Strategic Planning White Paper 2026–2028

Society for Asia Medical Decision Science

Connecting the Real World to Create Better Medical Decisions

Table of Contents

Executive Summary

The Society for Asia Medical Decision Science (SAMDS) is emerging in the era of rapidly evolving medical technologies and increasingly complex health needs, acting as a cross-disciplinary and cross-national platform that uses rigorous medical decision-making science and health information to provide better quality and equitable health options for clinicians, policy makers, and the public. In accordance with this mandate, the Society adopts the following visions and missions as a guide for regional development and strategic measures between 2026 and 2028.

Vision: *Connecting the real world to create better medical decisions for better lives*

Mission: *Establish sustainable networks for sharing excellent medical decision sciences*

The Society for Asia Medical Decision Science (SAMDS) was established in Taipei, Taiwan on October 11, 2025, and quickly expanded into a regional platform to connect partners from Taiwan, Japan, Mongolia, Thailand, Türkiye, Australia, New Zealand and other Asia-Pacific countries through international conferences and multi-country research networks. Figure 1 shows the geographical distribution of the Member States and highlights the emerging role of the SAMDS as a multi-country hub in the Asia-Pacific region. Figure 1 shows the geographical distribution of member countries, highlighting SAMDS's emerging role as a multi-country hub across the Asia-Pacific region.
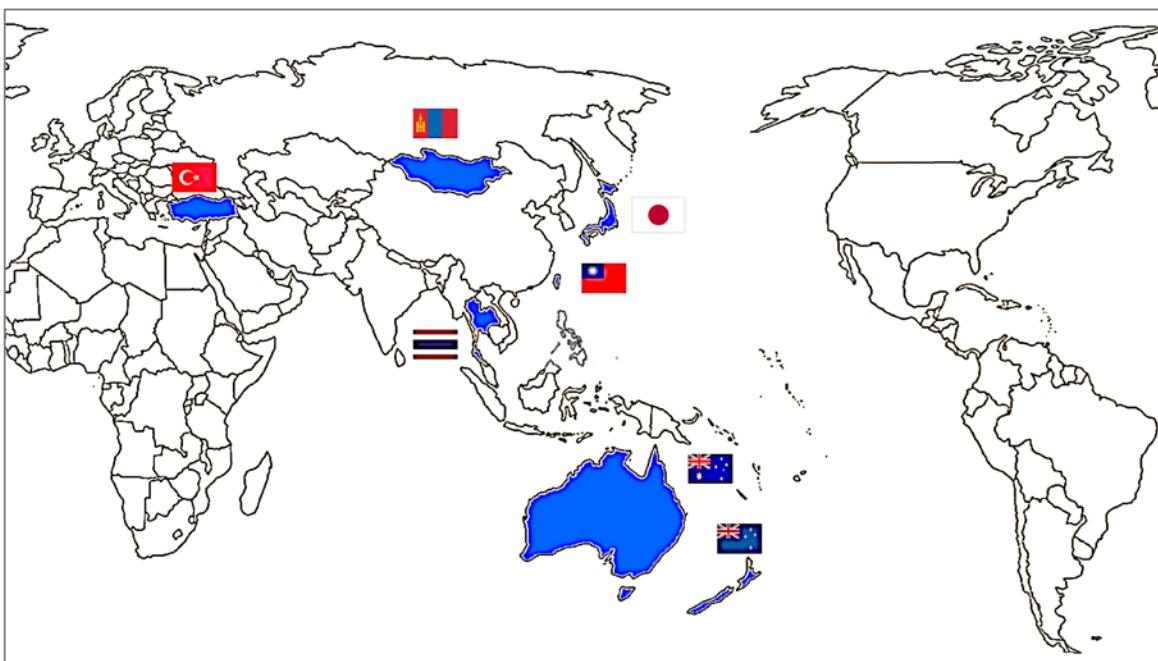

Figure 1: Distribution map of member countries of the Society for Asia Medical Decision Science (SAMDS)

This Strategic Planning White Paper outlines a comprehensive roadmap for SAMDS development from 2026 to 2028, structured around five integrated strategic domains:

1. **Academic Research and Knowledge Infrastructure** — Positioning SAMDS as a leading regional hub for medical decision science and healthcare informatics

2. **Professional Education and Young Talent Development** — Cultivating cross-national leaders through structurally organized training pathways

3. **Organizational Governance and Strategic Management** — Building robust institutional foundations for sustainable growth

4. **Partnership Development and Global Collaboration** — Expanding SAMDS's reach across Euro-Asia, Asia-Pacific, and all over the world including the Europe and the Americas.

5. **Social Engagement and Policy Advocacy** — Strengthening SAMDS's roles for policy recommendations as a credible think tank and policy advisor

Core Objectives by 2028:

Table 1 provides the basic quantitative targets that SAMDS intends to achieve between 2026 and 2028 in its five strategic areas, which serve as key milestones for promoting research, education, governance, partnerships and policy advocacy. These indicators provide a clear performance framework for the Council and its partners, allowing systematic monitoring of progress and alignment of investments and activities with the mission of the organization.

Table 1: Core Quantitative Targets by Strategic Area (2026–2028)

Strategic Area	Key Quantitative Targets
Academic Research	**10+ international collaborative projects; 30+ SCI/Scopus-indexed papers; 1 sustainable regional database** SAMDS will lead or coordinate more than 10 international cooperation projects in the field of academic research, produce at least 30 SCI/Scopus indexed publications, and establish a sustainable regional database. These goals underscore the organization's aspiration to act as a regional center for medical decision science and health informatics, providing high-quality knowledge products and data infrastructure to support cross-border comparisons and political analysis.
Education	**6+ structured training programs; 100+ trainees from 10+ countries; Youth Scholars Program** In the area of education, the table lists at least six structured training programs involving more than 100 trainees from more than 10 countries by 2028, along with the introduction and consolidation of a dedicated youth scholarship program. Through these training and capacity-building efforts, SAMDS seeks to cultivate a regional community of professionals of the next generation in medical decision-making and health informatics, promoting ongoing cross-border learning and cooperation.

Table 1: Core Quantitative Targets by Strategic Area (2026–2028) (continued)

Strategic Area	Key Quantitative Targets
Governance	**Updated bylaws & governance manual; 10+ institutional members; 100+ individual members; Operational Secretariat** In the area of governance, SAMDS plans to update its regulations and governance manual, expand its membership to at least 10 institutions and to more than 100 individual members, and establish an operational secretariat. Strengthening these institutional foundations will strengthen transparency and stability in decision-making and operations and provide a solid organizational platform for long-term development and external collaboration.
Partnerships	**10+ partnership agreements/MoUs; 4+ joint activities annually; Bridge role linking three continents** In the Partnerships sector, the objectives include the signing of more than 10 Partnership Agreements or Memoranda of Understandings, the implementation of at least four joint activities each year, and the fulfilment of the role of a bridge connecting stakeholders on three continents. These quantitative milestones are aimed at expanding SAMDS' collaboration network, both geographically and disciplinarily, positioning the organization as a representative regional voice in global discussions.
Policy Advocacy	**3+ policy briefs/position statements; Participation in 3+ regional policy forums; Annual public engagement events** In the field of policy advocacy, SAMDS intends to produce at least three policy briefings or statement of position, participate in more than three regional policy forums and organize an annual public participation event. Through these actions, the organization will not only produce academic evidence, but also translate research into political recommendations and public dialogue attainable, thus improving its tangible impact on health and health policy.

The White Paper is designed to serve three core functions: (1) internal governance guidance, (2) dialogue platform with international partners, and (3) career roadmap for next-generation scholars. Implementation will proceed through annual cycles guided by rolling review mechanisms, with 2026 designated as a critical pilot and launch year.

1. Introduction

1.1 Context: Post-Pandemic Healthcare Transformation in Asia-Pacific

In the post-pandemic era, healthcare systems across the Asia-Pacific region face unprecedented complexity:

- **Demographic pressures:** Accelerated population ageing creates escalating chronic disease burdens. As the elderly population grows, the application of *population-based studies in molecular epidemiology* and *precision medicine* becomes increasingly vital to identify genetic and environmental risk factors. Through *omics analysis*, *imaging data integration*, and *bioinformatics*, researchers can better understand disease mechanisms associated with ageing, enabling earlier detection and personalized therapeutic interventions. These approaches collectively inform evidence-based policies for age-related disease prevention and management.

- **Health inequities:** Disparities in access to quality healthcare remain substantial across and within countries. Leveraging *population-based data* derived from *national and private insurance systems*, combined with medication and treatment outcome records, allows for a clearer understanding of inequities in drug utilization, care quality, and clinical outcomes. Such evidence supports targeted interventions to reduce disparities and ensure equitable access to precision treatments and innovative diagnostics across diverse socioeconomic groups.

- **Financial sustainability:** Healthcare financing systems require fundamental restructuring to maintain affordability and efficiency. Integrating *real-world evidence from medication and drug cost-effectiveness studies*, alongside analytics of *insurance claims data*, provides critical insights for designing sustainable reimbursement and pricing models. *Bioinformatics and statistical modeling* further enhance cost prediction and resource allocation decisions, ensuring that public and private payers can sustain innovative medical technologies without undermining system equity.

- **Digital transformation:** Rapid advances in *artificial intelligence*, *real-world data analytics*, and *digital health technologies* are revolutionizing healthcare research and practice. In particular, *LLMs (Large Language Models)* offer the capability to analyze large volumes of unstructured medical text and electronic health records, facilitating automated knowledge extraction and clinical decision support. Combined with *bioinformatics*, *omics*, and *imaging data analytics*, these tools are essential for scaling up precision medicine and accelerating discovery-to-implementation cycles across clinical and research environments.

- **Policy complexity:** Clinical and policy decision-making increasingly demands integration of robust evidence, stakeholder values, and local contexts. Decisions must synthesize insights from *molecular epidemiology*, *health economics*, and *insurance-based population data* while acknowledging contextual variability. *LLMs* and AI-driven policy modeling can support evidence integration across heterogeneous data sources, ensuring transparent and adaptive governance. The inclusion of *drug and intervention outcomes*

derived from real-world data strengthens evidence-based policymaking in rapidly evolving healthcare systems.

Against this backdrop, the science of medical decision-making—grounded in evidence, informed by data, and responsive to real-world implementation challenges—has become **critical infrastructure for global health governance**. By integrating diverse data sources and computational intelligence, future regional health frameworks can advance toward equitable, sustainable, and precision-driven healthcare transformation.

1.2 SAMDS: Foundation and Rationale

The Society for Asia Medical Decision Science (SAMDS) was founded on October 11, 2025, it recognizes the need for a dedicated, cross-border platform in the Asia-Pacific region to adapt to the rapid evolution of medical decision making and digital health in the region.

The core objectives of this platform are to:

- Accelerate the transfer and dissemination of best practices in medical decision science and health informatics.

- Strengthen regional research capacity and infrastructure through collaborative multi-country projects.

- Develop a new generation of talent in decision science, digital health, and healthcare management.

- Foster substantive international cooperation grounded in evidence and shared values

- Amplify policy impact by translating research findings into actionable guidance for governments and health systems.

The organization distinguishes itself through the following key features:

- It explicitly emphasizes multilateral cooperation that is not dominated by a single country or institution.

- Digital health and artificial intelligence are strategic priorities and core competences.

- The development of the Third Space partnership, which ties academia, practice, policy and civil society.

- A cross-disciplinary approach linking clinical medicine, public health, information technology, management science and policy research.

1.3 Strategic Rationale for 2026–2028

Although SAMDS is built on a solid foundation and a broad international network, its growth phase shows several important areas where further improvements and transformations are needed.

Current administrative operations are largely based on volunteers and host institutions, which emphasizes the opportunity to develop a more stable and predictable dedicated administrative structure. Decision-making remains flexible and a little informal, giving opportunities to clarify procedures and regulations in order to improve transparency and

consistency in governance. Digital platforms are still being developed and no fully functional permanent secretariat is available, allowing for the establishment of an integrated digital office environment and a specialized core team. In the face of external uncertainties such as geopolitical changes and economic volatility, society has the opportunity to rethink its methods of mobilizing resources and managing risks to strengthen long-term resilience.

To capitalize on these opportunities, the White Paper articulates a systematic framework for the SAMDS's evolution. It charts a course from a project-led network toward a mature regional society defined by institutionalized governance and sustainable impact.

2. Strategic Context & Vision

2.1 Core Vision and Mission

Vision: *Connecting the real world to create better medical decisions for better lives*

Mission: *Establish sustainable networks for sharing excellent medical decision sciences*

The organization integrates evidence-based practices and health equity into its core decision-making framework to drive sustainable health improvements throughout the Asia-Pacific.

2.2 Guiding Principles

Principle 1: Evidence-Based Practice

The organizational activities are based on rigorous evidence, real-world data and validated methodologies, and members are committed to systematically integrating the best available science into decision-making at all levels.

Principle 2: Inclusive and Equitable Collaboration

The organization includes multi-national, professional and multi-sectoral perspectives. Leadership roles and decision-making powers are distributed in several countries and disciplines in order to prevent any actor from dominating.

Principle 3: Institutional Sustainability

The organization aims to build a durable structure (management framework, financial system, digital infrastructure) that can overtake individual members and survive external interferences.

Principle 4: Third-Space Innovation

The concept of "third space" - crossing the borders of the country, institution and discipline - leads the collaborative architecture of the organization. In this space, doctors, data scientists, health professionals, managers and policy makers collaborate as peers in common problems.

Principle 5: Actionable Impact

The organization measures success not only through academic achievements, but also by tangible improvements in the results of decision-making processes, policy frameworks and health systems in Member States.

2.3 Strategic Positioning in the Global Landscape

The organization occupies a unique and complementary niche within the global landscape of medical decision-making, bridging regional priorities with international standards.

Table 2: Positioning SAMDS in Global Medical Decision Science Landscape

Organization Type	Geographic Focus	Primary Strength	SAMDS Differentiation
Society for Medical Decision Making (SMDM)[1]	Multiple regions (including North America, Europe, and beyond)	Long-established research networks and methodological communities	Cross-continental orientation with a specific focus on the Asia-Pacific region
Global digital health forums[2]	Multiple regions, often global in scope	Strong vendor and technology partnerships that drive digital innovation	Institutional independence and academic rigor, with reduced reliance on commercial agendas
WHO/UN bodies[3]	Global	Powerful convening authority for agenda-setting, treaty development, and global health policy coordination.	A bottom-up, scholar-led network with a strong emphasis on empirical research and regional implementation in the Asia-Pacific
The International Medical Informatics Association (IMIA)[4]	Global	Long-established international networks in health and biomedical informatics.	An explicitly multilateral, decision-science-centered society that integrates clinical decision science, informatics, public health, and management in an Asia-Pacific hub

1. Society for Medical Decision Making https://smdm.org/
2. Global digital health forums https://www.gdhf.digital/
3. WHO/UN bodies https://www.who.int/about/collaboration/who-office-at-the-united-nations
4. The International Medical Informatics Association https://imia-medinfo.org/wp/

SAMDS's strategic niche is as a **credible, independent, scholar-led hub** linking research, education, governance, and policy in service of Asia-Pacific health equity and sustainability.

3. Five Strategic Domains: Overview

The gold box with the label "third Space" represents the boundary-crossing platform of SAMDS, which connects the academic, professional and social domains. The five teal boxes are the strategic areas: academic research and knowledge infrastructure, professional education and talent development, organizational governance and strategic management, partnerships development and global collaboration, and social engagement and policy-making. Solid and pointed arrows indicate dynamic interactions and feedback cycles between these domains, emphasizing a circular ecosystem rather than a single-way hierarchy. The SAMDS strategic blueprint integrates five interconnected domains, each with distinct objectives, key results, and operational responsibilities:

Academic Research & Knowledge Infrastructure

This area is the development of research programs, databases, academic publications, and methodological tools, which are at the top of the hierarchy, as a fundamental knowledge infrastructure. The downward arrows of Professional Education and Talent Development show how research results are translated into courses, training modules and evidence-based tools for capacity-building.
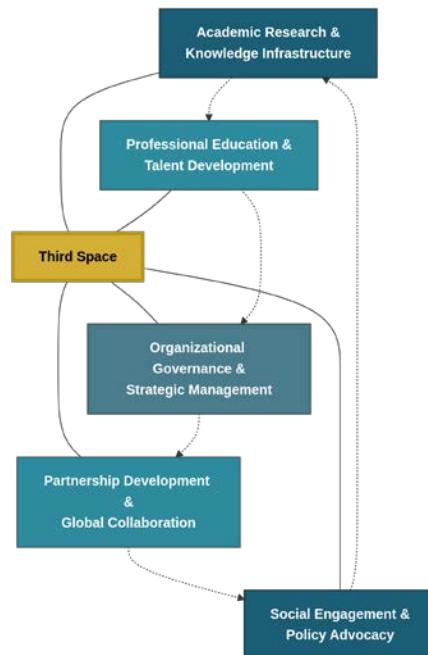
Figure 2: The Five Strategic Pillars Supporting SAMDS's "Third Space" Architecture

Professional Education & Talent Development

Located in the upper middle, this domain transforms research knowledge into workshops, training and certifications that nurture doctors' decision-making and health services management specialists. Pointing arrows in the areas of organizational governance & strategic management and social engagement & policy advocacy show how trained

professionals move into the institutional and political arenas and carry out their abilities into practice.

Organizational Governance & Strategic Management

The central box refers to the governance structure of the SAMDS and its partner institutions, including the regulations, financial and resource management, strategic planning and project management. The arrows of the third space and professional education indicate that governance is strengthened through intersectoral dialogue and human capital, while in turn a stable institutional basis for partnerships and global initiatives.

Partnership Development & Global Collaboration

The lower-left box represents networks with universities, hospitals, governments, international organizations and non-governmental organizations through joint research, conferences co-organized and regional platforms. The arrows to "Social Engagement & Policy Advocacy" indicate that these collaborations are combined into broader social impacts and stronger collective voices in the policy arenas.

Social Engagement & Policy Advocacy

The lower right box shows the actions of the SAMDS in society and politics, such as public health communications, clinical guidelines, policy briefings, advocacy statements and public forums. The dotted feedback arrows that return to "academic research" and "professional education" show how real-world needs and policy challenges are reflected in research agendas and educational design, creating a continuous cycle of improvement.

The third space box on the left, connected by several solid arrows to all areas, represents a cross-border platform that brings together academics, clinicians, policy makers and stakeholders in civil society for dialogue and co-creation. It does not function as a separate silo, but as an intermediary and catalyst connecting all five domains, enabling mutual flows between knowledge, talent, governance, collaboration and policy impact.

Strategic Area I: Academic Research & Knowledge Infrastructure

3.1.1 Strategic Positioning

SAMDS will become one of the major regional centers in Asia-Pacific for medical decision-making science and health information research and will serve as a platform for interdisciplinary expertise, advanced analysis and policy-oriented research converge to shape the future of evidence-based health care decision-making and innovation in the region.

- **Cross-national expert and resource integration**

  SAMDS will build a structured network bringing together physicians, data scientists, health economists, policy makers and industry partners from several Asia-Pacific countries, enabling joint research programs, shared infrastructure and coordinated capacity-building initiatives that no institution alone can achieve.

- **Applications of artificial intelligence and digital health**

  The society will actively promote the responsible use of artificial intelligence, machine learning and digital health technologies (such as clinical decision support tools, remote monitoring platforms, data-based risk prediction models) to improve diagnostic accuracy, tailor treatment strategies and optimize the performance of the health system.

- **Collaborative real-world data analysis and comparative health system studies**

  Through the development of sustainable regional databases and the promotion of safe data exchange frameworks, SAMDS supports multi-country analyses of real-world data to enable comparative studies of health systems, the evaluation of clinical and policy interventions in the ordinary practice and the production of real-world evidence that can directly inform guidelines, reimbursement decisions and health policy reforms.

3.1.2 Core Quantitative Goals

Table 2 summarizes the main quantitative objectives that SAMDS is aiming to achieve by 2028 under the Strategic Area I: Academic Research and Knowledge Infrastructure, defining specific milestones in three key areas: international collaboration projects, research publications, and knowledge infrastructure.

Table 3: Core Quantitative Goals for Strategic Area I: Academic Research & Knowledge Infrastructure (by 2028)

Goal	Target by 2028
International collaborative projects	With the aim of international cooperation projects, SAMDS pledges to lead or coordinate at least 10 cross-border research initiatives by 2028, thus integrating multinational expertise and resources and strengthening the visibility and impact of the Asia-Pacific region in medical decision-making and health informatics.
Research publications	As far as research publications are concerned, SAMDS aims to produce more than 30 journal articles or conference papers of SCI or Scopus by 2028, using these high-quality outputs to establish an internationally recognized research profile and to provide a stronger basis of evidence for policies and practices.
Knowledge infrastructure	As part of the knowledge infrastructure dimension, SAMDS plans to develop and maintain a sustainable regional database that supports partner institutions and research teams and enables data sharing, comparative analysis and longitudinal studies in different countries and health systems in a common platform.

3.1.3 Key Strategic Objectives and Key Results (KRs)

This section describes in detail the three main objectives and their associated key results (KRs) of the first strategic area: academic research and knowledge infrastructure, and outlines how the SAMDS will position itself between 2026 and 2028 as a regional research center, a knowledge platform "third space" and an incubator for national research teams.

Objective 1: Establish SAMDS as a Regional Research Hub

The first goal is to establish SAMDS as a regional research center.

- **KR 1.1:** provides for the accumulation of at least 10 international cooperation projects on topics such as AI-assisted clinical decision models, health information outcomes evaluation, service use inequalities and cost-effective analysis.

- **KR 1.2:** aims to target at least 30 SCI/Scopus-indexed journals or conference publications by 2028 as a primary measure of academic impact and research productivity.

Objective 2: Build a Shared "Third-Space" Knowledge Platform

The second objective is to build a shared knowledge platform in the "third space".

- **KR 2.1:** commits to establishing and running a regional database for medical decision-making and digital health, with standard variable definitions, clear data governance rules, secure access for partner institutions and national comparative analysis capacity.

- **KR 2.2:** intended to complete at least one special issue or a volume of jointly edited publications based on platform data by 2028, demonstrating the scientific value of collaborative infrastructure.

Objective 3: Nurture Cross-National Research Teams

The third objective is to support cross-national research teams.

- **KR 3.1:** aims to use research work groups and methodology workshops to assist at least five multi-center projects in obtaining external funding or obtaining ethical approval and starting implementation.

- **KR 3.2:** highlights the establishment of a research community of young researchers and post-doctoral scholars who regularly collaborate, present and present their work at SAMDS conferences, and participate in competitions and joint research initiatives.

3.1.4 Implementation Mechanisms

To achieve these important results, the following sections describe several implementation mechanisms: a specialized research working group on priority topics, a multi-country data platform with standardized protocols, advanced methodology workshops, a young academic network with career development support, a publishing strategy including special issues and joint conference proceedings, thus integrating research, training and dissemination.

- **Research Working Groups:** Thematic teams addressing key priority areas (e.g., AI in clinical decision support, real-world evidence, digital health equity, the application of population-based studies in molecular epidemiology and precision medicine through omics analysis, imaging data integration, and bioinformatics, researchers can better understand disease mechanisms associated with ageing, enabling earlier detection and personalized therapeutic interventions)

- **Multi-Country Data Platform:** A common infrastructure will link partner institutions through harmonized clinical and registry data, using common data models and standard operating procedures, to enable efficient, high-quality cross-border comparison studies. The platform will support the production of real-world data and evidence to inform assessment of health technology and evidence-based policy decisions at the regional level.

- **Methodology Workshops:** Regular workshops will provide advanced training in predictive modeling, machine learning, implementation science, and health information technology, with a strong focus on practical practice. Participants will learn the entire methodological pathway - from data infrastructure and model validation to clinical and policy implementation - strengthening the methodology of the SAMDS research activities.

- **Young Scholar Network:** A structured network of young scholars offers mentoring, collaborative platforms and career development opportunities for early researchers and postdoctoral researchers. The network will encourage shared analytical resources and joint presentations at international meetings, developing the next generation of cross-border research leaders.

- **Publication Strategy:** SAMDS will collaborate with peer-reviewed journals to publish regular special issues highlighting the work of its research programs and will conduct joint conference proceedings documenting key findings from its scientific meetings. This publishing strategy will transform multi-country cooperation, platform-based analyses and methodological innovations into influential academic and policy results, strengthening the visibility and reputation of SAMDS in global medical decision-making science and health information.

3.1.5 Capacity Building and Risk Mitigation

Table 4 shows the three key weaknesses identified in the academic research domain - data standardization, ethical supervision and sustainability funding - and shows the corresponding development strategies and timelines designed to strengthen SAMDS' research infrastructure and risk management.

Table 4: Capacity Building in Academic Research Domain

Capacity Gap	Development Strategy	Timeline
Data standardization	For data standardization, SAMDS plans to collaborate with international partners between 2026 and 2027 to pilot common data models and harmonized variable definitions used in participating countries. These collaborations aim to reduce technical barriers to cross-border data integration and to establish a common "data language" for large-scale reality-based evidence generation and multi-center studies.	2026–2027
Ethical oversight	Given the ethical and regulatory challenges of multi-country cooperation and data sharing, SAMDS will establish a multi-country ethics committee in 2026 and develop clear governance guidelines. The committee will support partner institutions in maintaining consistent ethical standards - covering data anonymization, cross-border data transfers and the protection of participants' rights and consent processes - within different legal frameworks.	2026
Sustainability funding	To address sustainable financing, from 2026 onwards, SAMDS will develop standardized grant proposal templates and promote communication with potential regional and international financing bodies. Through systematization of proposal development and diversification of funding bases, the aim is to ensure the long-term financial resources necessary to support its data platforms, youth programs and multi-country research initiatives.	2026 onward

Strategic Area II: Professional Education & Talent Development

3.2.1 Strategic Positioning

In the Strategic Area II, SAMDS operates as a central training platform for medical decision-making science and health informatics in Asia-Pacific and systematically develops a new generation of national and professional leaders through structured training routes and interconnected international conference activities. The basic learning model is : **"Conferences serve as classrooms; the community functions as a school"**, which means that international symposiums, workshops and the SAMDS community itself are designed as continuous learning environments, rather than singular events.

3.2.2 Talent Needs in Asia-Pacific

This section highlights significant talent gaps across Asia-Pacific, despite rapid digital transformations:

- **Clinicians** lack systematic training in statistics, data analysis and digital health applications;

- **Data scientists and engineers** have limited understanding of clinical environments and decision-making practices in the real world;

- **Health system managers and policymakers** need more advanced competences in evidence synthesis and digital health governance

- **Existing education** is fragmented in the fields, countries and institutions, leading to the "last mile gap" where artificial intelligence tools and digital health solutions do not effectively translate into regular practice

3.2.3 Core Quantitative Goals

The table 5 lists three basic quantitative targets to be achieved by 2028: firstly, at least six structured training programs, including summer schools, intensive technical workshops and pre-conference foundation courses; secondly, more than 100 trainees from at least 10 countries representing different professional backgrounds; and thirdly, the establishment of a youth student program supported by a pool of more than 10 international-experienced mentors.

Table 5: Core Quantitative Goals for Strategic Area II – Professional Education and Talent Development (by 2028)

Goal	Target by 2028
Structured training programs	6+ structured training programs, including summer schools, intensive technical workshops, and pre-conference foundation courses
Participant reach	100+ trainees from 10+ countries representing diverse professional backgrounds
Young leader development	the establishment of a Young Scholars Program supported by a mentor pool of more than 10 experts with international experience

3.2.4 Strategic Objectives and Key Results

This subsection translates the education strategy into three objectives and corresponding key results.

Objective 1: Establish a Cross-National, Cross-Professional Structured Training Pathway

- **KR 1.1:** deliver at least 6 structured courses during 2026–2028, including:

    o Summer schools (2-3 week intensive programs)

    o Intensive technical workshops (specialized technical skills)

    o Pre-conference courses (foundational knowledge)

- **KR 1.2:** ensures that the content of the courses covers the core modules:

    o Medical decision analysis

    o Health informatics and data science

    o Digital health implementation

    o Healthcare quality and management

    o Policy analysis and advocacy

Objective 2: Broaden Regional Trainee Base and Multi-Country Participation

- **KR 2.1:** aim to involve more than 100 trainees representing more than 10 countries and a mixture of clinical, informatics, public health, management and policy backgrounds.

- **KR 2.2:** establish follow-up mechanisms to monitor participants' research activities, career pathways and continued engagement with SAMDS.

Objective 3: Develop Young Leaders and Core Mentor Group

- **KR 3.1:** design and pilot "SAMDS Young Scholars Program" with annual cohort selection, mentoring, conference dissemination opportunities and career development support.

- **KR 3.2:** creates a core mentor network of at least 10 experts with international collaboration experience to contribute to curriculum design, supervision and mentoring.

3.2.5 Program Portfolio

The program portfolio consists of a detailed list of the specific educational services to achieve these objectives.

- **ICMHI/ICHSM/ISMDS Workshops:** workshops will be the pre-conference and satellite sessions of major international conferences, providing practical training.
- **Summer School:** will be intensive 2–3 week residential programs for selected cohorts.
- **Online Short Courses:** will provide flexible modular learning on key topics.
- **SAMDS Young Scholars Program:** will provide structured mentoring and a clear development pathway.
- **Clinical Immersion Programs:** linking academic researchers to real clinical environments.
- **Peer Learning Circles:** act as online communities for ongoing collaboration and knowledge sharing.

Strategic Area III: Organizational Governance & Strategic Management

3.3.1 Strategic Positioning

In strategic areas III, SAMDS aims to establish **a robust, transparent, and scalable governance and operational framework** that underpins long-term development of its research, education, and international collaboration activities.

The key task is to guide the transition from a **volunteer network model** strongly dependent on a small core group to an **institutional collaboration model** with clear structures and responsibilities, while maintaining flexibility and broad participation.

3.3.2 Current Situation and Challenges

This section recognizes SAMDS' strengths, including a clear vision and mission, a multi-regional network, and the strong participation of young academics, which provide a solid basis for future expansion. At the same time, the society is facing bottlenecks, such as a heavy dependency on a small group of basic leaders in the administration, informal governance processes, non-standardized membership structures, limited digital infrastructure and an unclear financial sustainability model that must be addressed to enable sustainable growth.

3.3.3 Core Quantitative Goals

Table 6 specifies four quantitative objectives that must be achieved by 2028 in this strategic area.

Table 6: Core Quantitative Goals for Strategic Area III –Organizational Governance & Strategic Management (by 2028)

Goal	Target by 2028
Governance documentation	updating and formally approving statutes and governance manuals
Membership expansion	extending to at least 10 institution members and more than 100 individual members
Administrative infrastructure	establishing an operational secretariat with digital office systems, and implementing transparent budgetary and financial reporting procedures
Financial management	Transparent budgeting and reporting systems

3.3.4 Strategic Objectives and Key Results

This subsection articulates three strategic objectives and their Key Results.

Objective 1: Build a Clear and Transparent Governance Structure

> involves conducting governance review workshops to identify issues, synthesize areas of consensus for reform, and revise and formally approve updated bylaws and governance manuals that clarify roles, procedures, conflict-of-interest policies, and amendment processes

Objective 2: Develop Sustainable Membership and Financial Models

> focuses on expanding membership to at least 10 institutional members and over 100 individual members, while establishing transparent financial management procedures including annual budgeting, regular reporting, clear accounting of revenues and reserves, and risk monitoring and mitigation strategies.

Objective 3: Establish Dedicated Secretariat and Digital Office

> calls for a three-year strategic operations plan defining Secretariat functions, staffing, digital systems and platforms, human resource deployment, and budget requirements, alongside piloting an integrated online membership and social system to support member registration, fee payment, event registration, and internal communication.

3.3.5 Governance Structure: Committees and Roles

The last page shows Table 7, which presents the structure of the SAMDS Committee, the main responsibilities and links with relevant strategic areas. The table includes the main committees, such as the Executive Committee (Strategic direction and joint coordination of the Board), the International Collaboration Committee (Partnership Development and Global Networks), the Policy Committee (Emerging Issues and Position Statements), the Education Committee (Training Ways and Capacity Building), the Publications Committee (Social Results and Knowledge Dissemination), the Finance Committee (Financial Management and Sustainability), the Membership Committee (Membership Recruitment and Participation) and the ICMHI/ICHSM/ISMDS Organization Committee (conference Planning and Engagement) Each committee is linked to one or more strategic areas and shows how the governance structure is directly aligned with the five strategic areas of SAMDS: research, education, governance, partnership and policy advocacy.

Table 7: SAMDS Committee Structure and Responsibilities

Committee	Key Responsibilities	Related Strategic Areas
Executive Committee	Strategic direction; Board coordination	Strategic Areas 1 & 3
International Collaboration Committee	Partnership development; global networks	Strategic Areas 1 & 4

Table 7: SAMDS Committee Structure and Responsibilities (continued)

Committee	Key Responsibilities	Related Strategic Areas
Policy Committee	Emerging issues; position statements	Strategic Areas 2 & 5
Awards Committee	Recognition programs; achievement evaluation	Strategic Area 5
Education Committee	Training pathways; capacity building	Strategic Areas 1 & 2
Publications Committee	Academic outputs; knowledge dissemination	Strategic Areas 4 & 5
Finance Committee	Financial stewardship; sustainability	Strategic Area 3
Membership Committee	Member recruitment; engagement	Strategic Area 3
ICMHI/ICHSM/ISMDS Organizing Committees	Conference planning and execution	Strategic Areas 2 & 4

Strategic Area IV: Partnership Development & Global Collaboration

3.4.1 Strategic Positioning

Within Strategic Area IV, SAMDS intends to expand and deepen its network of cooperation in Asia-Pacific, America, Africa and Europe, positioning itself as an international crossroads between medical decision-making and digital health. Through joint research, education and policy initiatives, the organization aims to link expertise and resources from several countries and sectors to improve the quality of health decision making around the world.

3.4.2 Current Network Status and Opportunities

This section reviews the current network and highlights existing partnerships such as international conferences (ICMS, ICHSM, ISMDS) with more than 20 countries, more than 15 institutional treaties and strategic nodes in Taiwan, Japan, Mongolia, Thailand, Turkiye, Australia and New Zealand. Afterwards, it identified several strategic opportunities: a growing global interest in digital health, artificial intelligence, and real-world data; new funding schemes for EU-Asia partnerships and bilateral research programs; a rapid growth of industrial-academic collaboration in health technology; and multi-stakeholder platforms focused on health equity and sustainability, all creating a favorable context for SAMDS to scale its impact.

3.4.3 Core Quantitative Goals

Table 8 transforms the partnership's ambitions into four measurable objectives by 2028: at least 10 joint ventures or agreements; four or more co-organized activities or projects per year; at least two Euro-Asian or Asia-Pacific regional cooperation initiatives; and the annual publication of at least one special edition or a joint edition presenting cooperation outputs.

Table 8: Core Quantitative Goals for Strategic Area IV –Partnership Development & Global Collaboration (by 2028)

Goal	Target by 2028
Partnership agreements	10+ partnership MOUs or co-branded agreements
Joint activities	4+ co-organized activities/projects annually
Multi-regional initiatives	2+ Euro-Asian or Asia-Pacific collaborative projects
Publications	Annual special journal issues or joint edited volumes

3.4.4 Strategic Objectives and Key Results

This subsection sets out three strategic objectives.

Objective 1: Expand and Consolidate International Partnership Network

- **KR 1.1:** requires at least 10 partnerships or joint MoUs with universities and research centers, educational hospitals and health systems, international professional associations, government health institutions and industrial partners;

- **KR 1.2:** aims at least four activities or joint projects organized annually, such as joint conferences, joint workshops, joint special topics or joint research initiatives.

Objective 2: Strengthen SAMDS as Bridge Between Euro-Asian and Asia-Pacific Collaboration

- **KR 2.1:** clarifies the nodal roles of Turkey, Taiwan and other strategic partners and facilitates at least two multilateral cooperation projects spanning Europe-Asia and the Asia-Pacific regions,

- **KR 2.2:** participate in SAMDS-branded conferences or events in Europe and the Americas through co-organizational meetings, keynote speeches and participation in political dialogue

Objective 3: Translate Partnerships into Tangible Research, Education, and Policy Outcomes

- **KR 3.1:** initiates or co-organizes at least one special issue call for papers or collaborative publications,

- **KR 3.2:** organizes SAMDS-branded workshops or short courses at partner institutions in accordance with the training routes described in Strategic Area II.

3.4.5 Partnership Strategy

The paragraph "Partnership Strategy" emphasizes that SAMDS considers partnerships not only as partnership arrangements, but as long-term relationships characterized by shared responsibility, shared resources and joint impact creation. The accompanying table 9 "SAMDS Partnership Portfolio" categorizes the types of partnerships, illustrative examples and modalities of cooperation. The types of partnerships include academic institutions, clinical organizations, professional and international societies, government and health agencies, industrial partners and civil society or patient groups; the corresponding means range from joint research projects, implementation studies and training programs to evidence synthesis, policy dialogue, conferences, advocacy, community involvement and accountability mechanisms.

Table 9: SAMDS Partnership Portfolio

Partnership Type	Examples	Collaboration Modalities
Academic	Universities; research centers	Shared projects; joint training; publications
Clinical	Hospitals; health systems	Implementation research; capacity building
Professional | International societies	Working groups; Advocacy	Conferences
Government | Health agencies; ministries |	Evidence synthesis	Policy dialogue
Industry	Tech; pharmaceutical companies	Innovation; funding; implementation
Civil Society | Patient groups; NGOs	Advocacy	Community engagement; accountability

Strategic Area V: Social Engagement & Policy Advocacy

3.5.1 Strategic Positioning

In Strategic Area V, SAMDS strives to move beyond its role as a research and educational network and become a credible thought leader in policies and practices throughout the Asia-Pacific region by addressing health decisions, digital transformation and issues of health equity based on data and evidence. Through systematic policy analysis, research translation and public involvement, the Society seeks to serve as a trusted advisor and partner in dialogue between governments, international organizations and professional bodies in the areas of medical decision-making and digital health governance.

3.5.2 Policy and Practice Landscape

The Policy and Practice Landscape section notes that Asian-Pacific countries are at varying stages of the development of digital health and medical decision-making policies, many of which are fighting AI regulation, ethics, health inequalities and resource allocation. In this context, cross-country comparisons and empirically-based policy guidance are urgently needed, which allows SAMDS to use its research, education and network activities to establish a credible evidence base and to become a trusted policy advisor.

3.5.3 Core Quantitative Goals

The table 10 represents four quantitative objectives for this strategic area by 2028: at least three policy reports, statements of position or consensus documents; more than three citations or references to the SAMDS policy results of governments or international organizations; participation in at least three regional policy forums as keynote speakers, panels or moderators; and the organization of one or more annual public engagement events aimed at the general public or specific communities.

Table 10: Core Quantitative Goals for Strategic Area V –Social Engagement & Policy Advocacy (by 2028)

Goal	Target by 2028
Policy outputs	3+ policy briefs, position statements, or consensus documents
Policy influence	Referenced/cited by 3+ government agencies or international organizations
Policy participation	Participation in 3+ regional policy forums as panelist, keynote, or moderator
Public engagement	Annual public outreach events reaching general public and specific communities

3.5.4 Strategic Objectives and Key Results

This section defines three objectives and their main outcomes.

Objective 1: Formalize Evidence-Based Frameworks for Policy and Position Outputs

- **KR 1.1:** Develop and publish a minimum of three high-impact policy or consensus documents. * Focus Areas: Digital health governance, healthcare quality and decision support, health equity in AI, and post-pandemic health system resilience.

- **KR 1.2:** Achieve formal adoption or citation of these documents by at least three external entities.

- **Target Entities:** Government bodies, professional associations, or international health organizations.

Objective 2: Elevate Regional and International Policy Engagement

- **KR 2.1:** Secure active leadership or co-organization roles in at least three regional policy forums.

- **Strategic Themes:** Digital health standards, healthcare quality and patient safety, and equitable access to care.

- **KR 2.2:** Establish SAMDS as a thought leader through at least three high-profile speaking engagements at major international conferences.

- **Requirements:** Representative roles as keynote speaker, panelist, or moderator.

Objective 3: Cultivate Organizational Prestige and Public Advocacy

- **KR 3.1:** Launch a formal SAMDS Awards Program to honor excellence in medical decision science.

- **Award Categories:** High-impact research, education and mentorship, collaborative leadership, policy influence, and social engagement.

- **KR 3.2:** Execute at least one flagship annual public engagement initiative to advance the understanding of medical decision-making.

- **Goal:** Strengthen public awareness and bridge the gap between scientific complexity and community understanding through systematic dissemination events.

3.5.5 Policy Engagement Strategy

The last section presents the policy-based strategy, emphasizing the systematic "translation and linking" between research and education and policy and practice. The main mechanisms include evidence synthesis by regular summaries of research findings in policy-relevant language, concise policy briefs for decision makers, clear statements of positions on emerging issues and active participation in government, professional and international policy dialogue, as well as media and public participation through articles, interviews, webinars and public education initiatives.

4. Integrating the Five Strategic Areas

The five strategic areas are not isolated silos, but they form an **integrated strategic architecture** that strengthens each component over time. Instead of progressing simultaneously, research, education, governance, partnerships and policy advocacy are deliberately designed to interact in feedback and reinforcement cycles, so that progress in one area generates momentum, resources, and learning that others can exploit. This integration has transformed SAMDS from a collection of separate activities into a coherent development engine that reinforces its impact in the Asia-Pacific region. Together, they create a self-strengthening development cycle:
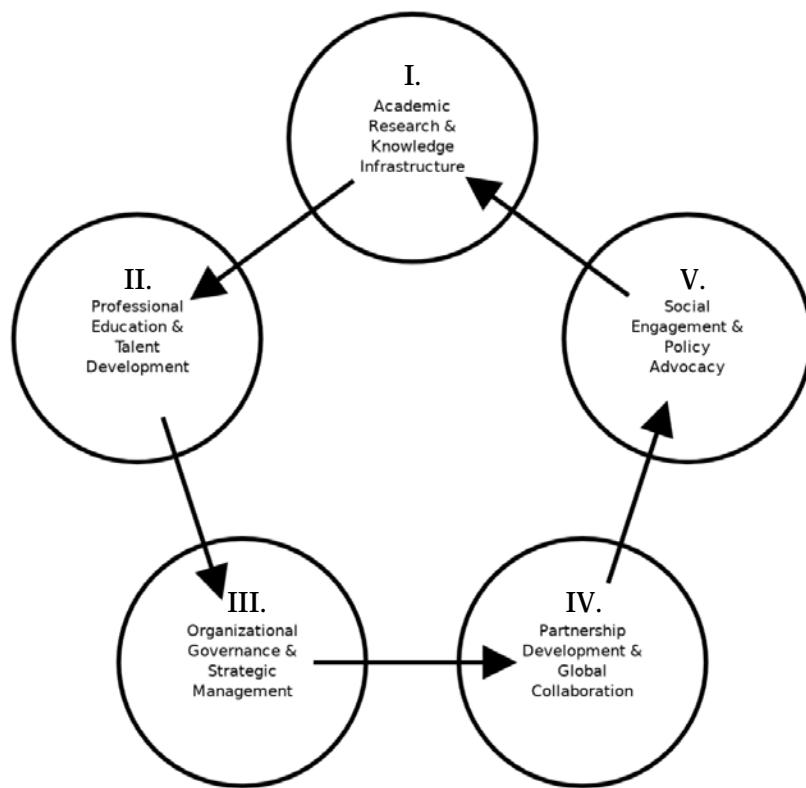
Figure 3: Integration Cycle: How Five Strategic Areas Reinforce Each Other

Integration Mechanisms

Strategic Area I → II: The results of joint research projects in strategic areas 1 provide the substantive content and practical examples that drive educational and capacity-building initiatives in strategic areas 2. The empirical results, methods and real-world datasets generated by SAMDS research teams are translated into teaching cases, practical exercises and training modules for workshops, summer schools and online courses. Thus,

learners do not study abstract concepts, but directly engage with current regional evidence, and research teams benefit from feedback and critical questions raised by trainees.

Strategic Area II → III: Strategic Area II develops a pool of competent researchers, educators and practitioners who can play leadership and governance roles within SAMDS and strengthen Strategic Area III. Graduates of training programs – including young scholars and graduates of intensive courses – are deliberately encouraged to serve on committees, task groups and working groups, bringing new expertise in data science, digital health and decision-making to the organization's core decision-making processes. Over time, this broadens and diversifies the base of human capital in the SAMDS, enabling more sophisticated governance, better succession planning and more resilient institutional structures.

Strategic Area III → IV: Solid governance, clear membership structures and transparent financial systems developed in strategic areas III give SAMDS the credibility and operational stability necessary to negotiate and maintain high quality partnerships in strategic areas IV. When the statutes, roles and procedures are clearly defined, external institutions (such as universities, hospitals, professional associations and international agencies) can engage SAMDS on the same footing, and can be assured that their commitments, responsibilities and benefits will be managed fairly. This institutional reliability makes SAMDS an attractive long-term partner for multi-year projects, co-branded events and shared platforms.

Strategic Area IV → V: The expansion of strategic area IV partnerships provides the key policy platforms, stakeholder forums and implementation contexts for strategic area V. Through cooperation with the Ministry of Health, professional councils, international organizations and civil society groups, SAMDS can obtain evidence to inform guidelines, regulatory frameworks and investment decisions. Joint events and co-authorship declarations with partners extend the reach of the SAMDS policy message, ensuring that the views of medical decision science are heard in regional and global debates.

Strategic Area V → I: As SAMDS participates in policy dialogues and implementation efforts, the gaps in evidence, emerging ethical concerns and system-level challenges become apparent, providing a robust agenda for future research programs, resulting in new research questions, data needs and funding opportunities for Strategic Area IV. The call for assessment, monitoring and innovation based on policy creates demand for collaborative research and support for competitive grant applications, thus introducing the next cycle of multi-country projects.

Result: Together, these integration mechanisms create a continuously evolving adaptive learning system in which research, education, governance, partnerships and political advocacy strengthen each other. Instead of linear single projects, SAMDS operates through iterative cycles, generating knowledge, translating, institutionalizing, scaling through partnerships and improving through policy feedback. This systemic integration maximizes the long-term impact of SAMDS on the health systems in the Asia-Pacific region by ensuring that each activity benefits from the broader organizational mission and contributes to it.

5. Operationalizing the "Third Space"

The concept of the "**third space**" is the core of SAMDS' identity. It refers to a collective arena that transcends borders of country, institution, discipline and profession — where clinicians, data scientists, public health experts, managers and policy makers interact as colleagues in a structured and institutionally supported environment. In practice, the third space provides concrete rules, platforms and routines that allow different actors to define problems jointly, develop solutions together and share the ownership of results, rather than operate within isolated national or institutional isolations.

How Each Strategic Area Implements the Third Space

In Research (Strategic Area I)

In research, the Third Space is embedded in cross-national databases, harmonized data standards, and common governance agreements that allow institutions from different countries to analyze real-world data within a unified conceptual and technical framework. In addition to building a common data model, SAMDS promotes joint priority setting workshops, multilateral protocol development and shared authorship policies, so that research issues, methods and outputs belong collectively, not to a single institution. Regular virtual laboratory meetings and research working groups further strengthen a culture in which young and senior researchers from multiple countries can openly challenge hypotheses, compare the experiences of the health system and develop regionally relevant evidence together. This is not merely technical infrastructure but also a **governance mechanism and collaborative culture**.

In Education (Strategic Area II)

In education, the third space is functioning as a structured, inter-professional and inter-national learning community where participants are not only the recipients of knowledge but also the co-creators of educational content and learning cases. International workshops, summer schools and online courses are deliberately designed to combine clinicians, data scientists, managers and policy therapists in small-scale projects, requiring participants to explain their "language" professional to each other and complete tasks in the real world, such as the construction of decision models or the development of implementation plans. Through diverse training mechanisms—international workshops, summer schools, online courses—participants from different backgrounds learn and understand one another's professional languages and thinking modes, gradually coalescing into an **"international learning community"** grounded in shared values.

In Governance (Strategic Area III)

In governance, the Third Space means that strategic decisions and organizational rules are no longer controlled by a single host country or founding institution, but are shaped through transparent, statute-based processes that formally recognize the voices of multiple

regions and professional communities. This is reflected in clearly defined statutes, balanced committee compositions, and term-limited leadership roles that rotate across countries to prevent any concentration of influence. Mechanisms such as open calls for committee membership, multilingual consultation on regulatory revisions, and documented voting procedures ensure that members from different countries can meaningfully shape SAMDS's priorities and hold its leadership accountable, so that **decision-making genuinely reflects contributions from across the membership**.

In Global Collaboration (Strategic Area IV)

In global collaboration, the Third Space is realized through strategic nodal points—such as Taiwan, Türkiye, and other partner countries—that act as geographic and institutional anchors for cross-regional initiatives. These nodes coordinate Euro-Asian and Asia-Pacific partners by linking funding opportunities, research infrastructure, and policy dialogue platforms, so that cooperation moves beyond ad hoc conference encounters toward long-term, co-governed programs. Jointly branded symposia, co-organized training schools, and multi-regional project consortia create repeated opportunities for institutions from different continents to work within shared frameworks, gradually transforming isolated bilateral ties into a **systematically managed collaboration network** that connects Euro-Asia and the Asia-Pacific region in a coherent way.

In Policy Engagement (Strategic Area V)

In policy-making, the third space is incorporated into a structured dialogue that brings together experts and patients, scholars, governments, industries and civil society to debate concrete policy issues. SAMDS uses policy briefs, consensus declarations, public forums and award programs as a starting point to translate complex technical evidence into accessible messages to ensure that **medical decision-making science is visible and understandable beyond the specialized communities**. By designing integrated consultation processes, such as inviting patient groups to comment on draft recommendations, or linking scientific meetings to citizen dialogues, SAMDS transforms policy engagement into a dual learning process in which both technical experts and community stakeholders form the agenda.

6. Action Plan 2026: Priority Sequence

The year 2026 is designated as the **pilot and critical launch year** for the 2026–2028 strategic cycle. The 2026 action plan performs demonstration and validation functions, testing feasibility of overall strategic direction while laying operational foundations for subsequent expansion.

Priority 1: Research and Education Demonstration Projects

Rationale: Generate substantive content and establish core communities

Actions:

- Launch "Research Working Group" with 3+ multi-country project applications (target: 1 approved/formally launched)
- Design and implement "Methodology and Clinical Workshops" series providing technical support on real-world data, predictive modeling, implementation science
- Design and pilot "Young Scholars Program" with at least one blended short course on AI and data applications in clinical decision-making

Impact: Creates direct link between Strategic Areas I and II; rapidly produces visible research and education outcomes

Priority 2: Governance and Membership Institutionalization

Rationale: Establish internal structures enabling sustainable growth

Actions:

- Conduct governance review workshops to systematically identify issues and reform directions
- Complete rolling revision of three-year strategic operations plan
- Pilot integrated online membership and communication social platform

Impact: Addresses Strategic Area III requirements; establishes foundation for future expansion

Priority 3: International Collaboration and Brand Visibility

Rationale: Communicate strategic direction and commitment to international community

Actions:

- Organize SAMDS-branded sessions at ICMHI 2026 (Kyoto) and ICHSM 2026 (Isparta)
- Initiate 2+ special-issue calls with partner journals
- Formalize 3+ new partnership agreements

Impact: Executes Strategic Area IV priorities; creates channels for multi-country research and educational collaboration

Priority 4: Policy Advocacy and Social Engagement

Rationale: Establish credibility and visibility as policy advisor and thought leader

Actions:

- Draft and publish policy brief on "Collaborative Medical Intelligence and Sustainable Digital Health in Asia-Pacific"
- Translate executive summary into 2+ Asian languages
- Organize policy seminars for government and stakeholder engagement

Impact: Implements Strategic Area V priorities; positions SAMDS as trusted policy partner

Overall 2026 Priority Sequence

The action sequence can be summarized as:

1. **Generate substantive content and core communities** through research and education
2. **Strengthen internal structures** through governance mechanisms and digital infrastructure
3. **Enhance visibility and external effects** through international collaboration and brand-building
4. **Translate accumulated results** into concrete policy and social impacts

This sequencing ensures that each priority builds on previous achievements and creates conditions for subsequent priorities' success.

7. Pathways to 2030 & Beyond

If the 2026–2028 strategy is implemented stably and coherently, SAMDS is expected to achieve significant structural progress across multiple dimensions by 2030.

Academic and Knowledge Domains

Vision for 2030: SAMDS will be a **representative Asia-Pacific platform** for real-world data and medical decision science, capable of generating coherent portfolios of multi-country comparative studies and external validation of AI-based decision models. SAMDS research will be an **indispensable empirical and methodological reference** in international literature and policy debates.

Key Milestones:

- 20+ peer-reviewed publications annually from SAMDS-affiliated teams
- 3+ active regional databases with standardized protocols
- Participation in 10+ international research consortia
- Recognition as preferred partner for funders supporting Asia-Pacific research

Talent and Education Domains

Vision for 2030: SAMDS will have cultivated a **first cohort of young leaders** simultaneously fluent in medical decision science, digital health, and policy analysis. These leaders will hold key roles in hospitals, academic institutions, government agencies, and industry across member countries, **strengthening depth and longevity of SAMDS networks**.

Key Milestones:

- 300+ trainees from 15+ countries participating in SAMDS programs
- 50+ alumni in leadership positions
- 5+ structured degree or certificate programs launched at partner institutions

Organization and Governance Domains

Vision for 2030: SAMDS will be a **robust regional organization** with institutionalized governance, diverse member base, and stable financial model. The organization will have **transitioned from project-based community to established institution** with medium to long-term planning capabilities.

Key Milestones:

- Stable operating budget from membership dues and grants
- Dedicated secretariat with professional staff

- 25+ institutional members and 300+ individual members
- Professional governance and transparency standards recognized internationally

Global Collaboration Domains

Vision for 2030: SAMDS will be an **established collaboration hub** linking Europe, Asia-Pacific, and the Americas. The organization will serve as **primary intermediary for multi-country research and policy initiatives** on medical decision science and digital health.

Key Milestones:
- 20+ active partnership MOUs with major research, clinical, and policy institutions
- Annual international conference attracting 500+ participants from 25+ countries
- Co-leadership of 5+ major multi-country research consortia
- Recognized as "key player" by WHO, national health ministries, and international funding agencies

Policy and Social Engagement Domains

Vision for 2030: SAMDS will be a **credible and influential "thought leader"** in Asia-Pacific health policy and practice. Evidence-based medical decision science will have **moved beyond specialist discourse** to become widely recognized by policymakers, practitioners, and the general public as foundational to health system quality and equity.

Key Milestones:
- 10+ policy briefs or consensus statements officially adopted or endorsed by government agencies
- Participation in 15+ major regional and international policy forums annually
- Media coverage and public awareness of SAMDS position on emerging health issues
- "Third Space" collaboration model adopted by other regional health organizations

Continuous Learning and Adaptation

This vision does not depend on completing all initiatives simultaneously, but on **sustained, incremental progress** through annual action cycles and rolling review mechanisms. The White Paper itself should be regarded as a **dynamic document** subject to ongoing dialogue, collective revision, and learning—reminding all stakeholders that the five strategic areas are **interconnected dimensions** of a single regional health future that must be advanced through sustained dialogue, mutual support, and cooperative learning to generate tangible collective impact.

Conclusion

This Strategic Planning White Paper outlines a comprehensive roadmap for SAMDS's transformation from a promising but nascent organization into a **robust, institutionalized regional hub** for medical decision science and digital health across the Asia-Pacific.

Success depends on:

1. **Coherent implementation** of five strategically integrated domains
2. **Sustained commitment** from leadership, members, and partner institutions
3. **Regular monitoring and adaptation** through annual review cycles
4. **Transparent communication** with stakeholders about progress and challenges
5. **Collective learning** and willingness to revise strategies based on evidence of what works

The vision is ambitious but achievable: by 2030, SAMDS will have positioned itself as a **credible, influential, and indispensable** actor in Asia-Pacific health decision-making—advancing health equity, sustainability, and global well-being through evidence-based science, talented people, inclusive collaboration, and policy impact.

The journey begins in 2026. Let us move forward together.

References

[1] Society for Asia Medical Decision Science. (2025). Foundational documents and conference proceedings from ICMHI, ICHSM, and ISMDS.

[2] World Health Organization. (2023). *World Health Statistics 2023: Monitoring Health for the SDGs*. Geneva: WHO.

[3] International Society for Pharmacoeconomics and Outcomes Research (ISPOR). (2024). Global standards for medical decision science research and practice.

[4] Asian Development Bank. (2023). *Digital health in Asia-Pacific: Opportunities and challenges*. Manila: ADB.

[5] Kaplan, W.A., et al. (2024). Global health workforce priorities: Medical decision science and digital health. *Lancet Global Health*, 12(3), e445-e456.

Appendices

Appendix I: Strategic Planning Matrix 2026–2028

Table I: SAMDS Strategic Planning Matrix 2026–2028

Strategic Area	Core Objectives	Key Results	Responsible Team
Academic Research	Establish regional hub; Build knowledge platform; Nurture research teams	10+ international projects; 30+ publications; 1 sustainable database	· Executive Committee · International Collaboration Committee · Education Committee
Professional Education	Establish training pathway; Broaden participant base; Develop young leaders	6+ structured programs; 100+ trainees from 10+ countries; Young Scholars Program	· Education Committee · Policy Committee · Organizing Committees of ICMHI, ICHSM, ISMDS
Organizational Governance	Build governance structure; Develop sustainable models; Establish secretariat	Updated bylaws; 10 institutional + 100 individual members; Operational secretariat	· Executive Committee · Membership Committee · Finance Committee
Global Collaboration	Expand partnerships; Bridge Euro-Asia/Asia-Pacific; Translate to outcomes	10+ MOUs; 4+ joint activities annually; 2+ multi-regional projects | International Collaboration Committee	· International Collaboration Committee · Publications Committee · Organizing Committees of ICMHI, ICHSM, ISMDS
Policy Advocacy	Establish policy mechanisms; Activate platform participation; Enhance recognition	3+ policy briefs; Participation in 3+ forums; Annual public engagement	· Awards Committee · Policy Committee · Publications Committee

Appendix II: SWOT Analysis

Strengths

- Strong regional and global network (Japan, Taiwan, Mongolia, Thailand, Türkiye, Australia, New Zealand)
- Clear, attractive vision emphasizing multilateral cooperation, digital health, and "Third Space"
- Three flagship conferences (ICMHI, ICHSM, ISMDS) with growing international participation
- Engagement of young scholars with diverse disciplinary expertise
- Founding during opportune moment for digital health and medical decision science expansion

Weaknesses

- Limited dedicated administrative staff and financial resources
- Heavy reliance on volunteer effort and host institution support
- Governance processes and membership structure not yet fully standardized
- Digital infrastructure underdeveloped
- Limited track record as established organization

Opportunities

- Growing international attention to digital health, AI, and real-world data in healthcare
- Emerging funding schemes for Asia-Pacific research cooperation (EU-Asia, bilateral programs)
- Unmet talent needs in medical decision science and health informatics across region
- Industry-academia partnerships in health technology development
- Growing recognition of need for evidence-based health policy in Asia-Pacific

Threats

- Competition from established international societies and organizations
- Geopolitical tensions and trade uncertainties affecting international collaboration
- Economic volatility potentially constraining member participation and funding
- Regulatory and data privacy challenges in cross-border research
- Potential loss of momentum if core leaders become unavailable

Appendix III: Committee Structure & Leadership

Executive Committee (responsible for Strategic Areas 1 and 3) Chair Chi-Chang Chang/ Co-Chair Chung-Li Tseng

The Executive Committee, consisting of the President, Deputy Presidents, Secretary-General, Deputy Secretary-General, and other principal officers, ensures effective coordination of all society initiatives. It provides strategic direction, supervises implementation of Board resolutions, and promotes communication among committees and regional chapters to support the Society's mission and long-term growth.

International Collaboration Committee (responsible for Strategic Areas 1 and 4) Chair Hao-Yun Kao/ Co-Chair Motasem Hamdan/ Co-Chair Chalong Cheewakriangkrai/ Co-Chair Sevdegül Aydın Mungan

The International Collaboration Committee promotes global partnerships and coordinates joint initiatives with academic institutions, professional societies, industries and international organizations related to medical decision science. It also identifies emerging global trends, facilitates cross-border research networks, and supports the Society's representation in international forums.

Policy Committee (responsible for Strategic Areas 2 and 5) Chair Osman Erol Hayran / Co-Chair Sedat Bostan / Co-chair Yen-Wei Chu

The Policy Committee (Innovative Strategies, Synergies, and Urgent Engagements) explores emerging or cross-cutting issues in medical decision science, including ethical, technological, and policy dimensions. It convenes thematic discussions, produces position statements, and advises the Board on strategic initiatives addressing regional or global healthcare challenges.

Awards Committee (responsible for Strategic Areas 5) Chair Taka-Aki Sato / Co-Chair Dilaver TENGILIMOĞLU

The Awards Committee develops and administers recognition programs that highlight exemplary achievements in research, education, and leadership within medical decision science. It organizes selection processes that reflect academic fairness and diversity and submits recommendations to the Board for endorsement.

Education Committee (responsible for Strategic Areas 1 and 2) Chair Ramazan Erdem / Co-Chair Tetsuya Sakurai

The Education Committee leads initiatives to cultivate professional competence in medical decision science by organizing workshops, academic courses, and online learning resources. It collaborates with academic institutions and partner organizations to promote interdisciplinary education and capacity building of professionals.

Publications Committee (responsible for Strategic Areas 4 and 5) Chair William Yu-Chung Wang / Co-Chair Wen-Wei Chang/ Co-chair Ting Ying Chien

The Publications Committee directs and supports the Society's academic and communication outputs. It oversees the editorial quality of the Society's journal, conference proceedings, digital platforms, and newsletters, while encouraging innovation in knowledge dissemination and scientific outreach.

Finance Committee (responsible for Strategic Areas 3) Chair Yen-Chiao Angel Lu / Co-Chair Hsi-Chieh Lee/ Co-Chair Chin-Fang Chang

The Finance Committee collaborates with the Secretariat to ensure transparent management of financial resources. It evaluates budget proposals, monitors fund allocation, and formulates investment and sustainability strategies to strengthen the society's financial foundation.

Membership Committee (responsible for Strategic Areas 3) Chair Bolormaa Purevdorj/ Co-Chair Jargalbat Puntsagdash

The Membership Committee manages member recruitment, retention, and engagement. It designs membership benefits, facilitates communication among members across regions, and ensures that professionals from diverse disciplines can participate fully in the Society's academic and collaborative activities.

Committees of ICMHI, ICHSM, ISMDS (responsible for Strategic Areas 2 and 4) Chair Chi-Jie Lu/ Co-Chair Chih-Te Yang/ Co-Chair Ahmet Murat OZBAYOGLU/ Co-Chair Alvin Marcelo

This White Paper is a living document subject to ongoing dialogue, collective revision, and learning. Feedback and suggestions are welcome and should be directed to the SAMDS Secretariat.