

Proceedings of HTAIn Board Meeting, held on 27th of February, 2020 at 11.00 AM in the Committee Room, Department of Health Research (DHR), MoHFW under the Chairmanship of Prof. V. K. Paul, Member, NITI Aayog to discuss the TAC approved HTA Outcome Reports.

The 3rd Health Technology Assessment in India (HTAIn) Board Meeting was held on 27th of February, 2020 at 11.00 AM in the Committee Room, Department of Health Research (DHR), MoHFW under the Chairmanship of Prof. V. K. Paul, Member, NITI Aayog.

2. The list of participants is given in **Annexure-I**
3. The agenda of the above Board Meeting is given in **Annexure II**.
4. Smt. Anu Nagar, JS, DHR and Member Secretary welcomed the Board Members and gave a detailed presentation regarding HTAIn structure, function, progress and its impact in policy-making. She also highlighted the challenges and way forward for HTAIn, HTA in Global Scenario and some example of global HTA Agencies such as NICE, HITAP etc. were also discussed. She also explained about the expanding scope of HTA that includes evidence assessment for clinical validation, costing, price control, clinical workflow and priority setting.
5. Prof. T. Sundararaman, Chairman, TAC gave a presentation on the mandate of the TAC, methodologies followed for reviewing and approval of HTA studies, methods of co-opting subject experts and criteria followed for peer reviewing.
6. Dr. Chandrashekhar, Scientist G, ICMR gave a presentation on the role of MDMS, its involvement in Innovation and Translation Research Funding and products it delivered like 5 technologies already been commercialized funded in extramural projects.
7. Dr. Kavitha Rajsekar, Scientist-E, HTAIn Secretariat presented the Outcome reports of the following TAC approved HTA studies:
 - i. Cost effectiveness analysis Hypothermia detection devices (BEPMU, Thrmospot and fever Watch) for pre-mature and low birth weight neonates in India; IIPH Shillong.
 - ii. Health Technology Assessment of Uterine Balloon Tamponade for Management of Postpartum Haemorrhage in India; NIRRH Mumbai.
 - iii. Health Technology Assessment of Portable automated ABR Neonatal Hearing Screening Device; RMRC Bhubaneswar
 - iv. Rapid Health Technology Assessment for incorporating TrueNat as a diagnostic tool for tuberculosis under RNTCP in India; HTAIn Secretariat
 - v. Evaluation of Pulse Oximeter as the Tool to Prevent Childhood Pneumonia related Mortality and Morbidity; SCTIMST, Trivandrum

- vi. Health Technology Assessment of Automated Resuscitation Device for Neonatal Resuscitation at point of delivery in Indian healthcare system; KIHT, Vizag
- vii. Health Technology Assessment of various RT-PCR kits for the diagnosis of Influenza A/H1N1pdm09 virus in all age patients in India; NIV, Pune
- viii. Health Technology Assessment on population based screening for Type 2 Diabetes and Hypertension in India; PGIMER, Chandigarh

The agenda as per the schedule was then taken up for discussion

Agenda-1

- i. It was recommended that the study for screening of Breast Cancer shall continue.

Agenda-2

- i. All the above mentioned studies were approved by the Board as per the recommendations presented.
- ii. The Policy documents can be sent to the user departments for implementation
- iii. The robustness of the studies and methodologies to be followed

Agenda 3

- i. Ongoing HTA studies were presented for information of the Board Members (Annexure II). The Board appreciated the work being done.

Agenda 4

- i. The process of topic selection was discussed and it was decided that the topic selection criteria will be done by the HTAIn Secretariat, however, the Board will be kept informed.
- ii. It was noted that essential role of HTA is evidence-synthesis to inform evidence-informed decision making in regard to use/uptake of health technologies and interventions in practice and public health. HTA process is based on the available evidence. Generation of new evidence is not in the scope of HTAIn, however, basic costing studies wherever required should be carried out by HTAIn team given the fact that cost data may not be often available in respect of a product/intervention under HTA process, which is otherwise potentially ready for uptake/scale-up. The studies which have already been initiated must continue. HTA secretariat, TAC and Board can advise primary studies relevant to the country, to be carried out by ICMR, academic institutions, start-ups, industry etc.
- iii. It was decided that Board may suggest topics based upon National Priority on *suo-moto* basis. It was also deliberated that topics may be suggested by all stakeholders like industry, academia, innovators etc. to the Board.

- iv. A manual for Standard Operating Procedures (SOP) for HTA processes be presented in the next meeting.
- v. The Board also recommended to set up more technical committees/sub-committees, as required.
- vi. Professor T. Sundararaman to be nominated as a permanent invitee for the Board meetings.

Agenda 5

- i. Discussion on the HTA Bill, 2019 was deferred.

Any other item:

- The chair requested that participation of most of the non-official member be ensured.
- The Board complimented the comprehensive and high quality work being done by the TAC and the HTAIn team at DHR.
- The Board resolved to strengthen HTAIn in every possible way to make this National institution a global role model.

The Meeting ended with a Vote of Thanks to the Chair and all the participants



(Prof. V. K. Paul)
Member, NITI Aayog,
Chairman, Board

List of Participants

Board members:

1. Prof. V. K. Paul, Member NITI, Aayog – Chairperson.
2. Dr. Renu Swarup, Secretary, Department of Biotechnology, New Delhi – Member.
3. Sri. Dharmendra Singh Gangwar, AS& FA, MoHFW – Member.
4. Dr. T.S. Ravi Kumar, President, AIIMS, Manpalagiri - Member
5. Dr. G. Karthikeyan, AIIMS, New Delhi – Member.
6. Dr. S. RamjiDean, MAMC, New Delhi – Member
7. Smt. Anu Nagar, Joint Secretary, DHR, MoHFW, New Delhi – Member Secretary.
8. Dr. T. Sundararaman, Chariman TAC, JIPMER – TAC Chairperson.
9. Dr. Promila Gupta, MoHFW, New Delhi – Nominated
10. Dr. Manoj Nesari Advisor (Ay) Ministry of Ayush – Nominated.
11. Dr. Chandrashekhar, Scientist-E, ICMR – Nominated
12. Dr. Sonia Gandhi, Chief Manager, BIRAC – Nominated
13. Dr. Kalaivani Ganesan, Scientist-E, DBT – Nominated
14. Dr. Mohammad Ameel, Senior Consultant, NHSRC – Nominated.
15. Dr. Rakshita Khaniyar, Consultant, MoHFW – Nominated.

HTAIn Secretariat:

1. Dr. Kavitha Rajshekar, Scientist-E, DHR
2. Dr. Aamir Sohail, Health Policy Analyst, HTAIn Secretariat, DHR

Annexure- II

Agenda I: Action Taken Report of 2nd Board Meeting on 3rd May, 2019.

Agenda II: HTA Studies completed and approved by the Technical Appraisal Committee and submitted for the approval of the Board, as follows:

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| • Cost effectiveness analysis Hypothermia detection devices (BEPMU, Thrmospot and fever Watch) for pre-mature and low birth weight neonates in India; IIPH Shillong. |
| • Health Technology Assessment of Uterine Balloon Tamponade for Management of Postpartum Haemorrhage in India; NIRRH Mumbai. |
| • Health Technology Assessment of Portable automated ABR Neonatal Hearing Screening Device; RMRC Bhubaneswar |
| • Rapid Health Technology Assessment for incorporating TrueNat as a diagnostic tool for tuberculosis under RNTCP in India; HTAIn Secretariat |
| • Evaluation of Pulse Oximeter as the Tool to Prevent Childhood Pneumonia related Mortality and Morbidity; SCTIMST, Trivandrum |
| • Health Technology Assessment of Automated Resuscitation Device for Neonatal Resuscitation at point of delivery in Indian healthcare system; KIHT, Vizag |
| • Health Technology Assessment of various RT-PCR kits for the diagnosis of Influenza A/H1N1pdm09 virus in all age patients in India; NIV, Pune |
| • Health Technology Assessment on population based screening for Type 2 Diabetes and Hypertension in India; PGIMER, Chandigarh |

Agenda III Ongoing HTA studies under various stages of consideration of TAC – for information of the Board

| | Topic of HTA study | Resource Hub undertaking the Study |
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| i. | Health Technology Assessment of Breast Cancer Screening Techniques in India | NHSRC |

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| ii. | Health Technology Assessment for screening of Hepatitis B and C at Primary Health centers in Tamil Nadu | NIRT, Chennai |
| iii. | EuroQol-EQVT study to develop Indian Value sets for EQ5D Quality of Life scores. | PGIMER, Chandigarh |
| iv. | A comprehensive HTA of Project Lifeline – A portable ECG facility at PHCs of Ahmedabad district of Gujarat | IIPH, Gandhinagar |
| v. | Price Regulation & Value-Based Pricing for Anti-Cancer Drugs: Implications for Patients, Industry, Insurer and Regulator | PGIMER, Chandigarh |
| vi. | Health Technology Assessment for implementation of blood counters for diagnosis of dengue at primary health care settings in Tamil Nadu state | NIRT, Chennai |
| vii. | Health technology assessment of TeCHO Program in Gujarat State | IIPH, Gandhinagar |
| viii. | Health Technology Assessment of Sickle Scan™ as a point of care testing device for the Screening of sickle cell disease in India. | NIRTH-ICMR, Jabalpur |
| ix. | HTA of Low cost portable ventilator | KIHT, Visakhapatnam |
| x. | Validation of optometrists and cost analysis of Glaucoma screening in community based setting - RPC | AIIMS, New Delhi |
| xi. | Home based New born care (HBNC) by ASHA workers in select states –an exploratory study | ICMR, NIMS, PHFI-Delhi |
| xii. | Cost-effectiveness of administering parenteral iron therapy through Iron-sucrose and Ferrous Carboxyl Maltose for first line management of iron deficiency anaemia among pregnant women in a natural program setting at Sabarkantha, Gujarat | IIPH, Gandhinagar |
| xiii. | Economic Evaluation of Percutaneous Coronary Intervention in comparison to Coronary Artery Bypass Grafting in Left Major or Triple Vessel Disease | In-house study |
| xiv. | Economic Evaluation of the use of implantation of pacemakers in patients with Complete Heart Block | In-house study |
| xv. | Economic Evaluation of Different Treatment Modalities for the management of patients with Single-Vessel and Multiple-Vessel Disease (MVD) (PCI vs CABG for MVD and PCI vs OMT for Single Vessel) | In-house study |

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| xvi. | HTA of intravenous tranexamic acid use in management of post-partum haemorrhage in India | NIRRH, Mumbai |
| xvii. | HTA of available technologies for automatic detection of diabetic retinopathy from colour fundus photographs | SCTIMST, Trivandrum |
| xviii. | Cost effectiveness of linking HIV to family Planning services to prevent unintended pregnancies in people living with HIV women | NIRRH Mumbai |
| xix. | Estimation of recurrent cost to deliver JSSK services in Public health facilities for budgetary allocation. | In house |

Agenda IV: Functioning of HTA – Lessons Learned and Way Forward.

- TAC process, methodology and function.
- Role and function of MDMS, ICMR.

Agenda V: Discussion on HTA Bill, 2019.