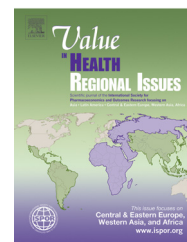




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## EDITORIAL

## Further Steps in the Development of Pharmacoeconomics, Outcomes Research, and Health Technology Assessment in Central and Eastern Europe, Western Asia, and Africa

During the organizational and functional development of the International Society for Pharmacoeconomics and Outcomes Research (ISPOR), more attention was paid to developing regions. In addition to the traditional annual meetings in Western Europe and North-America, the 1st Asia-Pacific Conference and the 1st Latin America Conference were organized in 2003 and 2007, respectively. In addition to *Value in Health*, its well-established journal, ISPOR introduced *Value in Health Regional Issues* (ViHRI), its new independent, official scientific journal in 2012. Its 1st volume, published in 2012, consisted of two issues covering the regions of Asia [1,2] and Latin America [3,4]. As of 2013, a special issue has been devoted to the regions of Central and Eastern Europe, Western Asia, and Africa (CEEWAA). Countries eligible from *Central and Eastern Europe* include Albania, Belarus, Bosnia and Herzegovina, Bulgaria, Croatia, Czech Republic, Estonia, Greece, Hungary, Latvia, Lithuania, Montenegro, Poland, Republic of Moldova, Romania, Russian Federation, Serbia, Slovakia, Slovenia, Ukraine, and The Former Yugoslav Republic of Macedonia. Countries eligible from *Western Asia* are Armenia, Azerbaijan, Bahrain, Cyprus, Georgia, Iraq, Israel, Jordan, Kuwait, Lebanon, Occupied Palestinian Territory, Oman, Qatar, Saudi Arabia, Syrian Arab Republic, Turkey, United Arab Emirates, and Yemen. All African countries are eligible.

The criteria of an article to be considered in ViHRI CEEWAA are as follow: at least one of the authors of an article submitted to the journal must reside in the region; when an article reporting on an empirical study is submitted, it must include subjects from population(s) in the region. For the first CEEWAA issue of ViHRI, 54 manuscripts were submitted of which 24 have been accepted for publication following a thorough review process.

The introduction of a special issue for the CEEWAA region of ISPOR provides a great opportunity for scholars from these countries to publish their research findings and health policy reports in an international scientific journal. Yet, it is very challenging to include in one issue articles from a variety of regions. One should bear in mind that countries of the CEEWAA region represent a heterogeneous region with substantial differences and challenges relating to country's wealth (i.e., gross domestic product per capita), political environment, population's health status, health care affordability, and spending. For example, the life expectancy at birth for males is 72 years for the World Health Organization (WHO) European Region, 67 years for the Eastern Mediterranean Region, and 55 years for the African Region, while for females, the values are 79, 70, and 58 years, respectively. The number of physicians per 10,000 populations is 33.3 for the WHO European Region, 10.8 for the Eastern Mediterranean Region, and 2.5 for the

African Region. The per-capita total expenditure on health (purchasing power parity international \$) is 2282 for the WHO European Region, 326 for the Eastern Mediterranean Region, and 154 for the African Region [5].

The diversity of challenges in these countries could result in a broader spectrum of published articles. While in some developed countries, cutting of hospital beds or narrowing the health insurance basic benefit package represent key health policy objectives, other countries try to establish a hospital system or introduce a basic benefit package for larger parts of their population. Whatever is a current leading health policy issue in either a nationwide or a local health care system, decision making should rely on strong scientific evidence. In this decision-making process, health-economics and outcomes research must play an important role by informing decision makers on the costs and benefits of alternative medical interventions. Although publications from the CEEWAA relating to pharmacoeconomics and outcomes research are limited, current research topics cover health-economic analyses [6,7], coverage policy of new medical technologies [8,9], pharmaceutical market analyses [10,11], burden of disease studies [12], and budget constraints issues [13].

The current issue of ViHRI features articles from 15 different countries and include economic analyses and patient-reported outcomes on various disease areas such as cardiovascular diseases, diabetes, cancer, and psychiatric conditions, as well as clinical outcomes studies and health policy analyses. We hope that both readers and policymakers will find this issue informative and enriching.

Finally, we thank the ISPOR staff for initiating and supporting this new journal and encourage scholars from ISPOR's CEEWAA countries to submit their research findings to ViHRI.

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