



Ministry of Health

Application Form For Introduction of Health Technology

The Health Technology Assessment Committee (HTAC) provides advice to the Ministry of Health regarding the uptake, diffusion, distribution, and removal of obsolete health technologies, based on evidence of effectiveness, economic and human resource considerations, societal impact, regulatory and ethical consideration, and utilization guidelines. The EMTD provides HTAC with health technology scientific literature and policy reviews to permit HTAC to evaluate the safety and effectiveness of health technologies and make recommendations accordingly based on the currently available evidence.

This application is for review of new or updated health technologies for use in Bhutan.

Please complete the entire application, attach any relevant materials and submit to:

Essential Medicines & Technology Division (EMTD)

Department of Medical Services

Ministry of Health

Thimphu

Tel: +975 2 328091 (ext 206)

Fax: + 975 2 321446

Email: edp@druknet.bt

I. GENERAL INFORMATION

Application Date:	Proposal number #:
Principal Applicant	<i>(Do not complete – for administrative purposes only)</i>
Name and title:	
Complete address:	Telephone #:
	Fax #:
	Email address:
Affiliated healthcare facility (if applicable):	
Health Technology Request	
Type of Health Technology (tick appropriate one)	
<input type="checkbox"/> Medical device <input type="checkbox"/> Treatment strategy <input type="checkbox"/> Medical Equipment <input type="checkbox"/> Pharmaceutical (use Form 1)	
Name:	
Disease / condition in which the device / equipment / treatment strategy will be of most benefit:	
Level of health facility till which the technology is to be made available	
<input type="checkbox"/> Till BHU <input type="checkbox"/> till DH <input type="checkbox"/> till RRH <input type="checkbox"/> only NRH	
Target Patient Population (Gender, age, etc.):	Incidence and prevalence in Bhutan, if known:
Justification for introducing new technology:	

II. DESCRIPTION OF DEVICE / EQUIPMENT / TREATMENT STRATEGY

Describe in detail the device / equipment / treatment strategy.

If applicable, please indicate if there are alternative/similar technologies currently available in Bhutan serving this purpose. YES NO

If YES, please indicate which one: _____

Please specify whether this new technology will substitute or add to the currently existing technologies.

Does the introduction of this new technology require up gradation of skills and attainment of new knowledge?

YES NO

[If YES, please give details on (a) the number and type of people; (b) type of trainings required and (c) budgetary provisions]

To the best of your knowledge, is this device / equipment / treatment strategy currently being used in any other countries? If so, where and under what conditions?

III. EVIDENCE

Details? Please provide relevant evidence. If this is a diagnostic technology, please submit evidence of sensitivity and specificity.

IV. NOTE TO APPLICANT

1. The technology prepared for review in this application must improve the net health outcome and/or safety for patients and/or providers or improve health systems efficiency to be considered by EMTD.
2. The technology described in this application must be at least as beneficial as any established alternative. If the technology is not better, it must be shown to be more cost-effective.
3. All materials accompanying this application must comply with privacy and intellectual property principles and regulations.
4. No information identifying individual patients is to form any part of this application.
5. The applicant must have obtained consent from a manufacturer that information provided to an applicant can be submitted to EMTD.

V. EMTD AND HTAC RESPONSIBILITIES

1. All reviews / assessments / evaluations will be evidence-based and objective.
2. Applicant names and affiliations will remain confidential.
3. Materials that accompany the application may be shared with clinical / technological experts.
4. Applicants understand that by submitting this application, they are giving permission to reviewers at MoH to discuss the review with other governments and advisory bodies.
5. Consultation from various clinicians / technologists may be sought if the application is accepted for review.

Applicant Signature:	Date:
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Thank you. You will be notified of the application outcome within 2 weeks after the receipt of this application.

<i>For EMTD use only</i>			
Approval for HTAC Review / assessment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date:
More information required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date:
Main applicant contacted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date: