

Record of discussion of the HTAIn Board Meeting, held on 10th of August, 2018 at 11.30 AM-in the Conference Room, Indian Council of Medical Research (ICMR) under the Chairmanship of Prof. V. K. Paul, Member, NITI Aayog to discuss the proceedings of Health Technology Assessment in India (HTAIn).

1. The first Health technology Assessment in India (HTAIn) Board Meeting was held on 10th of August, 2018 under the Chairmanship of Prof. V. K. Paul, Member, NITI Aayog and Vice-Chairmanship of Prof. Balram Bhargava, DG, ICMR and Secretary, DHR.
2. The purpose of the meeting was to discuss:
 - i. The proceedings of Health Technology Assessment in India (HTAIn)
 - ii. The outcome report of two HTA Studies: (a) Safety Engineered Syringes (SES) for Therapeutic Care in India and (b) Intraocular Lenses for treatment of Age-related Cataracts in India
3. List of participants is at annexure.
4. The Vice-chair welcomed all the Board Members and explained the importance and need of HTA in maximizing healthcare coverage and reducing out-of-pocket (OOP) expenses on healthcare.
5. The Chair congratulated the HTAIn team and marked it as a historic day in the Indian healthcare system as the institutionalization of HTA became a reality in the form of HTAIn. He also explained and appreciated the way HTAIn helped in vetting the National Health Protection Scheme (NHPS) packages for Prime Minister Rashtriya Swasthya Suraksha Mission PM-RSSM. He mentioned that HTAIn studies could be helpful in designing such type of health packages.
6. An introduction of HTAIn and Costing Study of Healthcare System was given through a Power Point Presentation (PPP).
7. Outcome report of "Safety Engineered Syringes (SES) for Therapeutic Care in India" was presented through a PPP by the PGIMER Regional Resource Hub.
8. Outcome report of "Intraocular Lenses for treatment of Age-related Cataracts in India" was presented by HTAIn Secretariat.
9. Certain concerns were raised by the Board Members and clarification was given by the HTAIn Secretariat, as below:
- 10.

Points Raised	Clarification	Remarks
<ul style="list-style-type: none"> • The process of carrying the Board Meeting and the Mandate of the Board 	<ul style="list-style-type: none"> • Policymakers and Senior Officials/ Experts constitute the HTAIn Board and a Board Meeting is called once or twice a year to present the outcome reports and recommendations of HTA studies approved by Technical Appraisal Committee (TAC). • The mandate of the Board is to go through the recommendations approved by the TAC for a 	<ul style="list-style-type: none"> • Clarified • Suggestions were made to prepare a small write-up of half page clearly mentioning the mandate of the Board in bullet points and also to prepare a Summary

		members
<ul style="list-style-type: none"> Confidentiality and Conflict of Interest 	<ul style="list-style-type: none"> HTA In Process manual contained the COI and confidentiality policies. 	<ul style="list-style-type: none"> Clarified Asked to share the Process Manual with all the Board Members
<ul style="list-style-type: none"> Difference between a Technical Partners and Regional Resource Hubs and Criteria to identify them 	<ul style="list-style-type: none"> Technical Partners (TP) are Institutes of the Central/ State Government which have been identified on the basis of their capacities, expertise and previous experiences in the HTA. TP is funded on study to study basis. Hubs are the extended arms of HTA In established in the Institutes administered by the Centre/ State and funded by DHR for the recruitment of manpower. The hubs will collaborate with the State Government it is established in as well as States located in the vicinity in order to sensitize them about HTA and provide technical support. 	<ul style="list-style-type: none"> Clarified
<ul style="list-style-type: none"> Process of deciding the priority or Priority Setting 	<ul style="list-style-type: none"> There are guidelines in the Process Manual. Mainly on the basis of disease burden, data availability and urgency 	<ul style="list-style-type: none"> Clarified
<ul style="list-style-type: none"> Assessment of New Technologies 	<ul style="list-style-type: none"> Secondary data if available taken into account or a primary data collection is done 	<ul style="list-style-type: none"> Clarified
<ul style="list-style-type: none"> Defining Health Technology 	<ul style="list-style-type: none"> A health technology is the application of organized knowledge and skills in the form of devices, medicines, vaccines, procedures and systems developed to solve a health problem and improve quality of lives (WHO). 	<ul style="list-style-type: none"> Clarified
<ul style="list-style-type: none"> Role of AYUSH and whether the AYUSH institutes could become a Technical Partner or a Resource Hub 	<ul style="list-style-type: none"> AYUSH can be a User Department that may send a topic for assessment. Regarding making a technical partner or a resource hub it is required to identify the AYUSH institutes with required expertise and manpower. 	<ul style="list-style-type: none"> Clarified Suggestions were made that AYUSH System can be used as Preventive and Supportive Care
<ul style="list-style-type: none"> Social/ Ethical dimensions of the study 	<ul style="list-style-type: none"> The study do consider the social/ ethical/ equity considerations. TAC contains the social scientist and ethical 	<ul style="list-style-type: none"> Clarified Suggestions were made to include more experts in this area
<ul style="list-style-type: none"> Capacity for HTA in India 	<ul style="list-style-type: none"> Several Workshops done till date Scientists were sent to Mahidol University from ICMR for training Letter of Intent signed with Imperial College to help in capacity building 	<ul style="list-style-type: none"> Clarified Suggestions were made for a more intensive capacity building

	study • Mostly 6 months to one year	• Suggestions were made to stick to the timeline and better to complete it faster
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11. It was mentioned that the design of Indian Healthcare System is different from Thailand where there is a central healthcare provider.
12. It was also suggested to take into account the societal perspective while conducting the study so that it may have a better public health impact and help in reducing the OOP expenses.
13. It was mentioned that HTA might help in equitable and efficient allocation of health budget and a healthcare reforms in India, being the 1/6th of the world population, will have a global impact.
14. It was suggested to have more networking throughout the country and build the trust in the society at large.
15. After detailed deliberation following action points emerged:
 - i. Articulate a half page write-up mentioning the vision, mission, mandate and do's and don't's and circulate to the Board members.
 - ii. Two studies that were presented in the Board meeting – (a) Safety Engineered Syringes (SES) for Therapeutic Care in India and (b) Intraocular Lenses for treatment of Age-related Cataracts in India, were approved by the Board with appreciation for the resource personals involved in the study.
 - iii. While prioritization following points should be kept in mind:
 - It should be such that it takes the health system towards the Universal Health Coverage.
 - Cost should be taken in both perspectives, i.e. the individual cost as well as the societal cost for the patient in a secondary as well as tertiary settings.
 - AYUSH technologies should also be taken into consideration in general and specifically for preventive and supportive care.
 - New specialized technologies should be assessed having evidence and adequate potential in economic health care deliveries.
 - Studies should be time bound.
16. The meeting ended with a vote of thanks to the chair and all the Members.

(Prof. V. K. Paul)
 Member – NITI Aayog
 New Delhi – 01

List of Participants in the HTAIn Board Meeting

1. Prof. Vinod. K. Paul, Member, NITI Aayog – Chairperson.
2. Prof. Balram Bhargava, Secretary, Deptt. of Health Research & DG, ICMR – Vice Chairperson.
3. Dr. Renu Swarup, Secretary, Deptt. of Biotechnology, Ministry of Science & Technology – Member.
4. Dr. D. C. Katoch, Advisor, M/o AYUSH – Member.
5. Dr. S. Venkatesh, DGHS, MoHFW – Member.
6. Prof. K. K. Talwar, Ex-Director, PGIMER, Chandigarh – Member.
7. Dr. Thanjavur S. Ravikumar, Ex-Director, JIPMER – Member.
8. Dr. S.K. Acharya, Ex-Prof. & HOD (Gastro), AIIMS, New Delhi – Member.
9. Prof. M. Balakrishnan, IIT, Delhi – Member.
10. Prof. Rajesh Kumar, Head, School of Public Health, PGIMER, Chandigarh – Member.
11. Dr. G. Karthikeyan, AIIMS, New Delhi – Member.
12. Shri Vijay Chauthaiwale, Independent Healthcare & Biotech Consultant – Member.
13. Prof. S. Ramji, Dean, Maulana Azad Medical College, New Delhi – Member.
14. Shri. V. K. Gauba, Joint Secretary, DHR – Member Secretary.
15. Smt. Indira Sharma, Deputy Secretary, DHR, New Delhi.
16. Shri. Om Prakash, Under Secretary, DHR, New Delhi.
17. Dr. Promila Gupta, Ex, DGHS, MoHFW.
18. Prof. T. Sundararaman, Professor, School of Health System Studies, Tata Institute of Social Sciences (TISS) Mumbai – Special Invitee.
19. Dr. Shankar Prinja, Additional Professor, School of Public Health, PGIMER, Chandigarh – Special Invitee.
20. Dr. Anju Pradhan, Scientist – E, ICMR Headquarter, New Delhi.
21. Dr. Maninder Pal Singh, Research Officer, PGIMER, Chandigarh.
22. Dr. Gunjeet Kaur, Research Scholar, PGIMER, Chandigarh.
23. Dr. Kavitha Rajsekar, Scientist-D, HTAIn Secretariat, DHR.
24. Dr. Oshima Sachin, Scientist-D, HTAIn Secretariat, DHR.
25. Dr. Shalu Jain, Scientist-C, HTAIn Secretariat, DHR.
26. Dr. Aamir Sohail, Health Policy Analyst, HTAIn Secretariat, DHR.
27. Miss Jyotsna Naik, Scientist-C, HTAIn Secretariat, DHR.