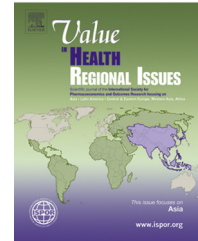




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Analysis of a Small Group of Stakeholders Regarding Advancing Health Technology Assessment in India

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ABSTRACT

Objectives: This study aimed to explore and understand the perspectives of a small group of stakeholders involved in health technology assessment (HTA) for evidence-informed decision making on policy in the Indian health system. **Methods:** Semi-structured interviews were conducted in April–June 2013 with policymakers, academicians, industry experts, and community representatives in India to understand their knowledge of, position regarding, and interest in HTA. A semi-structured questionnaire was designed on the basis of a World Health Organization framework for evidence-informed health care policymaking. **Results:** Seven key informant interviews were conducted to represent the various stakeholders. Although there is a good understanding of HTA among the national-level policymakers, academicians, civil society representatives, and industry experts, there is lack of knowledge about the subject among policymakers at the lower level. There is a positive perception about producing and using HTA

for decision making among all the stakeholders interviewed. Nevertheless, at the national level, institutions prefer to treat the use of HTA evidence with caution because the capacity for adopting evidence-based tools in the health system is very limited. **Conclusions:** This small-size stakeholder analysis suggests a mixed response in implementing HTA in India. There are, however, factors involved in implementing such tools that can be dealt with using various approaches. Finally, there is a positive view on the national level toward pushing the HTA agenda forward to improve the decision-making process in health care.

Keywords: economic evaluation, evidence-informed policymaking, health technology assessment, India, stakeholder analysis.

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Introduction

Using evidence is one of the most important and rational approaches to health care policymaking; this is especially important in settings in which resources are constrained [1], and health technology assessment (HTA) is an important tool in these situations [2]. HTA has been defined as “a form of policy research that systematically examines short- and long-term consequences, in terms of health and resource use, of the application of a health technology, a set of related technologies or technology related issues” [3]. The goal of HTA is to support informed policymaking, and economic evaluation forms one of the core components of HTA studies.

In many developed countries, HTA plays a key role in improving efficiency in the use of health care resources, especially in the reimbursement for drugs [4]. HTA could potentially also have an impact on policymaking in developing countries such as India, which are characterized by a huge demand for health care, low public sector expenditures, and high private out-of-pocket expenditures [5]. In Asia, Thailand has successfully

used HTA for the market approval process and for establishing a protocol for reimbursement [6]. There is increasing emphasis on the use of evidence-based tools for future investments and for decision making in the Indian health care system [1]. The High Level Expert Group report on Universal Health Coverage by the Planning Commission of India highlights the need for using economic evidence for policymaking in India [7]. Tested tools such as KNOW ESSENTIALS facilitate evidence-informed health care decision making in settings in which resources are limited and in which there is an absence of formal HTA [8]. This is also important in light of the poor quality of economic evaluations in developing countries, where these studies can be misleading in terms of making well-informed decisions [9]. Collaborative initiatives such as SIGNET have been undertaken to build the capacity of Indian health care professionals in HTA [10].

Currently, there is limited understanding about how policymakers perceive such evidence-building tools and whether studies providing evidence based on economic evaluations, such as cost-effectiveness analysis, would be useful in policymaking or program evaluation. Therefore, it is essential to understand the

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different perspectives of various stakeholders, and to see how far evidence-building tools such as HTA are taken into account in decision making. In this study, analysis of a small group of stakeholders was undertaken to understand their knowledge, interest, position, possible (methodological and political) barriers, and other factors affecting the use of evidence in decision making.

Methods

The study adopts steps recommended by Varvasovszky and Brugha [11] to conduct stakeholder analysis that includes identifying and approaching stakeholders, collecting and analyzing data, and presenting and using findings. Key stakeholders were identified using the World Health Organization (WHO) framework for evidence-informed health care policymaking and also through expert opinion [12]. The framework helps to analyze various constraints on using research for setting priorities, generating and disseminating knowledge, and describing key elements of evidence-informed policymaking in health care. Evidence-informed health care policymaking is an approach to policy decisions that aims to ensure that decision making is well informed by the best available research evidence [13].

The study includes stakeholders who are promoting and producing HTA and also policymakers and other potential users of HTA in India. They include decision makers in government, industry experts, health insurance experts, academicians, civil society representatives, and bodies that provide technical assistance to government. Two key experts (an academician in the area of HTA and a professional worker in the health care industry) from India were consulted to identify stakeholders and subsequently contact them.

A semi-structured interview was designed on the basis of the WHO framework for capacity development for evidence-informed health care policymaking [12]. An initial topic list (Table 1) was designed for interviewing stakeholders, covering topics related to institutional mechanisms, and the capacity and interest of various stakeholders in producing and using HTA. Two experts also helped in reviewing the content of the topic list. This helped to improve the validity of the content and of the study overall. Participants were contacted primarily through e-mails. Interviews were conducted at the participants' workplace in person.

Interviews for which approval for recording was obtained were transcribed. Written notes were taken during interviews for which recording was not permitted by the participant. Because the topic list was related directly to the research questions, the content of interviews was clustered accordingly. This analysis was done using the grounded theory approach [14]. Key points were grouped according to categories of research questions. Useful quotes from the interviews were highlighted for each group of questions and are presented in the findings.

Results

In total, seven key informant interviews were conducted to represent various stakeholders (Table 2).

Knowledge and Position of Stakeholders on HTA

Interviews suggest the existence of a basic knowledge and understanding of HTA as a tool for informing decision making. The interviews, however, touched on only some of the four components of HTA, namely, medical, social, ethical, and economic. The decision maker at the state level had only limited understanding of HTA (P3) and believed that only medical aspects are covered by HTA. Regarding the position of stakeholders on

Table 1 – Topic list for discussion with stakeholders.

Variables	Topic list
Stakeholder's knowledge and interest for HTA	<ul style="list-style-type: none"> Understanding of HTA in India Level of use of HTA for prioritizing health care intervention Instances of use of HTA or economic evaluations or other evidence-based decision tools used for policymaking
Stakeholder's position on using HTA in India	<ul style="list-style-type: none"> Positive or negative position to support or reject use of HTA and why? Prospects of using HTA in the current context of the public health systems
Stakeholder's perception	<ul style="list-style-type: none"> What kind of influence/impact does the research finding have on policy decision making Investments made in enhancing or encouraging the use of evidence such as economic evaluation or HTA
Existing and emerging factors influencing the use of economic evaluation or HTA	<ul style="list-style-type: none"> Key challenges in utilization and institutionalization of HTA Factors enhancing smooth implementation of HTA at the health systems level
Stakeholder-specific issues	<ul style="list-style-type: none"> Decision makers: Users of research <ul style="list-style-type: none"> ◦ Current process of policymaking and prioritizing in the public health system? ◦ Current level of use of HTA in selecting an appropriate intervention drug or equipment ◦ Criteria for selection or prioritizing of public health intervention/drug/equipment? ◦ Sources of information currently used for generating information to support policy decision making? ◦ How HTA can be institutionalized in the current government policymaking process? Industry/researcher: <ul style="list-style-type: none"> ◦ How industry is involved in generating the information for decision making ◦ Role the industry and researchers/analyst can play in promoting the use of HTA Community organization/nongovernment organizations (NGOs) <ul style="list-style-type: none"> ◦ Role in pushing the agenda of use of evidence (economic evaluation or HTA) in policymaking? ◦ Use of HTA by NGOs in selecting health care intervention for their target populations? ◦ How NGOS have institutionalized the process of evidence-based policymaking in their own health care settings?
HTA, health technology assessment.	

HTA, government agencies at the national level are pushing the concept of HTA by identifying the roles of different organizations, and developing systems to use HTA.

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