpretation (患者报告结果 (PROs) — 分析与解读) is now available and can be accessed [free here](#)

CHEERS translated into Japanese

The ISPOR Good Research Practice Article on Consolidated Health Economic Evaluation Reporting Standards Japanese version is now available. [View the report>>](#)

HEALTH POLICY IN ASIA

Another important area of focus is ensuring that the services are equitably distributed and people who are in the lower income category have access to the services. Malaysia spends around 4 to 4.5% of GDP which is a much smaller proportionally than many other countries, so a large focus on pharmaceutical production is required after setting up the necessary infrastructure. Pharmaceuticals are very expensive, and may cost as much as \$1 billion to produce one drug. A great portion of the cost is spent on the stages of preclinical as well as the clinical trials. And nearly 30% of the resources are being spent on the Phase I, II, and III of the drug development. As policymakers in this country we are concerned about how the companies are going to recoup this investment, but at the same time we have to balance this with the available resources. In hospitals, drugs and consumables expenditure make up about 14% of medical cases and as much as 10% of the surgical cases.

Malaysia has introduced, and officially published the drug formulary and guideline for pharmacoeconomics within the past 2 years. [These pharmacoeconomic guidelines may be accessed here](#). The areas covered in the guidelines include – the types of economic evaluation that need to be carried out by companies which are involved in trying to register the drugs, the costing approaches that are acceptable, the outcome issues, discounting, sensitivity analysis, time horizon,

the acceptable CE ratio, and also the budget impact analysis. This will help to actually formulate an effective document for submission. The future benefit for standardizing the process of utilizing economic evaluation to support decision making, will be to enhance quality of pharmacoeconomic data for drug submission. It will also help to promote local data and economic evaluation which again will help the decision makers and improve overall evidence-based policy decisions.

Of course, there are a number of challenges that Malaysia and many other developing countries in the region are facing. For example, one area is lack of technical capacity to conduct and evaluate pharmacoeconomic studies, especially from the committees who are involved in the decision making. Lack of funding for good quality research, as well as local data will have an impact. Limited sharing of information between various players in the country including hospitals, lack of transparency in decision making and the limited role of HTA agencies are all challenges.

In developing countries like Malaysia, the limited body of research which is critically needed to support guidelines implementation will be a target area for improvement in the future. Economic evaluation studies are becoming more and more important, and I think in the future capacity will be cultivated to meet the demand.

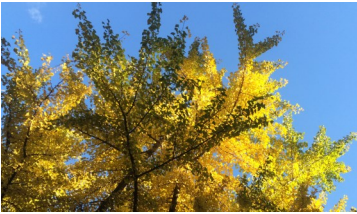
[To view this presentation, please click here.](#)

Pharmacoeconomics and HTA in Thailand

Surachat Ngorsuraches, PhD, ISPOR Thailand Chapter

Pharmacoeconomics and HTA have a longer history in Thailand, but that is not to say it was an easy journey. The HTA guideline came out in 2007, two years after the establishment of the ISPOR Thailand Chapter in 2005. The guideline was developed under the Health Intervention and Technology Assessment Program (HITAP) through consultations with experts. With the initiation of HTA guidelines back in 2006, the originally idea was for it to be also more like a textbook as well, to educate, to be used in a university or college, which wasn't an ideal format. But throughout the development process, it was a learning experience through much expert feedback. The first version was widely considered to be too technical in its language for useful application. This was remedied in 2008 with revisions. There were also two versions: English as well as Thai, which was published in 2009. It was then listed on the Journal of Thailand with the strategy to have it approved by the National List of Essential Medicine Committee which is something that everybody should comply with.

There were two major challenges that we faced in putting out the guidelines. The first edition was referred to as an HTA guideline but actually it wasn't because it just focused on only economic evaluation. As you



News Across Asia

Call for Papers!

We invite you to submit your manuscript to *ViHRI Asia* for consideration. For manuscript submission instructions, view here:

[ViHRI Submission Instructions>>](#)

The criteria of the manuscript submission are:

- One of the authors of an article must reside in Asia; and
- Empirical study articles must include subjects from populations in Asia.

[For Guide for Authors, please view here.](#)

[Submit Manuscript ▶](#)

Reviewers Needed

Interested in serving as reviewer for *Value in Health Regional Issues*?

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

[Interested in becoming a reviewer for ViHRI? Register here.](#)

HEALTH POLICY IN ASIA

are aware, economic evaluation and HTA are not exactly the same thing because you've got to include some other things. For example, budget impact, social impact, ethical impact and so on. The other problem was that we formatted it to more like a textbook, which made it hard for laypeople to understand and use. So five or six years later in 2012, the second edition was developed. HITAP worked to develop systematic analyses to refine the process, and consulted with experts and stakeholders. After feedback and dissemination, the new version included all of the other issues including budget

impact analysis, social and ethical implications, as well as deeper economic evaluations for infectious diseases and their modeling methods. The new Thai version was also published and made available for the public. For other countries that are currently working on developing guidelines, there are some lessons to be learned from the Thai experience. There are some important questions to ask. For example, who should lead the guideline development? That's very important. And what kind of funding will be available for developing the guideline? Who will be the users? Who should be included,

like the authors of the guideline? How do you encourage others to use and comply with the guideline? It's important to remember that this is a learning process, and that the final outcome will be the product of much trial and error and fact finding. Again, while there is a long history of HTA and pharmacoconomics in Thailand, it has not been without its challenges. However, through continual collaboration and diligence, the field has grown into a mature foundation for health care decision making in Thailand. [For more information, view ISPOR Thailand Chapter website.](#)

OUTCOMES RESEARCH IN ASIA

Value in Health Regional Issues focusing on Asia (ViHRI Asia)

Impressive Achievements of ViHRI and the Editorial Board



Value in Health Regional Issues—Asia has achieved remarkable milestones over the past several years. Since its first issue was published in May 2012, there have been three issues published. The 2012 issue featured 19 articles with 25 submissions, the 2013 issue published 23 articles with 67 submissions and the latest 2014 issue published 31 articles with 73 submissions. The journal has enjoyed a sustained high level of interest by submitters, with an average rejection rate of 60%. The newest issue, *ViHRI* Volume 6, which

will be published in May 2015, has received 62 submissions. With an even brighter future ahead, the journal is currently working on applying to be indexed in Medline, which will inevitably raise the profile of the *ViHRI* even higher by attracting more submissions going forward.

It is important to point out that non of the success of the journal would have been possible without the invaluable support and tireless efforts of the Editorial Board and Editorial Advisory Board members. **Co-Editor in Chief Dr. Bong-min Yang, and Co-Editors Dr. Nathorn Chaiyakunapruk, Dr. Jianfei (Jeff) Guo and Dr. Kenneth KC Lee**, along with **Editorial Assistants Nancy Sun and Robert Selby**, took full responsibility in manually reviewing all of the manuscripts carefully, working with

the authors and steering the direction of the journal with the overall goal of preserving academic integrity, attracting readership and pushing the science of pharmacoconomics and outcomes research to new levels in Asia. As the 2012-2014 editorial term comes to end, we wish to warmly thank the team for the outstanding work. The Editorial Board and Editorial Board members all renewed their additional three year terms and will serve from January 2015 to December 2017.

Welcome new members of the ViHRI Editorial Board and Editorial Advisory Board

Due to the impressive number of submissions to *Value in Health Regional Issues*—Asia, and the mounting workload for the already stretched editorial team, the ISPOR Board of Directors approved the proposal



News Across Asia

ViHRI Asia Editorial Board
January 2015—December 2017

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Shu Chuen Li, PhD
University of Newcastle, Callaghan, Australia

Editorial Assistant



Nancy Sun
ISPOR
Lawrenceville, NJ, USA

[For more information view the Editorial Board webpage>>](#)

OUTCOMES RESEARCH IN ASIA

of adding another Co-Editor following recommendations from the Asia Consortium Executive Committee and Co-Editor-in-Chief.

The ViHRI Asia Editorial Board

The ViHRI Asia Editorial Board warmly welcomes new Co-Editor, Professor **Shu Chuen Li**, joining the board. Professor Li is currently Professor of Pharmacy and Head of Pharmacy and Experimental Pharmacology, School of Biomedical Sciences, University of Newcastle in Callaghan, Australia. Professor Li is a respected leader in pharmacoconomics and has published extensively. He was a past ISPOR Director, as well as Asia Consortium founding member. [For details on ViHRI Asia Editorial Board, view here.](#)

The ViHRI Asia Editorial Advisory Board

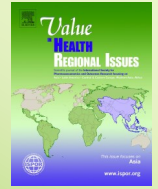
The ViHRI Asia Editorial Advisory Board warmly welcomes Dr. Chang, Dr. Dong and Dr. Yin to the ViHRI Asia Editorial Advisory Board:

Chee-Jen Chang, PhD, Director, Clinical Informatics and Medical Statistics Research Center, and Professor, Graduate Institute of Clinical Medical Sciences, Chang Gung University, Taoyuan, Taiwan. Dr. Chang is well published and currently serves as Chair of the Asia Consortium Publication Committee and President of ISPOR Taiwan Chapter. His publication record and active involvement in the region will be valuable in achieving the goals of ViHRI Asia.

Hengjin Dong, PhD, Professor and Executive Director, Center for Health Policy Studies, Medical School, Zhejiang University, Huangzhou, China. Dr. Dong has expertise in Health Policy, Health Economics, Hospital Management and Health Technology Assessment and broad international professional experiences.

Donald D. Yin, PhD, Associate Vice President & Head, Global Health Outcomes, Merck & Co., Inc., is currently Chair of ISPOR Institutional Council and Chair of the Asia Consortium Health Technology Procedures (Industry) Committee. Dr. Yin is well published and a highly regarded health economics expert in the Asia-Pacific region. [For details on the ViHRI Asia Editorial Advisory Board, view here.](#)

Value in Health Regional Issues focusing on Asia (ViHRI Asia) is a scientific online regional journal focusing on health care research, policy or conceptual papers. Submission and editorial review process is year-round.



[To view and download the articles from the past ViHRI Asia issues, please visit the ISPOR Asia Consortium homepage.](#)

Excellent Manuscript Award

The ViHRI Excellent Article Award has been established to recognize the authors of the best article in *Value in Health Regional Issues* each year. The objective of this award is to promote quality research, originality, and utility in health care decisions for articles published in *Value in Health Regional Issues*.

[To be eligible for consideration, view the criteria and procedure here.](#)

Value in Health Regional Issues CEEWAA



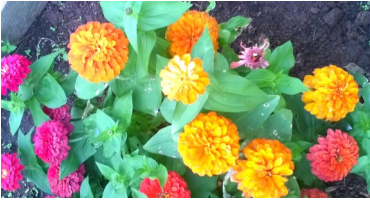
Call for Papers!

Are you writing a manuscript on health policy analysis, original health care research, or other health-related topics focusing on Central & Eastern Europe, Western Asia and Africa (CEEWAA)? Submission is all year round, however the cutoff date for the upcoming issue is: **February 15, 2015**. Details: [Manuscript Submission Instructions](#).

Value in Health Regional Issues (ViHRI) Volume 4, focusing on CEEWAA was recently published and is now available at [Value in Health Regional Issues](#).

Check out these articles from Western Asia:

- [An Overview of the Orphan Medicines Market in Turkey](#)
- [Determinants of Cost-Related Nonadherence to Medications among Chronically Ill Patients in Maccabi Healthcare Services, Israel](#)



News Across Asia

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January 2015–December 2017

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OUTCOMES RESEARCH IN ASIA

Guidance for Writing Excellent Research Manuscripts for Submission to *Value in Health Regional Issues: Part I*

Bong-Min Yang, PhD, Seoul, South Korea

As Co-Editor-in-Chief of the Asia region for *Value in Health Regional Issues*, I would like to provide some guidance on how to write a manuscript that can be successfully submitted to the journal for publication. The research being done in the Asia region is growing rapidly, with the journal seeing an average of 60 manuscript submissions each year. Publication acceptance is competitive, however, with rejection rates as high as 60%. The journal, in the interest of developing key knowledge and increasing the evidence base of health research in Asia, strives to grow in quality through careful selection of manuscripts. This article will be the first of a four-part series designed to provide guidance to authors looking to submit. The subsequent three parts will be presented by the *ViHRI* Co-Editors of Asia.

A submitted manuscript is first considered by the Co-Editor-in-Chief, who then passes it on to a Co-Editor, if the paper is of reasonable quality. After a Co-Editor's review and approval, the paper then proceeds to peer review. The journal's topics coverage is broad, including health policy analysis, health economics, and outcomes research. However, the submission criteria for manuscripts is restrictive in that at least one of the manuscript's authors must reside in Asia, and the study must be regarding the Asian region.

First and foremost, we look for solid scientific substance in a submission. We ask ourselves, as we recommend that you yourself do, is this a scientifically sound manuscript? What is hypothesized, what is provided as data-based evidence/examples, and is the conclusion appropriately drawn? Are there unfounded arguments being "supported" by anecdotes and non-scientific observations? Carefully consider your own paper on these points before submitting.

That said, the single largest challenge we see with the manuscript submissions we receive is facility in the use of the English language. Even the best scientific research, if relayed to its audience in broken sentences of poor English, fails to share and impart the valuable knowledge that it means to. To this end, it is a necessity that English writing quality meets a certain standard of fluency. If the quality of English writing is not good in your manuscript, we recommend seeking out English writing assistance to edit the manuscript to acceptable standards of coherence and eloquence.

From the journal's perspective, we need to publish papers that are of interest to the health community at large in the Asia region. A solidly scientific and well-written paper that engenders little overall interest through its subject matter is not as valuable to the journal as one that presents a subject matter of strong interest that would be widely read, learned from, and utilized by others in their own learning and research endeavors. Consider the subject matter's relevance and the health community's interest

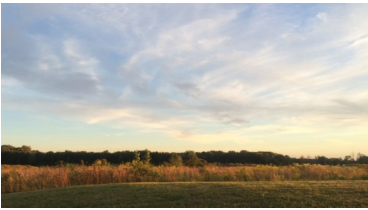
level in it before submitting. We also recommend that authors consider the layout and presentation style of the manuscript. Two papers can discuss the same research but one that makes the subject matter relevant and for example, offers ideas on avenues for further research and debate, will spark stronger interest and therefore will more likely be chosen.

Finally, there have been paper submissions that I have seen throughout my tenure that are excessively promotional in nature. I pay particular attention to these as the preliminary reviewer as promoting any given drug, technology, etc., is something we wish to avoid as a journal, to protect the journal's integrity as an impartial and science-based publication. As a matter of practice, if a submission, otherwise sound, is promotional in nature, I will ask the authors to change the writing to remove those promotional notes and to present the research as is, allowing the data, analysis, and properly drawn conclusions to "do the talking."

These are some key initial notes to consider when crafting your manuscripts for submission. In Part II of this series, which will be featured in *News Across Asia*, Volume 3, Number 4 (Winter 2014 Issue), Co-Editor Dr. Nathorn Chaiyakunapruk will provide meaningful examples from notable articles that have been published in the journal.

[To view the forum presentation, view here.](#)

This article was based on presentations from the ISPOR ViHRI Forum during the ISPOR 6th Asia-Pacific Conference



News Across Asia

Asia Consortium Leadership Elections

ISPOR Asia Consortium is beginning elections for the **2014-2016 Chair-Elect** position of the working committees.

Working Committee Chair-Elect must reside in a country in Asia (except for Industry Committee) and be an ISPOR member. The responsibilities of the committee Chair-elect are to conduct and preside over all meetings of the committee in the absence of the Chair; and assist the Chair with the responsibilities of the committee.

Please nominate excellent candidates by sending your recommendations to asiaconsortium@ispor.org. Self nominations are also welcomed.

The following [working committees](#) are currently undergoing elections for leadership:

- Education Committee
- Publication Committee
- Industry Committee
- Clinicians Committee
- HTA Agencies, Health Care policymakers and Payers Committee

*With self nominations, please provide a 1/2-1 page vision statement and resume.

You may view current working committee memberships as well as recent Asia consortium initiatives at the [Asia Consortium homepage](#)

ISPOR ASIA CONSORTIUM

Vision 2020 for ISPOR Asia Consortium

ISPOR Asia Consortium has grown incredibly since its inception in 2004, from 12 founding members to now over 700 members a decade later. With that in mind, thought leaders within the consortium met together to discuss strategy to take the consortium forward into the next decade.

Key opportunities for the Asia Consortium include Asia becoming an emerging and important pharmaceutical market; countries in Asia have increasingly used pharmacoeconomics and outcomes research (PEOR) to support public policy decision making, including pricing and reimbursement policy; adaption of biological technology, which is likely expensive, is increasing and this adaption usually requires the use of PEOR; and sources of data and information systems in Asia have become available.

On the other hand, major challenges that lie ahead include the fact that human capacity related to PEOR is still a major issue; PEOR science and methodology in the region is an ongoing challenge; sources of research data and activity funding are limited; working around a variety of health care systems and country backgrounds can be challenging; and involvements of policy makers, health care professionals, and patients in PEOR are limited.

The ISPOR Vision 2020 outlines strategies for the three major areas of focus, which include Research, Education and Communication. These strategies and tactics support the research goal of improving quality and data inputs, building capacity within the educational sphere, and expanding the consortium network via communication. The concluding part of the report reviews situational points that are context-specific to the consortium as a matter of consideration. The context-specific strategies aim to develop Asia Consortium into a thought leading organization that wields the scientific and financial clout to make impactful contributions to PEOR in Asia.

Since Asia Consortium is a member-driven organization, we hope you our members can help

us to make Vision 2020 even more powerful. Please review the [preliminary version](#) that was proposed by the founding members and send your inputs to asiaconsortium@ispor.org. Please let us know which areas are most necessary to pursue and what strategies will be most effective.

ISPOR Asia Consortium Business Meeting in Amsterdam

ISPOR Asia Consortium held its annual European business meeting on November 10, 2014 during the ISPOR 17th European Congress in Amsterdam, The Netherlands. There were over 50 delegates in attendance, and the meeting provided a platform for sharing information on cutting edge developments in Asia health policy from countries / regions including China, Hong Kong, Taiwan, Iran, Israel, Japan, Kazakhstan, South Korea, Malaysia and Singapore.

[View the meeting discussion and summary>>](#)



From left to right: ISPOR President Adrian Towse, ISPOR President-Elect Daniel Malone, ISPOR CEO & Executive Director Nancy Berg, Asia Consortium Executive Committee Chair Yen-Huei Tarn and Asia Consortium Founding Member Isao Kamae



There were over 50 delegates from numerous countries in Asia that attended the meeting to share information on cutting edge health policy trends



News Across Asia

**ISPOR 7th
Asia-Pacific
Conference
2016 Singapore**



Conference Support Opportunities

Corporate Support:

- Platinum Level: \$15,000
- Gold Level: \$10,000
- Bronze Level: \$5,000

Corporate Support benefits include:

- Recognition in the Conference Final Program & Schedule of Events
- Recognition at the Conference Plenary Sessions
- Recognition on the ISPOR website and Conference Signage
- Complimentary conference registration – (1 for Bronze Level, 2 for Gold Level, and 3 for Platinum Level)

Educational Symposia:

Sponsored educational presentations (open to conference attendees)

- 5 slots remaining, first-come-first-serve

Educational Roundtables:

Sponsored half day/full day educational presentations (invitational)

- Health policy-related topics (i.e. pricing, reimbursement)
- Invitation-only attendees (health care administrators, HTA assessors, etc.)
- Hand-tailored presentation contents and presenters
- Top-notch management support

ISPOR ASIA CONSORTIUM

Leadership Elections for Asia Consortium Working Committees

Working committees within ISPOR Asia Consortium are undergoing the nominations process for the 2014-2016 Chair-Elect positions. Members are welcome to provide recommendations or self nominate by sending correspondence to asiaconsortium@ispor.org. Working committees involved include the education, publication, industry, clinicians and HTA agencies and health care policymakers committees. [View working committee members and leadership here.](#)

Support Opportunities for ISPOR 7th Asia-Pacific Conference

Numerous support opportunities are available for the ISPOR 7th Asia-Pacific Conference which will be held in Singapore 2016. Sponsored educational symposia are available upon a first-come-first serve basis, with 5 slots remaining. Additionally, there are sponsored educational roundtable opportunities available, which are closed door meetings which afford the sponsor the opportunity to choose its selected audience of health care decision makers. These educational roundtables were first unveiled at the ISPOR 6th Asia-Pacific Conference in Beijing, 2014, and were wildly popular. Featured forums from Beijing included:

- Access Policy and Innovative Biologic Medicines in Asia
- Personalized Medicine on Colorectal Cancer and Economic Assessment
- Nutrition and Health Economics
- Broader Approaches to HTA: Strengthening Health Systems to Improve Patient Care

[View the conference support opportunities here.](#)

ISPOR Asia Consortium Resources

ISPOR Asia Consortium is pleased to announce the availability of new educational and outcomes research resources available on the [Asia Consortium website:](#)

ISPOR Distance Learning Modules



ISPOR Distance Learning Module “**Patient Reported Outcomes – Analysis and Interpretation**” has been translated into Chinese and accessible [here.](#)

[Access the full list of Chinese modules here>>](#)

- Introduction to Pharmacoeconomics (药物经济学导论)
- Introduction to Outcomes Research (产出研究)
- Use of Public Survey Data in Health Outcomes Research (健康相关生存质量:基础)
- Health-Related Quality of Life (HRQOL) – Basics (在卫生结果研究中使用公用调查数据)
- Introduction to Systematic Reviews & Meta-Analysis (关于系统综述和荟萃分析的介绍)
- **New!** PRO: Analysis and Interpretation (患者报告结果 - 分析与解读)

New! ISPOR Good Practices for Outcomes Research Articles



[Health Economic Evaluation Publication Guidelines – CHEERS](#) has been translated into Japanese and is accessible [here.](#)

» [日本語](#)

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REGIONAL HEALTH POLICY UPDATES

Strengthening Vital Statistics: Policy Brief



The Asia Pacific Observatory on Health Systems and Policies

(APO) has launched a Policy Brief on *Strengthening Vital Statistics Systems*. This policy brief examines gaps in fundamental health information in Asia that is necessary for evidence-based decision making and the key steps needed to improve data frameworks for better outcomes.

[*View the policy brief here.](#)

[View APO website](#)

Regional Health Policy Updates

Information was taken from presentations during the Asia Consortium Business Meeting, ISPOR 17th European Congress, Amsterdam, The Netherlands

Health Policy Updates in Hong Kong

Vivian WY Lee, BSc, PharmD, BCPS, ISPOR Hong Kong Chapter

The Government of the Hong Kong Special Administrative Region has started the consultation for the new voluntary health protection scheme (HPS). The objective of this new HPS is to relieve pressure on the public health care system; to provide a choice for the middle class to use private health care services; to mobilize private resources to provide supplementary financing for

health care; to safeguard consumer interests and to enhance long term sustainability. The implementation of HPS may impact the Health Technology Assessment policy of Hong Kong in the future.

A New Requirement for the Registration of Pharmaceuticals and their Reimbursement in Iran

Shekoufeh Nikfar, PharmD, MPH, and Mohammad Abdollahi, PharmD, PhD, ISPOR Iran Chapter

It is generally accepted that new medicines have the potential to improve health outcomes but considering the impact of affordability and access to medicines by the patients led the priority of cost effectiveness. One of the main activities to promote appropriate health service is the use of a suitable medicines list. A national medicine list based on strong evidence has a lot of benefits and impact in health and economic conditions. Iran has already adapted a National Medicine List (NML). Traditionally, Iranian National Medicine Selecting Committee (IMSC) members used to make decisions based on only efficacy and safety of medicines. But, recently the criteria of selection of new medicines have been improved by analyzing cost effectiveness and pharmacoeconomics which has become officially active after the signature of the Iranian Minister of Health. Hence, from April 2014, all applications for registration of new medicine/ pharmaceuticals in Iran must be

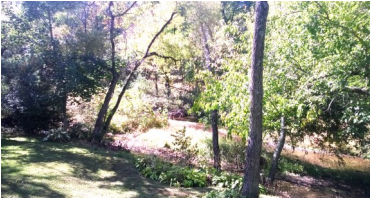
accompanied with a complete pharmacoeconomics analysis. Similarly, all other process of medicines' supply, including registration, procurement, inspection, quality control, and post marketing surveillance are still in place. Moreover, the reimbursement and insurance processes can be done only for the medicines that have been accepted to be added to the national list.

The use of pharmacoeconomic evaluations is to establish whether a medicine represents fair value for money. In terms of promoting transparency, the guideline has been trained in Iran's context. The objectives of this guideline that has been established in October 2014 in Iran is to: create a standard for conducting economic evaluation; describe a process of compiling a submission; describe the process to be followed when submitting an application; provide an overview of the principles and methods to be applied; promote transparency regarding the value of medicines; create a forum which provides an objective review of the value of medicines; and ensure a common understanding of the criteria and information that is required.

Israel's Inter-hospital Electronic Communications Platform and New Breast Cancer Therapy

Nicky Liebermann, MD, ISPOR Israel Chapter

Computerized communication between hospitals and Health Maintenance Organizations (HMO) has been an effective



News Across Asia

REGIONAL HEALTH POLICY UPDATES

tool for prevention of re-hospitalizations. The MOH leads an agreement between hospitals and HMO's, in order to lower re-hospitalizations. Pre-designed information will be transmitted to hospitals about newly hospitalized patients. At discharge, specially designed information will be transmitted to the HMO, and "discharge nurses" will "ease" the continuity of therapy in the community, so that the medical results will be optimal.

The Intrabeam is a new therapy for breast cancer. About 20-30% of women with breast cancer with no nodal or metastatic involvement undergo radiation therapy for about 25-30 sessions.

It has been introduced in all Clalit's hospitals intra-operative local irradiation so that no further radiation therapy is needed. It's less costly for the organization, better medical quality, and a more comfortable approach for the patient.

HTA in Japan

Naoko Tomita, MA, National Institute of Public Health, Saitama, Japan

Official discussion towards the introduction of HTA has been started at ministry committee level and trial implementation of HTA in 2016 is now under review. Intractable Disease Health Care Act was enacted in May 2014, which will be enforced January 2015, and the number of designated rare and intractable diseases eligible for financial assistance will be expanded from 56 to about 300 diseases under the new law.

HTA-related Health Policy Status in Taiwan

Yen-Huei (Tony) Tarn, PhD, MS, ISPOR Taiwan Chapter

With regard to pharmacoeconomic studies on the local level, Taiwan is undergoing the capacity-building phase, as it faces the challenges like unsatisfactory quality mostly on reporting, and a lack of com-

munication and coordination with industry stakeholders. There is also a need for more time and human resources in the National Institute for Health Technology Assessment (NIHTA). Data transferability is also a challenge, with issues like practice patterns, decision rules, data models in different countries, and local adaptation of global models playing an important role in helping to localize CEA for rational decision making and facilitating the acceptance of global clinical data. Finally, there is a serious lack of local epidemiologic research and cost data.

On the horizon for local pharmacoeconomic research in Taiwan, mandatory cost effectiveness analysis will be considered by National Health Insurance Administration (NHIA), encouraging research to provide robust evidence in submissions. Questions of how to use the cost effectiveness analysis results will nonetheless remain, including how to fix the thresholds, and how variance affects conditions. Budget impact analyses are also undergoing changes in the process. The original BIA guideline was released in 2009, and a new submission dossier form was announced (Sep 29, 2014) by NHIA, which requires the BIA to include the impact on medical services as well.

With regard to drug and health care budgets, it will be necessary to eliminate the discrepancies on the view for budget impact when the drug could save on other services, or the drug could induce usage of other services. Impact on services may also emerge due to different routes of treatment (Ex. Oral vs. injection), different processes of identifying eligible patient populations (Ex. extra gene testing is needed), different follow-up protocols (Ex. more frequent outpatient visits or testing, extra surveillance for AE), and changes of disease conditions resulting from the treatment (Ex. shorter ICU/hospital stay, fewer ER visits, fewer complications).

ISPOR Regional Initiatives

New! ISPOR South China Chapter

The newest ISPOR China in Asia is the ISPOR South China Chapter, which was approved by the ISPOR Board of Directors in November. The Chapter is headquartered out of Jinan University, Guangzhou, China and recently held the 2nd South China Pharmacoeconomics Seminar in November. [For more information, please view the ISPOR South China Chapter website](#)

New ISPOR Student Chapters

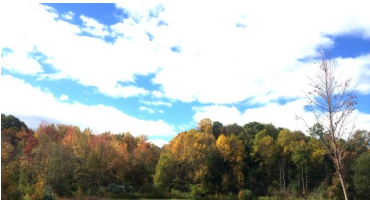
Five new ISPOR Student Chapters were established including ISPOR Bombay College Student Chapter (India), ISPOR Kerala University (KUHS) Student Chapter (India), ISPOR Jinan University Student Chapter (China), ISPOR Nazarbayev University Student Chapter (Kazakhstan), and Astana Medical University Student Chapter (Kazakhstan). [For more information, please view the ISPOR Student Chapter website](#)

Health Care Decision Making Workshop in Australia

ISPOR Australia Chapter held a successful A workshop on Tuesday, 18 November 2014 titled "Risky Business: Decision Making in Health Care with Economic Uncertainty" in Deakin University, Melbourne City Center (100 attendees including key leaders from government, industry and academia). The Chapter's next workshop will be held on April 21, 2015 in Sydney and be on "Predicting Future Evidence." [To view the presentations, go to ISPOR Australia Chapter.](#)

National Health Economics Seminar in India

ISPOR India-Andhra Pradesh Chapter will hold a National Level Seminar on Health Economics and Outcomes Research on Saturday, December 27, 2014. Abstracts for oral and poster presentations



News Across Asia

ISPOR REGIONAL INITIATIVES

are open and can be submitted to isporap@gmail.com by 10th December, 2014. [For information and registration, go to ISPOR India-Andhra Pradesh Chapter.](#)

PEOR Conference in Manipal, India

ISPOR India-Karnataka Chapter will hold the annual Pharmacoeconomics and Outcomes Research Conference on 6-8 March 2015. Abstract submissions are open. [For information and registration, go to ISPOR India-Karnataka Chapter.](#)

Lecture in Raipur, India

ISPOR India-West Bengal Chapter President, Dr. Subhash C. Mandal, delivered a lecture titled "Impact of Pharmacoeconomics in Health Care Sector: Regulatory Perspective" during the "International Conference on Frontiers in Pharmaceutical Science & Research" at Raipur, Chhattishgarh, India on October 11-12, 2014. [For report on the lecture, go to ISPOR India-West Bengal Chapter.](#)

ISPOR CHEERS Report Translated into Japanese

ISPOR Japan Chapter translated ISPOR article CHEERS into Japanese. [To view the translated article view here.](#)

MEMBER-REPORTED NEWS

Iran's Immunization Plan

Amir Viyanchi, Office of Budget, Hamedan University of Medical Sciences, Iran

Iran's vaccination program was extended with the Pentavalent (DPT+HB+HiB) from November 18, 2014 across Iran. Immunization is one of the most important preventive health actions in Iranian children's lives, as it provides protection against the most dangerous childhood diseases. Importing 5 million doses of the vaccine has started and cost of the total dose is estimated 620 billion IR (almost 19 million USD). Production of this vaccine is planned in the country during the next four years at the Pasteur Institute of Iran with collaboration from private domestic drug industries. The pentavalent vaccine is a combination of five vaccines in one: diphtheria, tetanus, whooping cough, hepatitis B and Haemophilus influenza type b (the bacteria that causes meningitis, pneumonia and otitis).

Quote on the ISPOR Regional Meetings in Amsterdam

“Sessions were diversified, perhaps more so than in previous ISPOR meetings I have attended in the past. I found particularly interesting sessions relevant to policy making, offering a regulatory perspective. For the first time, we conducted a joint ISPOR Arabic and Africa Networks presentation, a result of hard work with our regional colleagues and International Development liaison at ISPOR” - **Mahmoud Elmahdawy, PharmD**, President, ISPOR Egypt Chapter and Chair-Elect, ISPOR Africa Network

ISPOR Arabic Network and ISPOR Africa Network

ISPOR Arabic and Africa Networks Joint Meeting

Through face to face meetings, ISPOR Congress in Amsterdam provided an opportunity for many attendees from Western Asia and Africa to exchange ideas on collaborative initiatives. The conjoint [ISPOR Arabic Network](#) & [ISPOR Africa Network](#) meeting was where the structure and content of paper development on Ebola and health economics was closely discussed. More information on ISPOR Chapters and Networks: [ISPOR Regional Networks.](#)



A strong representation of members from ISPOR Regional Chapters in Western Asia and Africa attended the conjoint ISPOR Arabic and ISPOR Africa Network meeting



Leadership shared health policy information and strategic planning at the ISPOR Africa and Arabic Networks joint meeting

Standard Treatment Guidelines Forum

For the first time the ISPOR Arabic and ISPOR Africa Networks collaborated on presenting in an ISPOR Forum. The session titled: [Standard Treatment Guidelines \(STG's\) And The Effect Of A Lack Of Implementation](#) focused on discussing the lack of implementation of standard treatment guidelines across Africa and Western Asia.

CALL FOR NEWS

We welcome the following news items for [News Across Asia](#):

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Your insights on health care policy trends and updates of HEOR/HTA in Asia

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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

Your comments to the *News Across Asia* previous issues.

SUBMIT ALL COMMENTS AND NEWS TO:

asiaconsortium@ispor.org

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International Society for Pharmacoeconomics and Outcomes Research (ISPOR)

505 Lawrence Sq. Blvd. S.
Lawrenceville, NJ 08648
T: +1-609-586-4981
F: +1-609-586-4982

Check us out on the web
www.ispor.org



International Society for Pharmacoeconomics and Outcomes Research

ISPOR Asia Consortium

JOIN ISPOR ASIA CONSORTIUM

Become a member of our growing organization and help make a positive impact on health outcomes in Asia. Joining is free, with opportunities to access our numerous resources and initiatives in the region through our platform:

- Over 700 members and Growing
- 8 active working committees
- 25 ISPOR Regional Chapters

Stay informed on the numerous Asia Consortium initiatives:

•Elections for 2014-2016 Chair-Elect of ISPOR Asia Consortium Working Committees

Elections will be held next year and we are still welcoming nominations of excellent candidates. Please send your recommendations and self-nominations to asiaconsortium@ispor.org

•Value in Health Regional Issues Asia 2015

Full publication is scheduled for May 2015. [Please submit your manuscripts for consideration. View and download past issues' articles](#)

•ISPOR Asia Consortium meetings during the ISPOR 20th International Meeting

Committee meetings will be held at the meeting in Philadelphia, PA, USA in May 2015

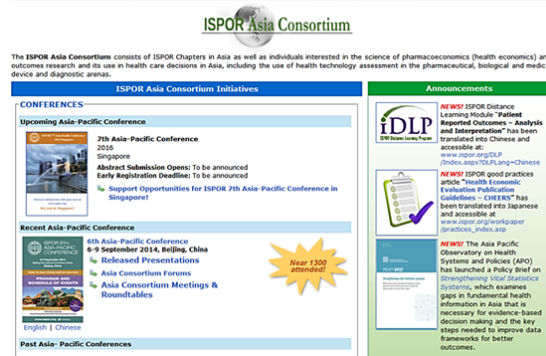
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Check out the ISPOR Asia Consortium homepage for more information:

<http://www.ispor.org/consortiums/asia.asp>

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