

# International Symposium on Health Technology Assessment and Side Meetings with Partners

New Delhi, India  
7-11 December 2021  
REPORT

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# List of Acronyms

AB PM-JAY	Ayushman Bharat National Health Protection Scheme
AB-HWCs	Health and Wellness Centres
ADP	Access and Delivery Partnership
BMGF	Bill and Melinda Gates Foundation
CGD	Center for Global Development
CMC	Christian Medical College
DHR	Department of Health Research
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit
iDSI	International Decision Support Initiative
HITAP	Health Intervention and Technology Assessment Program
HSRI	Health Systems Research Institute
MoH&FW	Ministry of Health and Family Welfare
NHA	National Health Authority
NHSO	National Health Security Office
NLEM	National List of Essential Medicines
UHC	Universal Health Coverage
WHO	World Health Organization
WHO SEARO	World Health Organization, South-East Asia Regional Office

# Acknowledgements

The report was prepared by Ms. Praewa Kulatnam and Ms. Kanchanok Sirison from the Health Intervention and Technology Assessment Program (HITAP). The visit to India was supported by the Center for Global Development (CGD) under the aegis of the International Decision Support Initiative (iDSI). We thank the HTAIn team and partners in India for their support during the visit.

The findings, interpretations and conclusions expressed in this report do not necessarily reflect the views of the funding or participating agencies.

# Introduction

The Health Intervention and Technology Assessment Program (HITAP) has been supporting the development of Health Technology Assessment (HTA) in India since 2016, when it co-hosted, a high-level awareness raising event and conducted a topic selection workshop. Since then, HITAP has hosted partners from India in Thailand including the core team from the Department of Health Research (DHR), Ministry of Health and Family Welfare, in January 2017. HITAP has conducted trainings on HTA and provided support on conducting HTA studies, engaging with academic and state level institutions. It has also partnered with Christian Medical College (CMC) Vellore in regional initiatives such as the COVID-19 Vaccination Policy Research and Decision Support Initiative in Asia (CORESIA): a regional study on vaccination certificates. HITAP's work in India has been supported by the International Decision Support Initiative (iDSI) and the Access and Delivery Partnership (ADP) (see Appendix – 1 for relevant projects).

The journey of HTA institutionalization in India began in 2017, with the 'Health Technology Assessment Stakeholder's Consultative Workshop', which was jointly convened by the Department of Health research (DHR), Government of India, the Indian Council of Medical Research (ICMR), and iDSI in order to raise awareness about HTA in India. At present, Health Technology Assessment in India (HTAIn) is a fully functional institution mandated with the responsibility of HTA-related activities, under the DHR, MoHFW, Government of India; to facilitate the process if transparent and evidence informed decision making in healthcare.

To reflect on the progress on HTA in the country, Government of India hosted an "International Symposium on Health Technology Assessment: Translating Knowledge and Best Practices into Policy for Evidence-Informed Decision making in Healthcare Sector for Universal Health Coverage" and invited international experts including Dr. Somsak Chunharas, Former Deputy Minister of Public Health Thailand and Advisor to HITAP, was invited by the Department of Health Research, Ministry of Health and Family Welfare (MoH&FW) (see Appendix – 2 for the agenda). In addition to this event, HITAP, under the leadership of Dr. Somsak Chunharas, met with partners in the country detailed below (see Appendix – 3). This report summarises the activities during the visit to India on 7-11 December 2021, first on the symposium held on 10 December 2021, followed by the side meetings that were held on 8-10 December 2021.

# International Symposium on Health Technology Assessment – Dec 10<sup>th</sup>, 2021

The International Symposium on Health Technology Assessment was organised by DHR, Ministry of Health and Family Welfare, India in collaboration with iDSI. The theme of the event was “Translating Knowledge and Best Practices into Policy for Evidence Informed Decision making in Healthcare Sector for Universal Health Coverage”. The symposium was attended by about 500 participants, either virtually, from India as well as other countries, and in person. The Union Minister of State for Health and Family Welfare, Dr Bharati Pravin Pawar, who provided the keynote address, said that the symposium has provided a platform to discuss the global best practices in Health Technology Assessment, development of a sustainable model of evidence-based decision making through HTA institutionalization in India to achieve universal health coverage (UHC) in the country. Dr. Bharti Pravin Pawar added that “HTA is bridging the gap between the researchers and the real world.”



The Minister of State, Dr Bharati Pravin Pawar also released video on “The Power of HTA” and two books – “Policy Briefs” and “Development of Health-Related Quality of Life Value Sets (EQ-5D-5L) for India”. The book titled ‘Development of Health-Related Quality of Life Value Set for India’ was prepared as a result of the largest preference-based health valuation study of the world, and the first such study in South Asia. The aim of EQ-5D-5L study was to generate the tariff for all the health states that is used in the HTA studies. It is the first and the largest study of its kind in South Asia and has been conducted by HTAIn in collaboration

with its Resource Centers. The Policy Brief book contains all the policy briefs of the HTA studies conducted by HTAIn and approved by the Board till date.

Dr Vinod K. Paul, Member NITI Aayog called HTA the pillar for policy formulation. The needs to establish the institutionalised mechanism of HTA in India is still ongoing and require a strong collaboration between different agencies. Later, Dr Balram Bhargava, Secretary-DHR and Director General-ICMR also stressed on the need for institutionalising HTA in the country. Ms. Anu Nagar, Joint Secretary, DHR detailed about the journey of HTA in India.

The event featured eminent speakers from around the world and included Sir Andrew Dillon Chair, Life Sciences Advisory Board and Founding Chief Executive, NICE, UK; Prof. Carole Longson Life Science Adviser NICE, UK; Dr. Javier Guzman, Director, Global Health Policy & Senior Policy Fellow, Centre for Global Development; Dr. Tessa-Tan-Torres Edejer Coordinator, Unit on Costs, Effectiveness, Expenditure & Priority Setting, WHO Geneva; Prof. Stephen Jan Co-Director, Health Systems Science, George Institute for Global Health; and Dr. Somsak Chunharas, Advisor to HITAP and Former Deputy Minister, Public Health, Thailand;

Sir Andrew Dhillon shared the experience of institutionalization of NICE in the UK from 1990s to 2019 while Prof. Carole Longson addressed the interaction between NICE and NHS, UK as a support provider. Dr Javier Guzman, the Director of Global Health Policy, highlighted the journey of HTA development especially on health policy in Latin America. Dr. Tessa Tan-Torres Edejar mentioned the impact of HTA on health care priority setting in achieving UHC. In addition, Prof. Stephan Jan gave a brief presentation on impact of HTA on health policy in Australia.



Dr. Somsak presented on the topic of “Translating Knowledge and Best Practices into Policy for Evidence Informed Decision making in Healthcare Sector for Universal Health Coverage: More Value for Money.” In Thailand, HTA was introduced to guide clinical decisions that take into account the cost-benefit trade-off and was later used to guide many policy decisions such as for procurement of medicines and vaccination for EPI programme. Over the years, HTA has contributed to policymaking and has earned the respect and trust by the public.

Case studies of HTA-informed PD-first policy under the Thai UHC which leads to expanding evidence and similar policy in Indonesia and the Philippines, Thailand’s free equipment for the disabled, and stakeholder involvement were also discussed.

Channels for applying HTA in Thailand were mentioned to explain the role of HITAP and its relationship with the government and other working groups in developing health benefit

packages to ensure evidence use and transparency in making decisions. The 'secret recipe' for successful framework driven the HTA in Thailand was that *better evidence* led to *better process*, *better process* led to *better decision* and eventually *better health* of the population. He also shared that stakeholder involvement is at the heart of HTA in Thailand. Relevant stakeholders involve throughout the process from topic nomination, question validation, result verification and recommendation endorsement.

To conclude, Dr Somsak emphasised that HTA can provide a sustainable pathway to UHC. To achieve that, here must be a systematic process for linking evidence to policy and it must be able to show value for money for the government.

## Side Meetings

Dr. Somsak Chunharas, Ms. Kanchanok Sirison and Ms. Praewa Kulatnam conducted several side meetings while in Delhi (see Appendix 3). The overall purpose of the meetings was to exchange lessons on UHC and HTA in India and Thailand and discuss area of interest and future collaboration. The discussions are summarised below.

### **HITAP meeting with the German Corporation for International Cooperation (GIZ) GmbH – Dec 8<sup>th</sup>, 2021**

The meeting was held with Dr. Nishant Jain, Programme Director, Indo German Programme on Universal Health Coverage.



HITAP and GIZ discussed ongoing work on HTA and its role on the development of the UHC in India and Thailand.

In India, examples of implementation of UHC included the Ayushman Bharat National Health Protection Scheme (AB PM-JAY), Health and Wellness Centres (AB-HWCs), other welfare schemes such as food subsidies. It was discussed that the operationalization of the relevant agencies toward the use of HTA in policy decisions received much more

engagement than in the past as the demand for new technologies is always brought up to the National Health Authority (NHA). As India is currently moving towards Diagnostic Related Groups (DRG) payment system, Dr Somsak shared Thailand's experience in developing the Thai version of DRG since the early 1990s. The need of auditing system for DRG payment was also discussed. Dr. Nishant Jain provided a summary of the health system in India as well as the initiation of the UHC in both central government level and state level. He also emphasised government's plans to develop digital health in India and promote the government policy of 'India-First' by utilising the interventions, technologies and products manufactured within India. The discussion led to a conversation on the importance of establishing an institutionalised HTA system in India to provide quality evidence for policy makers.

## HITAP meeting with the WHO Regional Office for South-East Asia Region – Dec 8<sup>th</sup>, 2021

This meeting was held with Dr. Pem Namgyal, Director, Programme Management and Dr. Manoj Jhalani, Director, Department of Universal Health Coverage, Health Systems and Life Course at WHO SEARO.



Dr. Pem and Dr. Manoj discussed the impact of the COVID-19 pandemic on the health system and the policy response. As COVID-19 has changed the lives of people, offered opportunities and underscored challenges, questions were raised on priority setting and the applicability of HTA in potentially bridging the gap and guiding decision making. Dr. Pem expressed his appreciation of HITAP's contribution to technical support to WHO SEARO by conducting HTA studies and health system research in SEARO Member States. It was described as *'an excellent programme that we can try to get more HTA involvement in many countries'*. It was suggested that WHO SEARO shall consider supporting the study visits initiated by WHO Country Office in India for the NHA and relevant health agencies in India to learn from Thailand's Ministry of Public Health in the area of UHC and health financing models.

## **HITAP meeting with Department of Health Research, Ministry of Health and Family Welfare, Government of India – Dec 9<sup>th</sup>, 2021**

This meeting was held with Smt. Anu Nagar, Joint Secretary, DHR, MoH&FW and the Member-Secretary of the Technical Appraisal Committee of the Health Technology Assessment in India (HTAIn); and Dr. Kavitha Rajsekar, Senior Scientist, DHR, MoH&FW.

Smt. Anu expressed her appreciation of Dr. Somsak and HITAP which accepted DHR's invitation to speak and participate at the International Symposium on HTA. It was also emphasised that the event was crucial for developing an understanding on the use and importance of HTA to evidence-informed decision-making processes among Indian health policy makers. Dr Kavitha updated on the recent development of health benefit schemes in India and the regional bodies, the India Institutes of Public Health, which also support the HTA studies and evidence to support the health benefit packages at state and regional levels. Dr Somsak discussed the key ingredient for HTA agency in Thailand to become strong and make the most out of evidence synthesis was the commitment of HTA champions. The experience of Thailand and development of HITAP were also discussed on this occasion. The priorities of HTA in India now are to have legislative mandate for HTA and to continue the willingness-to-pay threshold studies.

## **HITAP meeting with WHO Country Office for India – Dec 9<sup>th</sup>, 2021**

This meeting was held with, Dr. Grace Kabaniha, Health Financing Lead, Department of Health Systems and Services, World Health Organisation India Country Office; Jaidev Singh Anand, National Professional Officer (Health Financing), World Health Organisation India Country Office; Dr. Abha Mehndiratta from the Center for Global Development (CGD).



Dr. Grace shared the initial discussion between WHO India and the health policy agencies such as the National Health Authority to visit Thailand's Ministry of Public Health in the coming year to gain first-hand experience in UHC in the context of Thailand. Next steps proposed are to have initial discussion with Dr. Vipul on the roles of priority setting for equity cost containment, health

benefit package and emergency health services, and the study visits to understand the institutional setup of HTA and UHC in Thailand.

## **HITAP meeting with Bill and Melinda Gates Foundation (BMGF) and Center for Global Development (CGD) – Dec 9<sup>th</sup>, 2021**

This meeting was held with Dr. Stefan Nachuk, Deputy Director, Health System Design for the Bill & Melinda Gates Foundation in India and Dr. Javier Guzman, Director of Global Health Policy and a Senior Policy Fellow at CGD, Dr. Abha Mehndiratta from the Center for Global Development (CGD).



The dynamics of HTA development and UHC in Thailand, India, and Latin America were discussed. Topics

includes multistakeholder engagement and political landscape such as colonization, government resource mobilization, civil servants in health.

## **HITAP meeting with Department of Health and Family Welfare, Government of Meghalaya- Dec 10<sup>th</sup>, 2021**

This meeting was held with Shri Sampath Kumar IAS, Principal Secretary Health & Family Welfare, Govt of Meghalaya and Dr. Sandra Albert, Director of Indian Institute of Public Health Shillong.



Dr Sandra addressed the current situation on the UHC and the challenges in public health of Meghalaya state such as downward trends in nutrition indicators, poor maternal and child health, and overspending of tertiary healthcare expenditure. The state also faced difficulties in managing public health human resources on how to create an ecosystem to boost utilization and in creating new generations to not only become clinical practitioners but health management and health education professionals to make changes at systems level. Thailand's experiences in revamping the health system and the use of HTA for UHC were discussed by Dr Somsak, particularly in the role of HITAP toward government's decisions and Thailand National List of Essential Medicines (NLEM). Shri Sampath expressed his point of view that the Indian Institute of Public Health Shillong should follow HITAP's model in generating evidence in health economics and shaping state and regional policies.

Shri Sampath Kumar expressed his appreciation of Dr. Somsak and HITAP staffs who kindly visited the Meghalaya house in Delhi and shared the experience of the use of HTA for UHC in Thailand. He also thanked Dr Sandra for organising this informative meeting with Dr Somsak. He mentioned to continue the collaboration between both parties and that the state of Meghalaya will remain and continue to be learn from Thailand and seek for further collaboration. He prepared some gifts from the state of Meghalaya for all meeting attendees.



# **Follow-up virtual meeting on "Health Benefit package Design- Thailand Experience" with National Health Authority of India, Dec 17<sup>th</sup>, 2021**

This meeting was held with participants from the WHO India Office, the National Health Authority, namely, Dr. Grace Kabaniha, Health Financing Lead, Department of Health Systems and Services, World Health Organisation India Country Office; Jaidev Singh Anand, National Professional Officer (Health Financing), World Health Organisation India Country Office; Dr. Nishant Jain, Programme Director, Indo German Programme, members of the National Health Authority of India and Dr. Abha Mehndiratta, Technical Adviser in India for the Global Health and Development Group. From Thailand, Dr. Somsak Chunharas, President of NHF, Advisor to the HITAP and Former Deputy Minister, Public Health, Thailand and representatives from HITAP, Dr. Yot Teerawattananon, Secretary General of the Foundation and Senior Researcher, Ms. Kanchanok Sirison and Ms. Saudamini Dabak, joined the meeting.

The purpose of this meeting was to exchange knowledge on institutionalization of HTA. The discussion was based on the role of HTA in balancing national and provincial levels and the importance of having regional resource centers. Fortunately, this is not the case in Thailand due to its size and the established institutional set-up. Members from NHA were also interested to learn about the type of formal linkage between the National Health Security Office (NHSO) and HITAP. To address this, it was clarified that HITAP is a semi-autonomous body, which is an independent foundation and a programme under the Ministry of Public Health, with links to the policy bodies. The key driver has been to involve relevant stakeholders and maintain the transparency of the HTA process. HITAP provides academic supports through evidence and economic evaluation studies after the topic was nominated by the civil society and selected by the topic selecting committee. For HTA, anyone can conduct studies as long as they follow a standardised guideline. In Thailand, HTA funding is not always through NHSO, but it could be from other funders such as the Health Systems Research Institute (HSRI). On the other hand, it is also important to allow criticism. For example, diabetes screening for those aged 15 years and above was found to have lacked evidence on cost-effectiveness.

Another question raised was about how Thailand increased the demand for HTA. This is an on-going issue as there will always be new technologies coming into the market and new interventions for which decisions need to be made on whether to include them in the benefits package. It is vital to create trust and appetite for taking on and using HTA in the decision-making process. To ensure a sustainable process, it will be important to adopt a "middle way" whereby not everyone will be made happy, but all will see the benefit of the process. Each stakeholder will always have their own agenda, whether it is the industry, researchers,

patient, or others and HTA offers a clear process that is fair for all stakeholders involved. The mechanism can give guidance on what is good value for money and what is not. NHA members reflected on the current process for nominating or requesting topics which is ad hoc in nature, rather than a proactive means of soliciting topics or having a clear, structure for continuity of the process. Currently, topics for assessment are received from states. An NHA member added that it seeks to be more of strategic purchaser. There is an ongoing work with DHR to develop a process to link evidence generated to policy and consultations on how to select topics. This discussion highlights the importance of including the 'user' of HTA in the decision-making process.

There was also interest from stakeholders to increase the capacity at the state and national levels. It was agreed to have a follow up meeting and continue the plan to potentially have a study visit to Thailand in around March-April 2022. The plan was to develop the agenda of the proposed visit in Thailand and other countries such as those in Latin America. The areas of interest for study visit include DRGs, continuum of care, healthcare payments, and private primary health care.

# Appendices

## Appendix 1 – List of Relevant Projects in India

- Programme overview: <https://www.hitap.net/en/research/177860>
- Webinar on Lessons Learned from India on COVID-19 Response: <https://www.hitap.net/en/181965>
- Mission Report: A Course on Vaccinology for Clinical and Public Health Practice: Policy Symposium and Workshop: <https://www.hitap.net/en/documents/177967>
- Mission Report: Visit by Delegation from Ministry of Health, Chhattisgarh State, India to Learn about UHC Implementation and Challenges in Thailand: <https://www.hitap.net/en/documents/177930>
- Report: Awareness raising event and topic selection workshop: <https://main.icmr.nic.in/sites/default/files/reports/Report%20of%20Health%20Technology%20Assessment%20%28HTA%29-%20Stakeholders%27%20Consultative%20Workshop.pdf>

# **Appendix 2 –International Symposium on Health Technology Assessment “Translating Knowledge and Best Practices into Policy for Evidence Informed Decision making in Healthcare Sector for Universal Health Coverage”**

## **Background**

HTA is a multidisciplinary process that summarises information about the medical, social, economic and ethical issues related to the use of a health technology in a systematic, transparent, unbiased, robust manner. Its aim is to inform the formulation of safe, effective, health policies that are patient focused and seek to achieve best value. In essence, HTA is a process which systematically evaluates health interventions to ensure they represent good value for money. Over time, many high-income countries have established HTA institutions, processes and methods which inform priority setting decisions within their health systems. For example, HTA is being used in almost all high-income countries (e.g., England, Canada, Australia etc.). Uptake of HTA in low-and-middle income countries has been heterogeneous with some countries (e.g., Thailand) having strong HTA systems and other countries having nascent systems.

The journey of HTA institutionalization in India began in 2017, with the ‘Health Technology Assessment Stakeholder’s Consultative Workshop’, which was jointly convened by the Department of Health research (DHR) Government of India, the Indian Council of Medical Research (ICMR), and the International Decision Support Initiative (iDSI) in order to raise awareness about HTA in India. At present, Health Technology Assessment in India (HTAIn) is a fully functional institution mandated with the responsibility of HTA-related activities, under the Department of Health Research (DHR), MoHFW, Government of India; to facilitate the process of transparent and evidence informed decision making in healthcare. In last four years, HTAIn has extended support to various verticals (e.g Maternal Health Division) of the health ministry at the centre and also at state level, in evidence-based decision making.

Considering the expanse and complexity of Indian healthcare system, despite the substantial progress made, there is a long journey ahead for institutionalising systematic priority setting and the use of HTA in India. Active engagement of all the stakeholders and multi-sectorial coordination is needed to identify areas of work, scoping decision problems, commissioning economic evaluation, technical appraisal & quality assurance and dissemination of results and recommendations for implementation in policy.

Current understanding about HTA and its applicability within the Indian healthcare sector is limited. Hence, there is need to build understanding about HTA and its application amongst Indian clinicians, public healthcare workers, researchers, academicians and bureaucrats.<sup>4</sup> Hence, learning from other jurisdictions who have succeeded in institutionalising HTA processes and methods is important in ensuring similar mistake are not made and opportunities are harnessed whilst taking into account local contextual information. In this reference, HTAIn is organizing an international symposium on “Health Technology Assessment: Translating Knowledge and Best Practices” in collaboration with the International Decision Support Initiative (iDSI), which is an institution aiming to build awareness of HTA and provide technical support to policy makers, HTA agencies and academic institutions across multiple countries to globally institutionalise HTA practices.

### **Aim**

The aim of this international symposium is to discuss global best practices in HTA, for development of a sustainable model of evidence-based decision making through HTA institutionalisation in the country for Universal Health Coverage.

### **Objectives**

- Engage key stakeholders of the Indian healthcare system to discuss global best practices in HTA adopted for evidence-based decision making.
- Share international examples from other health-systems like United Kingdom, Thailand and Australia on how HTA is used for healthcare priority setting within each respective jurisdiction.
- Showcase the work done by HTAIn in the past and share experiences of user departments (Central/ State Govt.) who have actively engaged with HTAIn and used HTA to make decisions (Local Experience).
- Build awareness on what is HTA, its need and utility in the Indian healthcare system and address queries and myths about HTA.

### Target audience:

- Union Secretaries of Health including Ministry of AYUSH, Department of Chemicals & Fertilizers, Department of Commerce & Industry and Department of MSME
- State Principal Secretaries/ Additional Secretaries/ Secretaries of Health
- Mission Directors of NHM (States)
- CEOs of State Health Agencies (AB-PMJAY)
- Directors/Representatives/PIs/Scientists of ICMR institutes, DHR-Resource Centres etc.
- HTA Nodal Officers appointed by States
- Industry Representatives and Hospital Associations
- International Researchers & Policy Makers
- Wider health community through telecast via YouTube, DD, MyGov.in and social media
- Estimated participation- 500

### Agenda

**Date:** 10th December (2.30 pm to 5.30 pm IST)

**Venue:** Sushma Swaraj Bhawan, Hybrid meeting

Moderated Session – 2 moderators (1 from HTAIn & 1 from IDSI)			Timing (PM)
1. Welcome and brief about HTAIn	Smt. Anu Nagar	Joint Secretary, DHR (HTAIn)	2.30-2.35
2. Short Video -The Power of HTA (5 minutes)			2.35-2.40
3. Institutionalising HTA in India	Prof. Balram Bhargava	Secretary-DHR and Director General-ICMR	2.40-2.50
4. Seven presentations of 5 - 7 minutes each on country experience followed by a 30-minute moderated panel discussion. (Note: 3-5 slides per presenter)			
Introduction of the Panelists and Moderator , Prof. T. Sundarraman, Former Professor, JIPMER,Puducherry			

i) Presentation on the Institutionalisation of NICE, UK	Sir Andrew Dillon	Founding CEO of NICE from 1999-2019	2.50-3.00
ii) Presentation on the support provided by NICE to NHS	Dr. Meindert Boysen,	Deputy CEO of NICE	3.00-3.10
iii) Presentation on the HTA supported Healthcare Implementations in Thailand and the budget saving	Dr. Somsak,	Former Health Minister of Public Health Thailand	3.10-3.20
iv) Presentation: Impact of HTA on health policy in Thailand & South-East Asia	Dr. Yot Teerawattananon	Founding Leader, HITAP, Thailand	3.20-3.40
v) Presentation: Impact of HTA on price reduction of drugs to reduce the out of pocket experience in UK and latin america	Prof. Albert Bourla	Pfizer CEO, US	3.40-3.50
(vi) Presentation: Impact of HTA on health policy in Latin America	Dr. Javier Guzman	Director of Global Health Policy at CGD, Former Director-General of the Colombian Food and Drug Surveillance Institute & Former Director of Medicines and Health Technologies, Ministry of Health, Colombia	3.50-4.00
(vii) Presentation: Impact of HTA on health policy in Australia	Prof Stephen Jan	Head of the Health Economics and Process Evaluation Program, The George Institute and Professor of Health Economics, Faculty of Medicine, UNSW Sydney	4.00-4.10
Panel Discussion with the Experts- 4.10-4.40			
Address by Minister of State	Dr. Bharathi Pravin Pawar	Minister of State, Ministry of Health and Family Welfare, New Delhi, Gol	4,40-4.50
Address by Honourable Minister	Shri Mansukh Mandaviya	Union Minister of Health and Family Welfare, New Delhi, Gol	4.50-5.10
Vote of Thanks	HTAIn Secretariat		

## Appendix 3 - Programme Schedule

Programme		
Dates	9:00 – 12:00	12:00 – 17:00
7 December		<p>Travel to Delhi</p> <p>Internal meeting Time: 6 pm Venue: Hotel lobby</p>
8 December	<p>11:00 Meeting with Nishant Jain, GIZ (TBC) Venue: GIZ office Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH B – 5/1, Second Floor, Safdarjung Enclave New Delhi 110029, INDIA Organised by: HITAP</p>	<p>15:30 Meeting with Dr Pem Namgyal, Director, Programme Management (DPM) and Mr Manoj Jhalani, Director, Health Systems and Life Course (HSD) Venue: WHO SEARO M-210, 2nd Floor, WHO, Hotel Metropolitan Office Block, Bangla Sahib Road, Gole Market, Sector 4, New Delhi 110001. Organised by: HITAP</p> <p>18:00 Dinner at Former Bhutan’s Health Minister Place</p> <p>21:00 PCR Test at Delhi International Airport.</p>
9 December	<p>9:30-10:00 Shangri-La Eros New Delhi to Indian Red Cross Society</p> <p>10:00 Meeting with Ms Anu Nagar, DHR Venue: Indian Red Cross Society National Headquarter, Department of Health Research Office, 2nd floor, Red Cross Building, Red Cross Road <a href="https://goo.gl/maps/FTuAGYEJKJ13bikS8">https://goo.gl/maps/FTuAGYEJKJ13bikS8</a> Organised by: Abha Mehndiratta, CGD</p>	<p>12:00-13:30 Lunch</p> <p>13:30-14:00 Shangri-La Eros New Delhi to WHO Country Office, India</p> <p>14:00-15:00 Meeting with Grace Kabinha, health financing expert Venue: WHO Office India R K Khanna Stadium, Africa Ave, Deer Park, Hauz Khas, New Delhi, Delhi 110016 <a href="https://goo.gl/maps/6thUCMQGwsTnd7aK7">https://goo.gl/maps/6thUCMQGwsTnd7aK7</a> Organised by: Abha Mehndiratta, CGD</p> <p>15:00-15:40 WHO Country Office to Taj Palace Hotel</p> <p>16:00-17:00 Meeting with Stefan Nachuk, Bill and Melinda Gates Foundation (BMGF) and Dr Javier Guzman, Director CGD &amp; iDSI</p>

<b>Programme</b>		
<b>Dates</b>	<b>9:00 – 12:00</b>	<b>12:00 – 17:00</b>
		<p>Venue: Coffee Shop at Taj Palace, 2, Sardar Patel Marg, Diplomatic Enclave, Chanakyapuri, New Delhi, Delhi 110021  <a href="https://g.page/taj-palace-new-delhi?share">https://g.page/taj-palace-new-delhi?share</a>  Organised by: Abha Mehndiratta, CGD</p> <p>Meeting with Dr. Vipul Aggarwal, Deputy Chief Executive Officer, National Health Authority (NHA)  Note: scheduled for virtual meeting next week  Organised by: Abha Mehndiratta, CGD</p>
10 December	10:30-12:00 Meeting with Shri Sampath Kumar IAS, Principal Secretary Health & Family Welfare, Govt of Meghalaya Venue: Online Organised by: Sandra Albert, Director of Indian Institute of Public Health Shillong	14:30-17:30 Title: Translating Knowledge and Best Practices into Policy for Evidence-Informed Decision making in Healthcare Sector for Universal Health Coverage Venue: Sushma Swaraj Bhawan Meeting with Dr. Balram Bhargava, Director General, Indian Council of Medical Research (ICMR) and Anu Nagar, Joint Secretary Venue: may meet him at VIP lounge at the venue Organised by: Abha Mehndiratta, CGD
11 December	Depart from Delhi, Delhi International Airport	