

Report

Workshop on the Potential for Health Technology Assessment in India

31st October- 1st November, 2011

Organized by:

**South Asia Network for Chronic Disease, Public Health Foundation of
India**

&

**Affordable Health Technologies Division, Public Health Foundation of
India**

Report prepared by:

John Gabbay, Shah Ebrahim, Mrityunjai Kumar, Fiona C Taylor



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OF INDIA**



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Executive Summary

As health service provision becomes more complex and costly, policy makers and clinicians require ever more information about the clinical and cost effectiveness as well as the policy and ethical dimensions of healthcare interventions (“health technologies”). Health Technology Assessment (HTA) is a multi-disciplinary activity designed to provide that information. India lacks a health technology assessment programme. A 2-day workshop was held at South Asia Network for Chronic Disease, Public Health Foundation of India in collaboration with Affordable Health Technologies Division, Public Health Foundation of India, New Delhi on October 31st and November 1st, 2011.

Participants were drawn from a wide range of organisations with the aim of improving awareness of, and exploring the potential for, HTA in India. There was agreement that there was a key role for HTA in the Indian health system, and that the time is ripe to seize that opportunity. HTA, it was concluded, provides the opportunity to improve quality whilst reducing the costs of healthcare. However the workshop highlighted the many difficulties and constraints that would be faced in establishing an HTA program within the complexities of the Indian system. The participants began to map a way forward that would build on existing strengths within India, as well as draw on the wealth of strategies that have worked elsewhere in the world. It is expected that there will be sufficient momentum to establish an HTA program in India and develop a long term HTA capacity building program at the Public Health Foundation of India.

Background and rationale of the workshop

Since the 1970s, health technology assessment (HTA) has been increasingly used as an evidence informing measure to aid policy decisions about the effectiveness, affordability and use of health technologies (a term that covers all healthcare interventions old and new, including services; drugs and devices) for both clinical and public health purposes. HTA is a knowledge translation tool based on the systematic review of clinical evidence, commissioning of new research, and coupling of economic analysis with effectiveness that acts, sometimes alongside ethical and organisational analyses, as a bridge between evidence and policy. India is one of the few major countries around the globe that does not have a formal HTA program. Hence, an exploratory two day workshop was organized at the South Asia Network for Chronic Disease, Public Health Foundation of India in collaboration with Affordable Health Technologies Division, Public Health Foundation of India, New Delhi on October 31st and November 1st, 2011.

A background paper was also developed which outlines the need and potential for HTA in India and examines the work done in other low and middle resource countries which have formal HTA programs¹.

Objectives of workshop

- To create awareness and sensitization about HTA in India.
- To understand the potential and feasibility of adapting HTA program in India.
- To develop a blueprint for operationalising HTA in India.
- To consider the role of PHFI in developing HTA in India.

Summary of the workshop

Speakers:

John Gabbay, Emeritus Professor, University of Southampton, former Director NCCHTA, UK.

Kanav Kahol, Affordable Health Technology Division, PHFI.

Mrityunjai Kumar, SANCD, PHFI.

Chaitanya Sarawate, GE Healthcare.

Workshop facilitators:

Prof. John Gabbay

Prof. Andree le May, University of Southampton, UK

¹ Kumar,M, Taylor,F, Chokshi,M, Ebrahim,S; Health Technology Assessment; A potential aid to decision making for healthcare resource allocation in India- A Concept note for discussion; 2011, South Asia Network for Chronic Disease, Public Health Foundation of India, New Delhi, India. (Unpublished concept note)

Summary: key points discussed during the workshop

Role of HTA for policymakers

- HTA serves the key purpose of providing an evidence-informed assessment of the use of a technology or intervention and its clinical effectiveness and cost effectiveness within the broader policy context. Hence, it is a tool that can be used to inform resource allocation, which has direct implications for policymaking. It is also often used to consider systematically the attendant ethical and equity related aspects of health technologies, which make it even more relevant to address policy priorities, considering the diversity in Indian context. Since it provides a common evidence-informed measure for decision making about different interventions, it can instill a greater degree of transparency in decisions and accountability of public funds, while enabling the safest and most appropriate cost effective interventions for public use in healthcare.
- Current healthcare policy making in India is driven by multiple parallel (sometimes diverging) approaches, a multiplicity of actors in decision making, overlapping organizational mandates; and is fraught with multiple structural challenges. There is a definite gap in the evidence needed to inform policy. HTA can bring an evidence-informed pathway for decision making and hence maximize the policy impact and the utility of more culturally appropriate and locally relevant healthcare interventions.

Existing HTA efforts in India

- In India, currently there is no formal national HTA program, although there have been isolated attempts by a few groups in this direction. NICE International, an arm of National Institute for Health and Clinical Excellence, UK has held two workshops on evidence based medicine approaches for sensitization about HTA, and the need for clinical guidelines for policy makers and senior clinicians in Southern Indian states. Some work on training of healthcare workers and policy maker sensitization has been done by SIGNET initiative- a collaborative effort with Singapore. It has been reported that in the past, few sensitization workshops with policy makers were held, which were conducted by key functionaries of HTA International². (HTAi)
- HTAi which has memorandum of understanding with WHO for capacity building of low and middle income countries on HTA, has formed a Developing Countries Special Interest Group, which is currently chaired by Dr Joseph Mathews from Post Graduate Institute of Medical Education & Research, Chandigarh. This could provide a much needed strategic momentum to help establish HTA in India.

² Sivalal S. Health technology assessment in the Asia Pacific region. International Journal of Technology Assessment in Health Care. 2009;25(SupplementS1):196-201.

Broader context of HTA

- It was agreed that the use of HTA in policy making in India would, as it has done elsewhere, lead to a more transparent, accountable governance and ethical use of resources alongside an improvement in healthcare quality and clinical outcome.
- The willingness of industry partners, as expressed by their representatives at the workshop, to participate in the implementation of a health technology assessment program makes it a more sustainable model for delivery. There appears to be a ready acceptability of concept among product manufacturers who can see commercial benefits in having a transparent system.

HTA need, relevance and capacity in India

- The various public health programs that are increasing the government's role as purchaser and payer of health care services, coupled with the rising risk pool, means that there is now a greater need and relevance to adapt HTA to India.
- There are three important areas with respect to HTA: the pharmaceutical sector, medical devices and technology and public health interventions. The Indian pharmaceutical industry's incremental growth of 14 billion USD anticipated by 2015 cannot be managed with current decision making structures while there is only nominal control and assessment in rapidly expanding medical devices sector.
- A large existing body of research in epidemiology could be used to help generate local HTA data, or to supplement and adapt the many HTAs done elsewhere. It may be possible, for example, to draw on the work done globally by INAHTA (International Network for Agencies for HTA) and in more depth and detail by EUnetHTA (a European collaboration that is working on the problems of adapting HTAs produced in widely differing health systems so as to avoid unnecessary duplication of effort). Thus there is much to be learnt from existing efforts, which could facilitate the adoption of HTA in a country as varied as India
- There is some existing capacity within PHFI, with experts in evidence based medicine, public policy and economic evaluation. SANCD has close associations with Cochrane Heart Group, UK. These synergies could be beneficially utilized for laying a foundation of a successful HTA program in India.
- However, the lack of sufficient capacity to produce systematic review of literature, economic evaluation, research challenges in performing HTA, such as the lack of a national "willingness to pay" threshold, suggests the need for long term capacity building and grants-in-aid to develop capacity.

Formulating HTA questions

- The workshop participants were led through an exercise to develop a roadmap for providing assessments of key technologies used in the Indian health system. The work began by considering key contextual factors that impact upon the health system, and went on to map out, using four detailed examples, the structural and functional provisions that might be needed in such a context to provide HTA advice to policy makers.
- The four exemplar HTA topics that were chosen for this work were: the provision of effective baby warming for newborns at the PHC; a comparison of three methods of diagnosis of diabetes in rural areas; pictorial tobacco healthcare warnings, and the diagnosis and management of neonatal sepsis. The complexity of the HTA environment in India was apparent with the multiplicity of agencies involved in making decisions about each technology. The conclusion was that each of these programs could be improved in both their clinical effectiveness (improved outcomes) and their cost-effectiveness (lower costs) if informed by a full health technology assessment.
- In that light, the workshop concluded by sketching a possible plan of action to develop the capacity to provide policy makers, clinicians and health workers with such advice.

Steps needed to move forward

- It is important to recognize this as a priority area and sensitize the policy makers and senior politicians about the need for HTA. There could be no better time for this work to begin than this current stage of the development of India's health system. It is also vital to involve from the start the producers and regulators of health technologies, and the large user or payer groups such as insurance agencies and ministries, such as those responsible for programs such as National Rural Health Mission among others.
- A few priority topics need to be identified and policy briefs on the existing evidence about their effectiveness and cost effectiveness may be produced in order to demonstrate the potential for HTA to inform decision making. These prototypes could be adaptations of existing assessments (INAHTA has an existing database of many hundreds of HTAs) and there are also many examples of briefs which could be considered for adaptation namely, Effectiveness Bulletins produced by University of York, UK; SUPPORT summary of systematic reviews produced by Cochrane collaboration, UK and the reviews produced in Drug and Therapeutics Bulletins.
- There is a need to establish an HTA centre to build institutional capacity and in the first phase draw on the support of well known organizations globally such as NICE International, EUnetHTA and WHO- Health Evidence Network among others.
- Linkages need to be developed with international networks such as INAHTA and HTAi.
- Considering the mandate of affordable health technologies division of PHFI and proposed centre for policy advocacy in affordable health technology, the affordable health technologies might be considered as one of areas where HTA like- effectiveness briefs may be considered as an early program.

Recommendations

- To form a core working group to provide strategic directions with at least two components, one responsible for advocacy and the other for scientific HTA capacity building within PHFI.
- To initiate a proactive advocacy process among policy makers, senior politicians and other key influential authorities needs to increasing awareness about HTA.
- Considering the lack of local capacity, it may be feasible to approach potential funders, such as Department for International Development, UK for assistance for an initial grant-in-aid for initiating work on front of long term institutional capacity building for both human resource training and institutional capacity in HTA in India.

Annex 1: Agenda

Workshop on potential for Health Technology Assessment (HTA) in India

31st October & 1st November, 2011

Organised by:

South Asia Network for Chronic Disease (SANCD), Public Health Foundation of India

&

Public Health Foundation of India, Division of Affordable Health Technologies,

New Delhi, India.

Venue:

South Asia Network for Chronic Disease
C-1/52, First Floor, Safdarjung Development Area,
New Delhi –110 016

Agenda

31st of October 2011

Examining the potential for establishing Health Technology Assessment in India

0930- 1000	Tea
1000-1010	Welcome and introductions: Prof Shah Ebrahim, Director, South Asia Network for Chronic Disease, Public Health Foundation of India.
1010-1110	The role of HTA in policymaking: An overview, John Gabbay, Emeritus Professor, University of Southampton, UK
1110-1300	Presentations
1110-1130	How HTA can help the Indian public health system decide which technologies it most needs: Mrityunjai Kumar
1130-1200	Feasibility of extending HTA in India: Mrityunjai Kumar
1200-1210	Tea Break
1210-1240	Potential for Center for Policy in Affordable Technologies for Health (CPATH); Kanav Kahol.
1240-1300	Health Technology Assessment - A Medical Device Industry Perspective, Chaitanya Sarawate.
1300-14.30	Lunch

1430-1500	Summary of the main emerging areas around the establishment of a HTA programme in India: John Gabbay.
1500-1600	Discussion on strengths of existing HTA efforts in India and the likely problems (SWOT; analysis of relevant domains and stakeholders)
1600-1615	Tea Break
1615-1700	Identification of themes for discussion and to take forward to Day 2 of workshop.
1700	Vote of Thanks

1st of November, 2011

Strategies and blueprint for action for further adaptation of Health Technology Assessment in India

0930-1000	Tea
1000-1130	How best to take HTA forward- discussion group of 4-5 depending on themes identified on the previous day
1130-1145	Tea Break
1145-1300	Presentation and exploration of themes by group leads
1300-1400	Lunch
1400-1600	Discussion of best options & blueprint for action.
1600-1615	Tea Break
1615-1700	Closing remarks

Annex 2: List of participants

List of participants:

1. **Prof Shah Ebrahim**
Director, South Asia Network for Chronic Disease, New Delhi.
2. **Prof D Prabhakaran**
Executive Director, Centre for Chronic Disease Control, New Delhi.
Deputy Director, South Asia Network for Chronic Disease, New Delhi.
3. **Dr Fiona C Taylor**
Managing Editor and Senior Research Scientist, Cochrane Heart Group, London School of Hygiene & Tropical Medicine.
Based at South Asia Network for Chronic Disease, New Delhi.
4. **Dr Kanav Kahol**
Team Leader, Division of Affordable Health Technologies, Public Health Foundation of India, New Delhi.
5. **Mr Billy Stewart**
Senior Health and AIDS Advisor, DFID India, New Delhi
6. **Dr Sakhtivel Selvaraj**
Sr.Public Health Specialist - Economics & Financing, Public Health Foundation of India, New Delhi.
7. **Dr Yogeshwar Gupta,**
Senior Program Manager, Health System Support Unit, Public Health Foundation of India, New Delhi.
8. **Mr Maulik Chokshi**
Assistant Professor, Indian Institute of Public Health- Delhi, Public Health Foundation of India, New Delhi.
9. **Dr Bidhyut Sarkar**
PhD Research Fellow, Indian Institute of Public Health – Delhi, Public Health Foundation of India, New Delhi.
10. **Dr Sukumar Vellakkal**
Health Economist & Adjunct Assistant Professor, South Asia Network for Chronic Disease, New Delhi.
11. **Dr Ruby Gupta**
Laboratory Manager (Biochemistry), South Asia Network for Chronic Disease, New Delhi.

12. **Dr Roopa S**
Senior Research Associate, Centre for Chronic Disease Control, New Delhi.
13. **Kavita Narayan**
Associate Head, Health Systems Support Unit Hospital Services, Public Health Foundation of India, New Delhi.
14. **Mr Chaitanya Sarawate**
Leader Centre of Excellence, Global HEOR Evidence Generation, GE Healthcare, Bangalore.
15. **Mr Nakul Verma**
General Manager, Government Relations and Policy, GE Healthcare, Bangalore.
16. **Dr Mrityunjai Kumar**
Research Fellow, South Asia Network for Chronic Disease, New Delhi.
17. **Dr Hanimi Reddy**
Senior Social Scientist, South Asia Network for Chronic Disease, New Delhi.
18. **Dr Preet Dhillon**
Senior Scientific Officer, South Asia Network for Chronic Disease, New Delhi.
19. **Dr. Sutapa Agrawal**
Epidemiologist, South Asia Network for Chronic Disease, New Delhi.
20. **Dr Vipin Gupta**
Senior Research Fellow, South Asia Network for Chronic Disease, New Delhi.
21. **Dr Manas Ranjan Pradhan**
Social Scientist, South Asia Network for Chronic Disease, New Delhi.
22. **Mr. Dilip Kumar Jha**
Senior Research Project Manager, South Asia Network for Chronic Disease, New Delhi.
23. **Ms Kavita Singh**
Forgarty Scholar and Clinical Research Associate, Centre for Chronic Disease Control, New Delhi.