

## ***The Central & Eastern European Network of ISPOR has been established***

*An interview with health economist Vladimir Zah*

**The International Society for Pharmacoeconomics and Outcomes Research (ISPOR), an international society on health economics with a membership exceeding six thousand, established its Central & Eastern European Network at its annual congress held in New Orleans this year. Dr Zoltán Kaló, the expert elected as a member of the ISPOR Board of Directors last year, will perform his duties as the regional chair of this network in 2013-2015, whereas in 2015-2017 Vladimir Zah PhD, the chair of the ISPOR Serbia Chapter will take over this position (chair-elect). The Serbian expert delivered a highly successful lecture at the 7th IME-META National Conference on Health Economics, held on 19-20 June; this was the occasion when our journal had the opportunity of interviewing him about the co-operation of ISPOR regional member states.**

**We can welcome you as an old friend in Budapest as it has been the third time when we are honoured with your presence at the international section of the IME-META National Conference on Health Economics. Why do you regard it as important to take part at these discussions?**

On one hand, these events represent a great opportunity to be engaged in conversations and the exchange of ideas with internationally renowned professionals, whose expertise and professional work I really appreciate. And, on the other hand, because it can be clearly concluded from the lectures given, how specific issues of health economics are interpreted in the individual countries of the region. This year the participants had the opportunity to get an international overview about personalized medicine and the use of orphan drugs. We tried to investigate the burden of the treatment of rare diseases in our countries; we have also discussed the potential aspects as recommended to be considered with respect to decisions to be made in the application of modern technologies.

**– The newly established ISPOR Central & Eastern European Network starts its operations officially on 1st July this year. Are there any similar regional networks within ISPOR that also represent several countries?**

Yes, definitely; the Central & Eastern European Network has been the fourth in line within ISPOR following the Asian, the Latin-American and the Arabic Networks.

**– Which countries are members of the ISPOR Central & Eastern European Network?**

Belarus, Bosnia Herzegovina, Bulgaria, the Czech Republic, Greece, Croatia, Poland, Macedonia, Hungary,

Russia, Romania, Serbia, Slovakia, Turkey, Ukraine, and there is a local Slovenian organization also, currently being set up; it will join us as well. It shall also be noted that theoretically also countries with no official local ISPOR chapter – just like Montenegro, Albania or the Baltic states – may also join the ISPOR's work; we count on them as well.

**– You are going to take over the office of the chair in 2015 from Dr. Zoltán Kaló in the ISPOR Central & Eastern European Network. I suppose that you try to reconcile your long term plans even now, right at the moment of start.**

We definitely do so; we are hard at work with a program plan that we would like to present together and have it approved at the first major meeting of the regional management team. It will be the main task of the regional board that will meet at our November ISPOR European congress in Dublin to discuss and adopt all those specific proposals, we have been working on since formation of the CEE Network. Thus we will be working really hard in the coming period until November. Of course the planning of the program will not be confined to an "ivory tower" - we are going to involve all member states of the region with the help of electronic communication tools.

**– Could you share with us in a nutshell what is the most important corner stone of this co-operation?**

The various activities will be distributed among working groups. This way there will be separate sections dealing with research, the publications of scientific results and communication, the education and training related issues of health economics, and the organization of conferences. We do not consider this arrangement as final; the number of working groups may be expanded in the future. Each working group will have its own management team to be elected at our Dublin meeting. Based on our plans such management team will represent the entire region of Central & Eastern Europe, so that we could emphasize the principle of equality among the member states. The leaders of the working groups, as well as chairs of the local ISPOR members of the region will automatically become members of the Executive Committee of the ISPOR Central & Eastern European Network. Representatives with academic or industrial background are also welcome, just like the decision makers of health policy or institutions dealing with health economics related research.

**– What are the advantages of ISPOR membership for Central & Eastern European countries?**

The European network of ISPOR gives an opportunity for cross-border research and other types of collaborations.

Co-operation is highly important among our countries, especially in consideration of the fact that our member states on their own are not recognized as important by many, thus lacking the opportunity of exerting real influence on global processes. If, for example, there is a research going on either in Serbia or in Hungary in an isolated way, the results thereof are not considered as relevant for the entire region, thus the publication of such results could be difficult at an international level. However, if there are three or four member states co-operating and presenting a study of greater importance, then it could be regarded as significant even from a global perspective, thus such study may influence even international processes. Joint, comparative studies could be informative for the profession, because they may point out the differences of the changes taking place in the individual countries. It shall be noted that the advantage of ISPOR membership could also be tracked in the increasingly efficient utilization of EU research funds. As not all affiliated countries of the ISPOR Central & Eastern European Network are EU member states. Such countries – that are burdened with similar health problems and lack of resources – could be more efficient if acting jointly under the auspices of ISPOR, and they can also apply for EU research funds together.

**– How widespread do you think the application of health economics in the countries of our region is?**

The use of health economics varies in the region. From this respect Poland and Hungary are forerunners, but there are also countries where our profession is considerably under-represented. It is our duty to achieve by promoting education, that the toolkit of health economics is integrated to decision making as a standard methodology. In regions with limited resources it is especially important that decisions are not based on political considerations, but on scientific results.

**– With respect to health economics to what extent do the various member states speak the same professional language?**

In our countries the interpretation of health economics is not unified. In certain cases we have different opinions about specific professional issues. When we started to teach the related knowledge in the region, it happened several times that some – especially the representatives of the industry or health politicians – believed that health economics is nothing else, but a marketing tool.

**– Have you ever thought of creating a common terminology in order to avoid misunderstandings?**

This is exactly the justification of our Central & Eastern European organization. We have already created the ISPOR Book of Terms in English that provides a uniform definition for certain technical terms. What we are working on currently is to have book of terms translated to the official languages of all countries of the region.

**– This international “dictionary” could come really handy in the training of health economists as well. Is it expected that the teaching and education of health economics is aligned in the ISPOR member states?**

Of course we regard it as highly important to work with internationally relevant and standardized training programmes. However, this does not necessarily mean that we would like to unify the trainings of different countries entirely. It can also be said that the volume of information integrated exceeds the number of instructions given. Our duty is not about controlling each and every process, but to define the right direction and provide a sound professional-scientific background for ISPOR member states. The co-operation to be implemented in Turkey in the near future is a good example for that: based on the request of our Turkish affiliate we will subsidize the training program of the Turkish public financing body. Together with my colleague, Zoltán Kaló we are organizing a group of trainers with the participation of international experts, and while giving a series of lectures for the Turkish colleagues within the framework of a local training this autumn. Such projects are really efficient because they facilitate that the region's member states could join the international world of professionals without losing their own sovereignty, and work in the field of health economics while conforming to the local demands and processes.

**– How widespread is the approach of health-economics in Serbia, in your home country?**

We established the local ISPOR affiliate in Serbia in 2008; currently it has 45 members. In the past five years we have arranged a number of training programs; our members have recently launched a PhD course in health economics related modelling at the University of Kragujevac. We have translated the ISPOR Book of Terms to Serbian, and as a result, it is now clear and unambiguous for everybody what health economics does mean and what it does not. Unfortunately there is still a great lack of experts in Serbia, thus we have to strengthen education, and - as one of its most important steps - organize university graduate courses in health economics. At the same time we also need to develop a traceable career model for health economists. It is an important task of ours to show it for decision makers how much help the application of a health economics related methodology and toolkit could represent in their work, whenever the issues of efficient resource utilization or their optimal allocation are dealt with. From this respect our decision makers are much less prepared compared to the health politicians of Western European countries. In my opinion this phenomenon is a characteristic not only of Serbia, but of the entire Central & Eastern European region.

**– Can the co-operation with ISPOR facilitate the widespread use of health economics in Serbia?**

Definitely. We can learn a lot from the examples of ISPOR member states that are ahead of us in this development with more related experience. We are of the opinion that as a member of the Central & Eastern European Network we can reach a higher level of development faster than if we were working alone, in isolation.

**– Not to mention the fact that you might avoid the teething troubles others had to cope with...**

You are right. The introduction of a young discipline and its application in everyday life may be accompanied with various obstacles – the majority of which could thus be elimi-

nated if we are able to draw a lesson from the mistakes of others. As smart people learn from their mistakes, but the real sharp ones learn from the mistakes of others...

*By Piroska Boromisza*

## ABOUT



**Vladimir Zah** founding chair of the Serbian affiliate of the International Society for Pharmacoeconomics and Outcomes Research (ISPOR), he has also been a senior member of the Toronto based ZRx Research Centre of Health Economics since 2003. In 1995 he graduated as a marketing manager from the Cyprus Institute of Marketing, Nicosia. In 1998 he received his CPIAPD (Programmer Analyst) certificate from the Toronto-based School of Technology. After having participated in various international trainings and educational

programs he received his PhD in health economics in 2013 from the University of Lyon, France. Since 2000 he has participated in altogether 180 health-economics related modeling as an expert related to phase II and IV clinical trials. Since 2004 he has been an active member of various organizations within ISPOR. In the past five years he was invited as a speaker of international ISPOR conferences in Bosnia-Herzegovina, Hungary, Poland, Italy, Slovakia, Turkey, Greece, Russia and India. He has been elected as chair of the ISPOR Central & Eastern European Network for the term of 2015-2017 (currently chair-elect). He is a member of various international professional organizations.