



CASE STUDY



INDIA



In a health system as complex and decentralised as India, central and state governments are making unified efforts to move towards Universal Health Coverage (UHC). Through the Ayushman Bharat Yojana (PM-JAY) insurance scheme, a large-scale national initiative, the Government of India is looking to expand health coverage and reduce health inequalities nationwide, as part of its determined push towards UHC.

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Supporting HTA capacity building in India

Collaborating to improve HTA, health data and health care across India

iDSI is supporting India's ambitious move towards Universal Health Coverage (UHC). In partnership with government, clinical and academic bodies, we are helping to build HTA capacity, improve quality of care, and create data systems to support UHC.

Health technology assessment (HTA) is a vital tool for improving health systems and setting priorities for health spending. In 2017 the Government of India established the country's first HTA body – HTAIn (HTA India), under the Department of Health Research (DHR), Ministry of Health and Family Welfare (MoH&FW). HTAIn has become the focal point for HTA nationwide. Starting with initial technical input

iDSI's partnership with HTAIn has continued to develop as we support their efforts to institutionalise HTA through capacity-building and training activities.

iDSI's support in India also helps to improve quality of care. By supporting the development of Quality Standards for common conditions, such as diabetes or improving maternal care, alongside real-world pilot schemes, we are showing that a step-change in health care is possible. Hundreds of thousands – perhaps millions – of people in India stand to benefit. What's more, the cost-savings that accompany these improvements can be reinvested, freeing resources for further improvements.

Building capacity to embed HTA

Central to our work in India is the commitment to help build HTA capacity, in partnership with HTAIn. This involves enabling the HTAIn Secretariat to create and deliver training modules for its technical partners. This training is helping to skill up Indian researchers in health economics and HTA, and to produce HTA reports of high quality.

iDSI has also supported academic institutes in India, such as the Postgraduate Institute of Medical Education and Research (PGIMER) Chandigarh, to develop HTA infrastructure – such as a national costing database that will allow health policy-makers and analysts to access accurate cost information. Moreover, iDSI has contributed to human resource capacity building, through formal and informal training in Indian and overseas institutes, to ensure that India has sufficient human resources to meet the increasing demand for high-quality HTA.

“[iDSI’s] multi-layered approach has helped shift capacity at a wider institutional and system level rather than within pockets of academics or government ministries/teams.”




ITAD Learning Review

The partnerships have been extended to raise awareness of HTA among decision-makers through their participation in global forums such as the Prince Mahidol Award Conference (PMAC) in Bangkok in 2016 and the Leadership Development Programme (LDP) in Singapore in 2019, as well as study visits to the UK and Thailand.

CHAI – strengthening end-to-end data use

CHAI is one of iDSI’s core partners in India, with an outstanding record in supporting evidence-informed decision making, including working with the National Health Authority on the PM-JAY initiative. CHAI’s priority is to build the demand for and use of high-quality data for policy decisions and management. CHAI works with government partners to develop data analytics and foster a culture of data use in government agencies, while working with other iDSI partners to ensure local partners, academic and clinical institutions are properly placed to supply additional research over time.

PM-JAY insurance

-  107 million families are covered
-  18,555 hospitals are enrolled
-  Rs 64 billion annual budget

CHAI has worked closely with counterparts in the National Health Authority to generate data insights, analyzing insurance data to inform the design, management and implementation of PM-JAY. This work has its eyes firmly on the future, with plans to institutionalise and automate the work done so far – at national and state level – and to provide strategic and technical support to health leaders to make evidence-based improvements on the scheme. This work is expected to grow quickly in scope and impact as PM-JAY reaches more people, and evidence-based decision making and priority setting become the norm.

Quality of care – reducing amputations

The work iDSI has supported is helping improve the quality of care people receive. iDSI worked with the MoH&FW to produce new Quality Standards (QS) on the prevention

and care of foot disease in people with diabetes. In 2017, these standards were piloted at a busy primary health centre in the Bhabha Atomic Research Centre (BARC).

iDSI supported the BARC team in redesigning care and referral pathways for the foot assessments provided to people with diabetes; monitoring practice through QS data; and providing essential training with UK diabetologists.

80% of amputations carried out in India (80,000 out of 100,000) each year could be avoided with regular foot examinations.



Under the pilot scheme, over 88% of patients had their feet examined, compared to zero before the pilot. If the same examinations were carried out in every primary care centre in the country, an estimated 74,400 amputations could be avoided each year in India.

HITAP – a key regional partner

Thailand’s Health Intervention and Technology Assessment Program (HITAP) is one iDSI’s core partners, and collaborates with organisations around the world to build HTA capacity in support of achieving UHC. HITAP’s experience in institutionalising evidence-informed priority setting (EIPS) in multiple settings worldwide makes it a perfect partner for national and state health agencies in India. Thailand is also widely regarded by Indian decision-makers as one of the most successful models for UHC.

To partner with us, bringing HTA and evidence-informed priority setting to resource constrained settings, contact: info@idsihealth.org