# HITAP SUPPORTS FIRST IDSI 'HTA TRAINING WORKSHOP' FOR RESOURCE HUBS, NEW DELHI, INDIA
# 03-06 JULY, 2018

HITAP International Unit (HIU)

# Abbreviations

| | |
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| BMGF | Bill and Melinda Gates Foundation |
| CUA | Cost-utility analysis |
| DALY | Disability-adjusted life year |
| DHR | Department of Health Research |
| EQ-VAS | EuroQoL - Visual Analog Score |
| GoI | Government of India |
| HITAP | Health Intervention and Technology Assessment Program |
| HTA | Health Technology Assessment |
| IC | Imperial College |
| iDSI | International Decision Support Initiative |
| IOL | Intraocular lens |
| MoHFW | Ministry of Health and Family Welfare |
| MTAB | Medical Technology Assessment Board |
| NLEM | National List of Essential Medicines |
| PGIMER | Post Graduate Institute of Medical Education and Research |
| PICO | Population, Intervention, Comparator, Outcome |
| QALY | Quality-adjusted life year |
| RSBY | Rashtriya Swasthya Bima Yojana |
| SCTIMST | Shree Chitra Tirunal Institute for Medical Sciences and Technology |
| TAC | Technical Appraisal Committee |
| TP | Technical Partners |
| UHC | Universal Health Coverage |
| WHO | World Health Organization |

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# Introduction

A series of 4 workshops are planned to be held over the course of the next 12 months in order to build capacity in health technology assessment (HTA) for a group of researchers from the HTAIn Technical Partners and resource hubs. These workshops will be delivered by the HTAIn, the iDSI, and PGIMER Chandigarh and each of the four will be themed 'an introduction to HTA and study design', 'evidence synthesis', 'economic modelling', and 'the interpretation and communication of results' respectively.

The Indian government has identified HTA 'resource hubs' around the country who will be responsible for providing technical capacity for the conduct of HTA studies going forward. The iDSI workshops are being delivered to staff from 8 resource hubs who were all starting their HTAIn assigned projects close to the time of the first workshop in July, 2018. Selecting teams who are all starting their research at a similar time allows the workshop themes to be sequenced to best align with and support the conduct of the studies.

From 4th to 6th July the first HTA training workshop was held at the DHR offices, 1 Red Cross Road, New Delhi, India for researchers from 8 HTAIn resource hubs. The objectives of the workshop were to introduce the teams to the structure of HTAIn and the Technical Appraisal Committee. It was intended that teams be familiarized with the HTA development and appraisal process under HTAIn, and with key principles of HTA and economic evaluation. The objective of the workshop was that teams could a) understand the context of HTA in India and its role in informing health policy b) frame and economic evaluation c) draft a comprehensive HTA study protocol and d) identify important stakeholders for consultation, by the end of the 3 days.

It was required that all participants were members of one of the pre-identified Technical Partner (TP) Institutes identified by DHR, and have an institutional MoU with DHR to conduct HTA as part of the HTAIN.

The teaching faculty for the workshop were the DHR HTAIn Secretariat, India; Imperial College London, UK; Health Intervention Technology Assessment Program (HITAP) Thailand, and the Post Graduate Institute of Medical Education and Research (PGIMER) Chandigarh, India.

The course consisted of a range of presentations and group work exercises. Sessions covered various elements of HTA methodology such as defining the scope of an HTA, defining a PICO and using the QALY, situated HTA within the Indian social, economic and political context, and looked at the consequences of HTA including its link to achieving UHC.

# List of teams represented

1. PGIMER Chandigarh
2. NIRRH Mumbai
3. NIRT Chennai
4. RMRC (regional med resource centre, ICMR) Bhubaneswar
5. SCTIMST, Trivandrum
6. Kalam institute of technology, Hydrabad
7. IIPH Shillong
8. NHSRC

# Workshop overview

**Day 1: 4 July, 2018**

The first day of the workshop the teams learned more the context of HTA in India. HTA is being pursued as a tool to maximize health care provision and thus maximize health, as well as to reduce out of pocket expenditure for patients and reduce inequality. HTA can assist with the pursuit of UHC as it can answer whether new technologies should be introduced, can assist price negotiation discussions and can strengthen standard treatment guidelines.

The HTAIN has developed a network of Resource hubs across the country who will provide the technical capacity for conducting HTAs in India. The Technical Appraisal Committee will first approve proposals for HTA studies, delineating research questions as well as conceptual frameworks. Once topics have been approved HTAIn will then identify the capacity within the Resource Hubs and assign HTA topics from user departments to these hubs. Regarding identification of topics it was discussed that resource hubs must keep DHR informed of any discussions they have with state governments regarding priority topics for assessment, so these topics may be systematically allocated by the HTAIn. When studies involve primary data collection these will need to receive ethical clearance first.

Dr Shankar_Prinja then spoke on the scope of HTA in India. It was discussed how drugs are not commonly the focus of HTAs in India at present and that there may be a need to increase the focus on drugs in the future if HTA is to help further UHC. The PGIMER are currently working on a cost database which will be hosted on the PGIMER website which can act as an information database when conducting future HTAs. The study to collect the data has been based on 200+ facilities from 7 states. This will allow for cost estimations in other states as well. PGIMER are now looking into costing at tertiary care level also.

Discussion then centered on the power of HTA as a tool to raise quality and acceptability of health care decisions. Difficult choices often need to be made when providing healthcare and HTA can be particularly helpful to support the decision making process when there is controversy or if it is a question of disinvestment. While HTA may lack public support or understanding at first, more people will become convinced of HTA as a decision making method as examples of good quality HTAs informing policy increase. It was shared how a decision on micronutrients was reversed by the Supreme Court after being subject to commercial pressures in India. Examples like this, and the reality of conflicts of interest emphasize why a transparent and systematic decision process is necessary and can raise the quality of decisions regarding health care provision in India. The power of HTA to raise the legitimacy of decisions was also echoed by Alex Winch from Imperial College, London, who spoke on the role of HTA for UHC. A further benefit of HTA is that ICER graphs can be a powerful tool that can help the governments enter successful price negotiations and bargain down the cost of medical products to prices that are cost-effective.

Dr. Pankaj Bahuguna from PGIMER provided a presentation on interpreting economic evidence and the concepts of extended dominance and net health benefits. Dr. Bahuguna then led the first piece of group work where participants put their new knowledge into

practice, sorting treatment options and interpreting the evidence provided to compare between intervention options.

**Day 2: 5 July, 2018**

The second day of the workshop continued to build on some of the technical skills needed for conducting an HTA. Dr. Laura Downey provided training on how to define an effective PICO for a study. This presentation raised lively discussion surrounding problems of defining and HTA and how an HTA differs from other kinds of evaluation. The group discussed issues of how to decide the best comparator, when a meta-analysis is appropriate and whether it is possible to draw data from sources outside India when country specific data is lacking. These methodological issues were discussed further by the team from HITAP as Saudamini Dabak spoke on epidemiology and burden of disease and Juliet Eames spoke on the meaning and use of the Quality Adjusted Life Year (QALY) in economic evaluations. This spurred a debate around the advantages of the QALY and how it compares to the Disability Adjusted Life Year (DALY) as an outcome measure.

A common concern that is raised when discussing HTA in India is how equity is taken into account in this evidence based framework. Dr Aamir Sohail from HTAIn addressed this priority issue and explained how HTAs can include assessment of unmet needs and qualitative data may be brought in in discussions of equity within an HTA. This can be presented alongside qualitative data on the economic component of the HTA to help policy makers make fully informed decisions.

Continuing the presentations tackling the practical aspects of conducting HTA, the group learned about framing an Economic Evaluation. Pankaj Bahuguna from PGIMER led participants through the steps of preparing a proposal, defining the intervention of interest, identifying relevant health systems costs, the difference between costs included when using

different perspectives, the relevant comparators and what time horizon should be used to capture relevant effects.

**Day 3: 6 July, 2018**

On the final day groups began by giving a short overview of their team composition and the projects they are currently working on; current studies included HTAs on subdermal implants, neo-natal hearing devices, state specific willingness to pay per QALYs, screening on DM/hypertension and HTAs on hypothermia detection. Many of the teams were recently established and waiting for more members to join in the near future.

Dr. Deepshikha Sharma followed with a presentation on the India specific reference case which is currently being developed by PGIMER, Chandigarh. Reference cases are important when conducting HTAs in order to improve methodological quality and enhance study comparability. While discussing the reference case, some of the individual methodological recommendations were discussed in more detail including recommendations on uncertainty analysis and exploration of heterogeneity.

Further technical presentations included costing methods in an HTA, costing issues that are commonly faced in LMICs, and methods of appropriate stakeholder identification and engagement. Rigorous stakeholder involvement is required in order to ensure that studies identify the most relevant questions and address the priority policy questions, to increase the perceived quality of study and to enhance the likelihood of successful take-up for study results. Teams then worked to identify the stakeholders who are relevant for the current studies.

Finally Dr. Shalu Jain presented the recently completed HTAIn study on cataracts surgery with different types of intra-ocular lens and surgery techniques. This study has been

endorsed by the technical appraisal committee and will inform the incoming NHPS benefits package.

The event was wrapped up with a summary by Dr Kavitha Rajsekar and Dr Laura Downey of the key messages from the three days and an appreciation of the participation of all the teams. It is hoped that all teams will have their HTAIn allocated topics soon and the next workshop may be held within three months and will be focused on evidence identification and synthesis.

# Action points following 1st HTA workshop

**Action points for HTAIN requested by Imperial:**

- Create a mailing list for all resource hub staff e.g. 'India HTA Resource Hub' so that information can be shared between all members easily, including all slides and materials from the training.
- Send to participants and upload on the webpage the following important HTAIN documents:
    - HTAIN Process Manual
    - Topic Selection process information
    - Stakeholder engagement guidelines
    - Conflict of Interest Policy
    - IOL study
    - The 'HTA for India' brochure that Gaurav developed

**Action for iDSI requested by Imperial:** Imperial plans to put a reading list document together outlining the most important publications on HTA, with summary information of the messages for HTA, as well as important websites and databases. Imperial also to share a new resource called the 'HTA Toolkit'. HITAP will be sharing information regarding the GEAR database, which may be another useful resource.

**Topics for HTA**:

**Action points for HTAIN requested by Imperial:**

- Ensure that hubs are assigned clearly defined HTA topics in the near future so that all teams remain in sync with the stage of research they are at, and all are prepared for the next workshop (tentatively October).
- Request to provide update of summary table of the progress of the studies.

**Action points for iDSI requested by Imperial**:

- Put together a short 'checklist' document outlining exactly what HTA is for, what kind of topics are HTA topics, and what is needed in order to approve a HTA topic. We can also outline where HTA cannot really help with health system issues and where other evaluation methods may be more useful.

# HITAP side meetings

HITAP conducted several side meetings while in Delhi, detailed below.

**HITAP meeting with Imperial college London and Bill and Melinda Gates foundation India- 3rd July**

HITAP and Imperial updated on the ongoing work including the series of 4 workshops, the costing database, ICMR requests for NICE to work on STGs and the potential for work at the state level. It was discussed that vaccines is a fairly saturated area of work in India at the moment however BMGF expressed an openness to working in this area if a fruitful and beneficial opportunity arose. Imperial are planning for a health benefits package workshop and Alex Winch and Dr. Selva have joined the Imperial team working on India. Dr. Maria is also scheduled to join to support remotely with some visit to India. The plans and logistics for the BMGF visit to Thailand were also discussed.

**HITAP meeting with DHR- 3rd July**

Mr Gauba expressed his appreciation at HITAP collaborating with WHO India office. It was requested that HITAP to complete the formalities with WHO and to expedite the process of WHO hiring a consultant. DHR suggested that a letter of intent with HITAP would be helpful and that this would be followed up via email.

**Requests from discussions with resource hub representatives over the course of the visit:**

Several suggestions of areas for support were suggested by resource hub representatives over the course of the three days. These included requests from IIPH Shillong to learn from HITAP's experience and an invitation for HITAP and Imperial to visit the state, Meghalaya, where a health insurance scheme has been implemented and 90% of service provision is in the public sector. Staff from NHSRC, a technical partner, asked for support in conducting

systematic reviews and finally the team from NIRT, Chennai suggested further support to their team on their research project may be appreciated.

**Meeting with the WHO India country office- 5th July**

WHO India raised the idea of moving the date of the proposed November workshop to December to align it with an international forum on medical devices. Given that senior Thai experts have already confirmed their availability for 14/15 Nov this may provide difficult. WHO India will follow up with DHR and other high level stakeholders to confirm the dates for the meetings. HITAP will share a draft agenda with the WHO which can then be presented to relevant stakeholders in India for comment. The WHO will share the CVs of the shortlisted candidates for the consultancy. It was discussed whether the consultant would be able to give some capacity to working on STGs given that this is a priority for some high level stakeholders in India. While hiring the consultant may take up to three weeks, HITAP and WHO will work in the meantime to reach out to stakeholders and send out necessary invitation letters.

# Appendix

## 1. Workshop agenda 4th-6th July, 2018

Link: https://drive.google.com/open?id=12evu-_lf__yOzmed8tW2p4j3j9v1mYiq

## 2. Status of studies at time of workshop

Link: https://drive.google.com/open?id=1HmPiuW6j9o7vaqJYLwb2UPH9NgSEPO6a

## 3. Presentation resources

*Scope of HTA in India*- Accompanying materials link:
https://drive.google.com/file/d/1wae9nLwlcJgdNazl4EDa52H0DqbbZlt8/view?usp=sharing

*Understanding HTA: how to Interpret economic evidence*- practical exercise resource links:

1. https://drive.google.com/file/d/1ypdxcwbvBqvhXHhpddpPQCwl1CWaKO03/view?usp=sharing
2. https://drive.google.com/file/d/1K1fZhOv9zq2CCOyqyG55Ln3W68jsYDcx/view?usp=sharing

*Epidemiology and burden of disease*-Presentation link:
https://drive.google.com/file/d/1kzZhn43gt0ECYzDMpCsqPzOrQUk4Cldo/view?usp=sharing

*Epidemiology and burden of disease*- Reading material links:

1. https://drive.google.com/file/d/1i6Sf2ZYn5Wb2yUuqU1rO5Dhl6sncWRnW/view?usp=sharing
2. https://drive.google.com/file/d/1TJfRT6AOX9DohK0fKixpFHD9OuV0922H/view?usp=sharing
3. https://drive.google.com/file/d/1J9rTHZjlAdyl1exPq14vBhii_qlROLO1/view?usp=sharing

*Understanding health related quality of life and the QALY:* Presentation link-
https://drive.google.com/file/d/1Rs-MsilsME83gb5GRMPPz3rBGMJc8HXI/view?usp=sharing

*Understanding health related quality of life and the QALY:* Exercise links-

1. https://drive.google.com/file/d/1neq9gtUmepcNBtW77X3mPEH1NjAm_Z9U/view?usp=sharing
2. https://drive.google.com/file/d/1nt9Anu6C7-YWRT3q6rgIqQKbWaswOA0L/view?usp=sharing

*Stakeholder identification:* Presentation link-
https://drive.google.com/file/d/1oUlZzNA5635iuy__PjUF4yhWBu6hF0Dk/view?usp=sharing

*Stakeholder identification:* Exercise link- https://drive.google.com/file/d/1v9lE8M2Awnze9fBWG0xJ9TIRhH6S2VaK/view?usp=sharing

*IOL study report:* Report link- https://drive.google.com/file/d/1_biUBQOfWOsIZBvYFBgs17x8LEjwCjbX/view?usp=sharing

## 4. Year training plan

https://drive.google.com/open?id=1-kpWqtFl2XoBPlfEoFo0ywoiYB_XjrXb

## 5. Imperial event write-ups

1. Write-up: https://drive.google.com/open?id=133_j7DOSUhUIuwO6kLi76tEJ82Wzhb5y
2. Blog: http://www.idsihealth.org/blog/capacity-building-for-health-technology-assessment-in-india-strengthening-foundations-for-evidence-informed-priority-setting/
3. Blog: http://www.idsihealth.org/blog/first-capacity-building-for-hta-in-india-workshop-kicks-off-in-delhi/