



Perspective

Department of Health Research-Health Technology Assessment (DHR-HTA) database: National prospective register of studies under HTAIn

Universal Health Coverage (UHC) and Health Technology Assessment (HTA)

The government of India (GOI) is committed to provide universal health coverage to assure the availability of free and comprehensive primary healthcare services to its 1.2 billion population¹. The challenging task of extending the healthcare services to each and every patient can only be achieved with optimal utilization of the resources available². Therefore, it is required that decisions on resource allocation are policy relevant and evidence informed^{2,3}. The evidence-based decision-making involves clinical effectiveness, cost-effectiveness, budget impact, as well as ethical, social and political feasibility studies^{4,5}. Health technology assessment (HTA) is an internationally accepted tool to ensure that technology choice is participatory and is well guided by considerations of scientific evidence, safety, consideration on cost-effectiveness and social values⁶⁻⁸.

Establishment of Health Technology Assessment in India (HTAIn)

The HTA in India (HTAIn) previously known as Medical Technology Assessment Board (MTAB) was set up under the Department of Health Research (DHR), by Ministry of Health and Family Welfare (MoHFW), to help GOI in evidence-informed decision-making in healthcare⁹. HTAIn has been given the responsibility to conduct health technology assessment studies for the requests coming from central and State health ministry that includes systematic literature reviews, economic evaluations, primary costing as and when required, and measuring and valuing the health outcomes pertaining to that health technology. Along with clinical and cost effectiveness, the studies will also analyse evidences related to equity issues regarding the deployment of

health technologies, that ensures efficient use of the limited health budget and provide people access to quality healthcare at minimum cost^{10,11}.

How HTAIn functions in India

HTAIn consists of three core bodies including HTAIn Secretariat, HTAIn Technical Appraisal Committee (TAC) and HTAIn Board. The HTAIn Secretariat works in collaboration with its identified technical partners (TPs) and regional resource hubs (RRHs) across India¹². The requests for HTA study are first processed by HTAIn Secretariat experts and then allocated to TPs. TPs develop the study proposal and present the study to TAC members. Once approved by TAC members, a stakeholder consultation meeting is convened to inform and apprise all concerned stakeholders regarding the HTA study. After completion of the HTA study, outcomes of the study are again presented to TAC members and after approval by TAC, a second stakeholder's consultation meeting is convened to inform them about the study results and final recommendations. Finally, the study is put up to the HTAIn Board, and once approved by the Board, a policy brief along with the HTA outcome report is sent to the user department from where the request has originally come.

Need of National HTA database

HTAIn has started functioning congruously in January 2017 in DHR. Since its beginning, requests for HTA studies started to come from different policymakers with topics from different divisions of the Union MoHFW, State MoHFW, *Rashtriya Swasthya Bima Yojana*, National Pharmaceutical Pricing Authority, National Health Mission, National innovation portal, *etc.* As HTAIn is now more than 1½ year old and there are more than 25 HTA topics

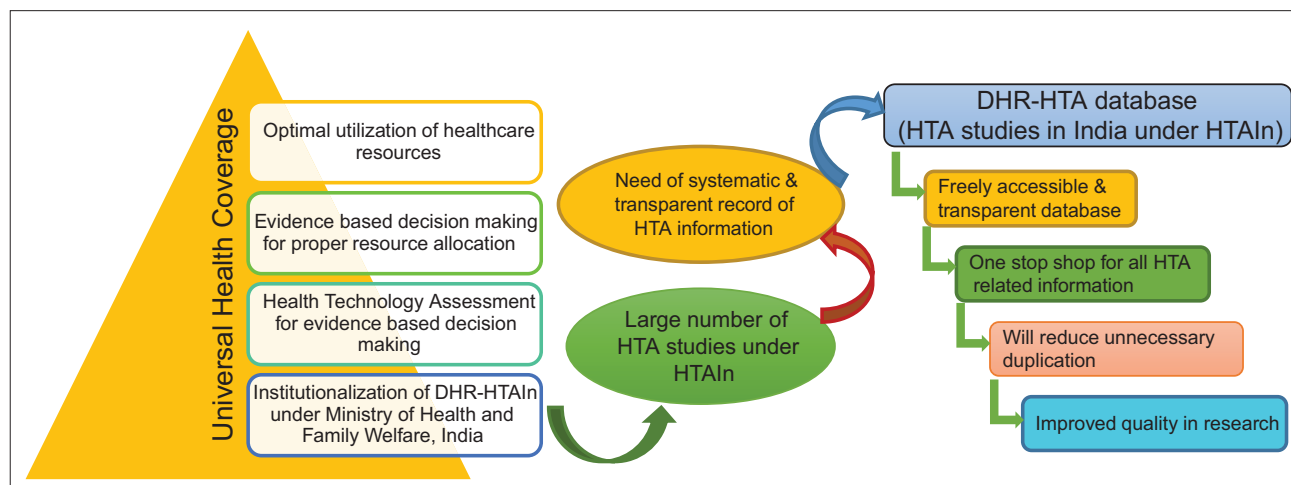


Figure. Graphics representing the role of Health Technology Assessment (HTA) in Universal Health Coverage and need of HTA database in India.

under process, it is crucial to record all the information properly and systematically. To manage the HTA study related information by storing it systematically and to make the information available in public domain transparently, a national HTA database is initiated under DHR. The national HTA database will be available on DHR website and will be periodically updated (Figure).

Data collection

A common ‘HTA information sheet’ (HIS) will be developed to collect the data. This HIS will be used to record the information on each ongoing and completed HTA study in an organized manner. Specific information regarding each HTA study including HTA topics, study investigators, interventions and comparators, user department, decision taken by TAC, stakeholder’s consultation will be collected. The scope for inclusion will be broad, encompassing any study designated as a HTA by the HTAIn Secretariat or by TPs. The national HTA database will be hosted by DHR and it will be made available on DHR website. The information on each HTA study will be periodically updated.

Proposed overview of DHR-HTA database

The DHR-HTA database will provide free access to bibliographic information about ongoing and completed HTAs studies commissioned and undertaken across the nation under HTAIn, DHR. All the studies will be funded by DHR, MoHFW, India. This database will provide specific information regarding each HTA study. There are practical and scientific benefits of a freely accessible transparent database. It is thus envisaged that providing free access to HTA information will reduce

unnecessary duplication and will help in preventing wasted effort and precious research funds. It will encourage global collaboration between researchers, increase transparency and improve quality.

Other HTA databases worldwide

The National Institute for Health Research (NIHR) HTA database is the most comprehensive, international register and provides free access to bibliographic information about ongoing and published HTAs commissioned or undertaken by members of the International Network of Agencies for HTA (INAHTA) and other HTA organizations from around the world¹³. It is funded by the UK NIHR and is currently produced by the Centre for Reviews and Dissemination (CRD). NIHR database established in 1998 combined the HTA records identified by CRD and INAHTA’s HTA reports¹³. A new Canadian search interface for the HTA database was launched in January 2015. The new interface was developed through collaboration between CRD and the Pan-Canadian HTA Collaborative Working Group that is now serving as a Canadian HTA Repository¹⁴.

Another database is a recently developed the EUnetHTA Planned and Ongoing Projects (POP) database. This database is developed to help HTA agencies in sharing the information with each other on planned, ongoing or recently published projects conducted at the individual agency level. The tool is created and managed by LBI-HTA (Austria) and the database is developed and maintained by DIMDI (Germany). Access to the POP database is currently restricted to EUnetHTA Partners and Associates who contribute to the POP database¹⁵.

Besides these, there are many national HTA databases such as in Australia¹⁶, Thailand¹⁷ and Singapore¹⁸ that provides information on HTA studies in their respective countries.

India is a relatively younger member joining the worldwide HTA community, but being unique in its own diversity in terms of healthcare challenges and healthcare system will surely have a major impact. Although there have been many studies on cost-effectiveness analysis, economic evaluations, cost-utility studies, *etc.*¹⁹⁻²³, coming from different researchers in India, most of these studies have been conducted for academic purpose. HTA in being a central government programme will bring such studies under a broader umbrella, where these studies will be more policy driven. The DHR-HTA database will be showcasing all these studies, and it will be informative not just for India but also for a wider HTA community spread worldwide.

Conclusion

The DHR-HTA database will become a valuable resource for locating literature and information, which will be freely available from a single source. This database will enable funders and researchers to identify work already in progress and will help reduce unintended duplication of effort. The database will also serve as a one-point source for policymakers where they can have a quick glance at the website to have an idea about studies under process, which can later become a basis for new public health programmes. The database will also be helpful to private manufacturers and clinicians as keeping them well informed about what all-new interventions are being considered under different HTA studies. Open access of such a database will bring the much-required transparency in the field of research and development.

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