

**Records of the Stakeholders Consultation Meeting held on July 27<sup>th</sup>, 2017 at 11.30 AM in the Conference Room, Department of Health Research (DHR), Ministry of Health & Family Welfare (MoHFW) under the chairmanship of Mr. V.K. Gauba, JS, DHR, MoHFW in connection with the HTA (Health Technology Assessment) of Intra-Ocular lenses for cataract surgery.**

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A Stakeholders Consultation Committee Meeting was held on 27<sup>th</sup> of April, 2017 under the Chairmanship of Shri. V. K. Gauba, Joint Secretary, Department of Health Research (DHR), Ministry of Health and Family Welfare (MoHFW) in the IRCS Building, Red Cross Road, New Delhi to elicit the views of stakeholders on the Health Technology Assessment (HTA) study of Intra-ocular lenses (IOL) for cataract surgery being undertaken by Medical Technology Assessment Board Secretariat (MTAB Sec.) so that the assessment is comprehensive and all inclusive.

**Annexure-I** contains the list of participants in the meeting.

**In the meeting following points were discussed**

1. The importance of HTA, the background about the establishment of a Medical Technology Assessment Board (MTAB) under DHR, MoHFW was discussed and the rationale of taking up IOL for HTA by the MTAB Sec. from among the topics suggested.
2. NITI Aayog's recommendation that *all the new medical interventions need mandatory MTAB approval* was also mentioned.
3. Stakeholders were requested to express their opinion openly so that the "gaps", if any, in the proposed assessment of IOL for cataract surgery are taken care of.
4. Stakeholders signed the declaration of interest forms.
5. All the stakeholders appreciated HTA on intraocular lenses for cataract surgery and agreed to share their data if required in the study.
6. The user department agreed for sharing the data from NPCB, NPPA and RSBY.
7. Industry partner agreed to share manufacturing prices of the Intra-ocular lenses available in the market.
8. Stakeholders were urged to be critical and work together to provide maximum benefit to the people of India especially to the poor class.
9. It was suggested that a Visual Acuity Range should be decided for the treatment of cataract and should become a part of Standard Treatment Guidelines.
10. NPCB discussed its structure, aim, tasks undertaken and achievements and target to reduce blindness to 0.3% by 2030. NPCB data showed that cataract is the major reason for the overall blindness in India. 95% treatments are provided with IOL. 80% cataract surgeries are done by Small Incision Cataract Surgery (SICS) and provided with Polymethyl methacrylate (PMMA) lenses and 20% surgeries are done using Phaco-emulsification which is effective only in case of foldable lenses. NPCB extended all kind of support in the study whenever required.

11. Aravind Eye Care System model was presented outlining its vision, challenges and how to make cataract surgery affordable. Cost effectiveness designing of Aravind's Eye Care was discussed and it was shown that the same number of eyes surgeries were performed in Aravind Eye Care at a lower cost compared to NHM – UK due to efficiency, clinical process, cost of supplies, regulations and defensive medicine. They also agreed to share to be there for all kind of help and support including data whenever required by the MTAB
12. Lens manufactured at Aravind's Eye Care was seen to be of great value in RSBY schemes. RSBY representatives said that having several different packages for cataract surgery in the RSBY scheme it is challenging to select a particular package for the treatment of cataract and HTA might be helpful to overcome this problem in selecting among different lenses and different packages without compromising with the quality. This will help in refining RSBY schemes especially the next National Health Protection Scheme. Above all the study will provide more openness in the healthcare system. RSBY agreed to share data with MTAB and were ready for any kind of help and support.
13. Representative from Chhattisgarh State Program said that the satisfaction of the patient is very important and suggested so both the options i.e. normal affordable as well as high cost package should be kept as options and the patients decide in which they are satisfied.
14. RSBY and NPCB schemes were discussed. It was mentioned that RSBY is offering insurance packages that includes many diseases where people below poverty line are covered while NPCB is covering anyone who wants a cataract surgery and “grant in aid” is given to NGOs or Governmental hospitals not providing insurance package of service. RSBY has an entitlement to various services with list of private and public providers and in NPCB, providers (NGOs and Govt. hospitals) get defined sum for providing cataract surgeries. In RSBY, hospitals are not supposed to charge anything from the patient.
15. Representative from National Pharmaceutical Pricing Authority (NPPA) said that NPPA has been trying to control IOL prices under DPCO because of a huge margin from the price of stock to MRP has been reported and in some cases profits range was found to be very high. Data collection process from all manufactures and importers are underway and until the Government gives instructions regarding IOL it will be taken as a Non-scheduled item for price capping. NPPA also agreed to share data with MTAB.
16. Medical Technology Association of India (MTAi) representing top four IOL manufacturers urged stakeholders to keep cost and price separate explaining the differences between the two. They also suggested to ensure good quality treatment while costing. They also said that having experience of working in association with different countries in many areas of HTA they can contribute with MTAB also, if required.
17. On the behalf of Federation of Indian Chambers of Commerce & Industry (FICCI) their representatives assured all the help and support wherever required. Furthermore, they also offered their expertise in manufacturing area if needed.

18. Representative from World Health Organization (WHO) outlined the work done by the organization in the field of HTA and mentioned about an HTA Compendium document that they have prepared in the last three years that can be used in the methodology part of HTA especially on technology and equipment. It was made clear that although HTA provides an important input to improve healthcare system but it can't solve all the problems. On the behalf of WHO all kind of support to MTAB was offered.
19. Representative from Imperial College, added that there should be a Standard Treatment Guidelines that will help Gov. in making decisions e.g. to reimburse only those medical providers who followed these guidelines.
20. Maharashtra Gov. State representative suggested that the implementation of the guidelines should be monitored.
21. The meeting ended with vote of thanks and everyone submitted their Declaration of Interest Form to Dr. Rajsekar – Scientist D, DHR.

**After detailed deliberation the following decisions were taken**

1. The stakeholders appreciated HTA on intraocular lenses for cataract surgery and agreed to share their data if required in the study.
2. The user department agreed for sharing the data from NPCB, NPPA and RSBY.
3. The industry partner also agreed to share manufacturing prices of the Intra-ocular lenses available in the market.
4. It was suggested that a Visual Acuity Range should be decided for the treatment of cataract and should become a part of Standard Treatment Guidelines.

## **Annexure – I**

### **Meeting of MTAB on 27<sup>th</sup> July, 2017 at 11:30 AM**

1. Shri V.K. Gauba, Joint Secretary, DHR – Chairperson
2. Shri Rajkuar – Deputy Secretary, DHR
3. Shri Vinod Kumar – Under Secretary, DHR
4. Dr. Promila Gupta, DDG, NPCB – Vice-chairperson
5. Dr. Nishant Jain, Ministry of Health & Family Welfare
6. Mr. Khurana, NPPA
7. Mr. Nihal Pedric, NPPA
8. Dr. R.D. Ravindran, Chairman, Aravind Eye Hospital
9. Dr. Madhur Gupta, Technical Officer WHO
10. Mr. Pavan Choudary, Chairman, Medical Technology Association of India
11. Mr. Burdin Shahana, Medical Technology Association of India
12. Mr. Salman Anzer, Medical Technology Association of India
13. Mr. Vibhav Garg, GE Healthcare, FICCI
14. Mr. Sanjeev Nandan, Alcon, FICCI
15. Mr. Sunial Kumar, Johnson and Johnson – Vision surgical business, FICCI
16. Dr. Praveen Vasishtha, Ophthalmologist, AIIMS
17. Dr. Dr. Subhash Mishra, State Programme Officer, Chhattisgarh
18. Dr. Tandon, IMA
19. Dr. Kavitha Rajsekar – Scientist D, DHR
20. Dr. Laura Downey – Imperial College
21. Dr. Miqdad Asaria, Consultant – Imperial College
22. Dr. Neeti Rao, Consultant – Imperial College
23. Dr. Oshima Sachin, Scientist D, MTAB Secretariat
24. Dr. Shalu Jain, Scientist C, MTAB Secretariat
25. Dr. Aamir Sohail, Health Policy Analyst, MTAB Secretariat