

Dear friends,

I hope that all of you are well; and finalizing your plans for the forthcoming 2011 Annual Meeting. This communication is in continuation to the previous one about 2 months back. I am hopeful that we can resolve some of the pending issues and move forward. I am grateful for your support and cooperation. Please do respond with your comments/suggestions at the earliest.

With best regards,

Joseph L. Mathew

Chair, HTAi DC ISG

31 March 2011

1. Annual Meeting 2011

The 2011 Annual Meeting is at Rio de Janeiro from June 27-29, 2011.

Amongst the panel sessions relevant to developing country issues, I have been able to identify the following:

- HTA capacity building in developing countries- exploration of different models.
- HTA capacity building - exploration of different models of national guidelines development and implementation
- HTA E-6 project: improving HTA in 6 emerging countries

In case you are aware of other panel sessions relevant to the ISG, please update the members. Similarly, those who have oral/poster presentations that you would like the ISG members to attend/visit, please update us.

2. DC ISG Annual Meeting 2011

The Annual face-to-face meeting of the DC ISG members is proposed to be during the Lunch Break on Tuesday 28th June (1300-1430). Please keep an eye on the Conference website and Meeting venue for the exact location of the Room.

3. Agenda for DC ISG Annual Meeting 2011

I invite discussion on the following proposed agenda for our meeting.

- A. Review of actions/ activities during the past year (July 2010 to June 2011)

- B. Outline of Plan for the next year (July 2011 to June 2012).
- C. Election/ Selection of the ISG Chair
- D. Unresolved issues (see below)

The following issues have remained unresolved since the last communication; hence I am listing them again.

4. ISG Representatives Meeting with the HTAi Board Representatives at Rio

I have received a mail from the HTAi Secretariat inviting all ISG Chairs to an informal meeting with members of the HTAi Executive Committee during the Annual Meeting in Rio, over breakfast on Tuesday, June 28. This meeting is intended to be an opportunity to provide feedback from the ISG as well as discussing HTAi's work more broadly and sharing experiences with other ISG chairs. Please suggest points to be raised/discussed during this meeting.

5. ISG web-space

As of now, I have received one paper each from Dr. Sarwar Shah (with permission to post on the ISG website), and one from Dr. Rabia Kahveci (permission from publisher pending). I request additional your inputs from members to make the web-space more dynamic and useful. Suggestions for materials are as follows:

- Published papers, powerpoint slides, videos etc that we have authored/presented/prepared.
- Links to webpages that are relevant to the broader concerns of developing countries.
- Short biosketches (100-200 words with informal photos) of ISG members, to enable existing members, potential members and other interested people to be a bit more familiar with personal and professional profiles. For this, I propose that we send a single powerpoint slide containing:
 - Name
 - Designation and Institution
 - Email (if willing to share)
 - Broad areas of professional work and interests
 - Special areas of interest in developing countries
 - Informal aspects (such as hobbies, talents, etc)

- One informal photo (the idea is to keep the bio-sketch user-friendly)

If you are happy to share stuff that is useful, please send them to me by email preferably as pdf files.

6. HTAi Board Updates relevant to the ISG

The HTAi Steering Group for ISGs has worked out the guidelines for funding support. Please see the attached document for details.

The Board has approved a sum of USD 2000 for the ISG to develop a short online training/teaching module to sensitize people in developing countries about HTA principles and practice. Once again, I invite all those interested to work with me in developing and testing a basic level pilot module to kindly confirm at the earliest.

7. Future of the DC ISG

Our ISG has been in existence for a little over two years, and been fairly active in terms of trying to further the goals of HTAi. At this moment, I'd like us to consider some of the following issues that could affect our overall role and contribution.

(A) DC ISG Workplan:

Our ISG's workplan was developed and finalized in consultation with the ISG members after the 2008 HTAi Annual Meeting; and subsequently posted on the ISG webspace. We need to take a re-look at the workplan to study whether it needs modifications/ refinements/ additions/ deletions etc. to be both useful as well as practically feasible. I request you to please take a look and share your feedback on it.

(B) DC ISG Structure:

At the present moment, our ISG focuses broadly on issues relevant to developing countries. As a mechanism to sensitize HTAi leadership and membership about the issues and challenges involved, I would think that we have been quite successful as evidenced by (i) inclusion of content in HTAi Annual Meetings in Plenary presentations, panel sessions and selection of papers, (ii) Special Sessions during the Annual Meetings, (iii) discussions on DC issues at HTAi Board meetings, (iv) publication of content relevant to DCs in IJTAHC, (v) enhanced participation of DC citizens at Annual Meetings and enhanced funding for Travel Grants, (vi)

development of Regional HTA meetings to focus on issues specific to developing country needs in specific geographic regions, (vii) memorandum of Understanding between HTAi and WHO, (viii) greater dialogue between developing and developed country members, and (ix) preliminary discussion with stakeholders in various African countries.

Given that we have made significant progress towards putting a spot-light on developing country needs/issues, I am wondering whether we now ought to take this to the next level. One of the challenges is that while developing countries share many common issues, it is inappropriate to club all countries together. One way out could be to focus on specific geographic regions (e.g South American countries, Eastern Europe countries, Asian countries, African countries etc) separately, to better understand the specific needs and challenges. Another way out could be to work across continents, but categorizing countries as 'never heard of HTA', interested in HTA, developing HTA, etc. The latter approach would help us to define needs that could be common across geographic regions. I would value your feedback on whether it would be useful for the DC ISG to work at two levels viz broadly across developing countries, and narrowly in terms described above. If this concept appears useful, we would need to work out how best to achieve it.

(C) How to measure success (or lack of it)?

Given that all DC ISG members are busy people with multiple professional commitments and still do their best to carry on with ISG work to further HTAi goals, we need to evolve a mechanism/system to evaluate whether our work is useful (or otherwise). In other words, what short term and long term outcomes should we use, to decide whether we are on track (or not) to achieve whatever we decide to do as per our workplan. A related issue would be to decide how/when to abandon a particular line of action in favour of another.

8. HTAi 2012 Annual Meeting Update.

I have received an advance email from the organizers of the HTAi 2010 Annual Meeting at Bilbao seeking the following information.

1. Nomination of one member of the ISG to be on the International Scientific Programme Committee (ISPC).
2. Preferred topics. The theme of the Meeting is "HTA for integrated care in a patient centred system"
3. Suggested list of speakers

To the above, I have responded that I would discuss the issues with the ISG members and revert back. My suggestions are:

1. The ISPC member should be the ISG Chair (since we propose to have a formal election for a Chair during the HTAi 2011 ISG meeting at Rio; the name can be confirmed in July). Of course, we could also nominate any one ISG member for this. Please indicate your preferences and suggest a name.

2. The preferred topics (with respect to developing countries) could be:

A. How to take the current initiatives to the next level with patients as the focus?

B. What meaningful collaborations can establish HTA in developing countries in a patient-centred manner?

C. How can developing countries network with patients and patient groups to establish HTA effectively and rapidly?

3. The suggested list of speakers will be sent in due course, after discussion. Please do suggest names.