

**Record of discussion of the meeting of the Technical Appraisal Committee
of MTAB held on July 7th, 2017 at 11:00 AM under the Chairmanship of
Dr. K.K. Talwar, Ex- Director, PGIMER**

1. Meeting of Technical Appraisal Committee TAC of Medical Technology Assessment Board (MTAB) under the Chairmanship of Dr. K.K. Talwar, Ex- Director, PGIMER, Ex HoD, Department of Cardiology, AIIMS and Ex- Chairman, Medical Council of India was held on 7th of July 2017 at 11:00 AM in Conference Hall, 2nd Floor, IRCS Building, Red Cross Road, New Delhi. List of participants is at Annexure I.
2. Dr. K.K. Talwar welcomed all the participants and congratulated the Department of Health Research, MoHFW for taking the landmark step of establishment of Medical Technology Assessment Board in India. According to him, there was a need to set up such an effective body to carry out studies to ensure cost effectiveness in medicines, devices etc, clinical effectiveness and safety of medicines, devices as well. He was also of the opinion that establishment of MTAB would also promote the better patient care practices in India by providing much needed evidence to clinicians for making informed choices.
3. Shri V.K. Gauba, Joint Secretary, DHR while welcoming the members of the Technical Appraisal Committee to its first meeting, stated that establishment of HTA structure in DHR which was conceived and deliberated upon in a small core group, has since led to setting up of Technical Appraisal Committee and consequently MTAB. Henceforth, TAC will be the backbone of various processes and methodologies for conducting HTA.
4. There after Dr. Kavitha Rajsekar, Scientist-D, DHR, MoHFW made a presentation on 'Health Technology Assessment in India- Establishing MTAB'. She explained that the 12th Five Year Plan for India designed by the then Planning Commission (now NITI Aayog) stated the need to take into account 'cost effectiveness studies to frame clinical treatment guidelines', hence, the Government had decided to set up the Medical Technology Assessment Board (MTAB) for evaluation and appropriateness and cost effectiveness of the available and new Health Technologies in India. She further explained that NITI Aayog has recommended that all new medical interventions need mandatory MTAB approval. She also

explained to the participants that the MTAB is a three tier structure comprising of the Board, the Technical Appraisal Committee (TAC) and the MTAB Secretariat.

5. Prof. Indrani Gupta, Head, Health Policy Research Unit, Institute of Economic Growth, Delhi University, New Delhi enquired about the components to be covered under the ambit of 'health interventions' as mentioned in the objectives of MTAB.

6. Dr. Kavitha Rajsekar explained that all health interventions except vaccines was covered under the ambit of 'health interventions' as described under the objectives of MTAB. Vaccine studies does not fall under the mandate of MTAB as this topic is being taken care of by NTAGI as mentioned in the concept note of MTAB also.

7. Discussing further the objectives of MTAB, Prof. Indrani Gupta said that social and ethical dimensions of health technology assessment also needed to be stated explicitly in the objectives. She added that in the current form, all the focus is on cost- effectiveness and it seems that other dimensions are neglected.

8. While addressing to the debate of social, ethical and cost effectiveness dimensions as mentioned under the objectives of MTAB, Dr. J.V. Peter, Associate Director, CMC Vellore said that the concept of cost- effectiveness is inherently inclined towards the utilitarian perspective, so some conflict with social ideologies is bound to occur.

9. Dr. Neethi Rao, Consultant, Health Policy, DHR brought some more clarity on the issue of comparative importance of social, ethical and cost effectiveness dimensions as mentioned under the objectives of MTAB. She explained that equity and feasibility will be a part of overall economic evaluation and thus, health technology assessment will also address to the social issues of equity and feasibility apart from just technical evaluation.

10. Prof. T. Sundararaman, Dean, TISS, Mumbai said while discussing the objectives of MTAB that the word 'feasibility' should be used with a caution. In turn we may use the term 'requirements of society' could be used.

11. There after, Dr. Kavitha Rajsekar explained the process used for topic prioritization.

12. Prof. Indrani Gupta desired to know as to how the need of the society and health sector priorities will be factored into while prioritising the topics for HTA. Accordingly she wanted the process a little more elaborate and explicit.

13. Sh. V.K. Gauba, responding above to the query of Prof. Indrani Gupta appraised that the topic prioritization meetings will be held on the continuous basis in the DHR and all the User Departments will be invited to suggest topics and discuss the policy importance of the topics suggested.

14. In the context of prioritisation of the topic, Prof. T. Sundararaman highlighted that it may be the case that the first priority of the society may not be the first priority of the Government. He desired to know as to how this conflict would be resolved.

15. While discussing the criteria of topic prioritization, Dr. Rama Baru, Professor, JNU, New Delhi enquired that how the interventions addressing neglected diseases will be taken care of.

16. Dr. J.V. Peter asked whether the process of topic prioritization of MTAB will be 'demand driven' or will it be 'impact driven'. If the process will be 'demand driven', only new technologies will find place in the list of priority topics, as most of the user would want cost- effectiveness evidence only for the newer technologies which are entering the health sector, so that they can decide as to which one should be incorporated in the public programmes. But 'demand driven' topics may not have very high impact at the population level.

17. Dr. Shankar Prinja, Associate Professor of Health Economics, PGIMER Chandigarh elaborated upon the queries of the members regarding topic prioritization. He stated that priorities will be decided after due consideration of both 'demand' and 'impact' of an intervention. He said that the topic prioritization criteria will capture the effect of both equity issues and size of the population affected apart from the impact on cost, and will come up with a score. So this score will capture not only the demand of the user departments but also the impact on the overall society be it in terms of the burden of the problem, extent of impact on out of pocket expenditures, how much is the clinical effectiveness of that particular intervention or the population group which is affected by that disease/ intervention. So there

will be various criteria which will be considered for scoring and scores obtained by all the interventions would then be presented to the TAC, which will make the final decision on the topic selection.

18. Dr. Miqdad Asaria, Consultant Health Economist, DHR explained further the issue of topic prioritization and said that we should keep in mind that we are not deciding which programme to fund, all we are saying is that within one programme what is the cost effective use of resources. So some of the things like neglected diseases, if we start looking at them we might find that treating them is not cost effective, but that shouldn't mean that we will not treat them, but that means that MTAB isn't the right forum to discuss those things. But other things like big public health programmes, MTAB can suggest that what is the most cost effective way of achieving the maximum health gains in this programme? So we must separate the MTAB issues from non-MTAB issues.

19. Prof. T. Sundararaman further said on the issue of topic prioritization that we should not open the gate too widely and our first priority should remain to respond to a lot of requests regarding the technologies used in the government programs like methods of screening etc. If we open the gate too wide, everybody will come with its own topic seeking the stamp of approval.

20. While addressing to the concern raised by Prof. Sundaraman regarding too many topics coming for getting the stamp of MTAB, Dr. K.K. Talwar said that although only selected topics will be taken up for HTA, everyone approaching MTAB should get a response in return that why his topic is important or not important. This will instil confidence in the fraternity of users about the working of MTAB.

21. Prof. Muraleedharan, IIT Madras, said while discussing the issue of topic prioritization that interventions which will be supported with public money should fall under the purview of MTAB.

22. Prof. Sundaraman agreed to the views of Prof. Muraleedharan on the topic prioritization and said that the dividing line between private money and public money is very useful and MTAB should not function as a medical research review committee.

23. Prof. Indrani Gupta said that MTAB is a new group as of now and we should begin somewhere. So public investment should be our target initially. May be at a later stage when we will be doing really well, then we may take other things for evaluation. She further added that all the user departments should also suggest that against which baseline the intervention should be evaluated.

24. Prof. Gupta also desired to know that whether MTAB is entrusted with the responsibility of post- implementation evaluation of the interventions also? She further added that recommendation of MTAB should come with a rider that if the suggested intervention is implemented in the prescribed/suggested way, it would be cost- effective. Whether the suggested way was followed or not during the implementation, this should be evaluated by a separate agency.

25. Dr. Kavitha Rajsekar explained that post- implementation evaluation of the interventions does not fall under the domain of MTAB.

26. Prof. Sundararaman suggested to remove the word 'outcome' from the mandate of TAC and just say evaluation of reports submitted by the Institute(s) who have completed the project.

27. Prof. Gupta also suggested that MTAB should device a 'Technical Review Panel Roster', according to which the experts would be selected to review the reports submitted by the institutes/ technical partners.


28. Dr. Talwar also endorsed the views expressed by Prof. Gupta and said that the report submitted by Technical Partners should go to the panel of experts for their comments.

29. Dr. Kavitha Rajsekar explained that specialty group of TAC is equipped with experts of various fields and they will be opted-in for meeting depending on the nature of proposals to be considered in that particular meeting.

30. Dr. Shankar Prinja presented the draft Reference Case for health technology assessment to the members.

After detailed deliberation the following action points emerged

1. The Technical Appraisal committee meeting will be convened initially on the 1st Tuesday of every month then after once in 2 months.
2. The topics will be prioritised according to the demand from the user departments and not as per the need of the society as mentioned in the mandate of TAC
3. To remove the word 'outcome' from the mandate of TAC and just say evaluation of reports submitted by the Institute(s) who have completed the project.
4. The next meeting will be scheduled on the 1st of August 2017 and the reference case will be discussed at length.
5. Dr. Shankar to circulate the reference case presentation to all the TAC members for further discussion



Prof.K.K.Talwar 20/7/17

Ex-Director PGIMER
Chairman
Technical Appraisal Committee
MTAB

Annexure-1

1. Shri V.K Gauba, Joint Secretary, DHR, MoHFW
2. Prof.K.K.Talwar, Ex-Director, PGIMER-Chairman,
3. Prof.J.V.Peter,Director,CMC Vellore-Vice Chairman,
4. Prof.T.Sundaraman,Dean, TISS-Member
5. Prof.V.R.Muraleedaran, IIT, Chennai-Member
6. Prof.Indrani Gupta,Institute of Economic Growth, Delhi-Member
7. Prof.Rama Baru,JNU,Delhi-Member
8. Dr.Shankar Prinja,Associate Professor, PGIMER, Chandigarh
9. Shri.RajKumar-Deputy Secretary, DHR
10. Shri.Vinod Kumar,Under Secretary, DHR
11. Dr.Kavitha Rajsekar,Scientist-D,DHR
12. Dr.Miqdad Asaria,Consultant,Imperial College
13. Dr.Neeti Rao, Consultant,Imperial College
14. Dr.Oshima Sachin, Scientist-D, MTAB Secretariat
15. Dr.Shalu Jain, Scientist-C, MTAB Secretariat
16. Dr.Aamir Sohail, Health Policy Analyst, MTAB Secretariat