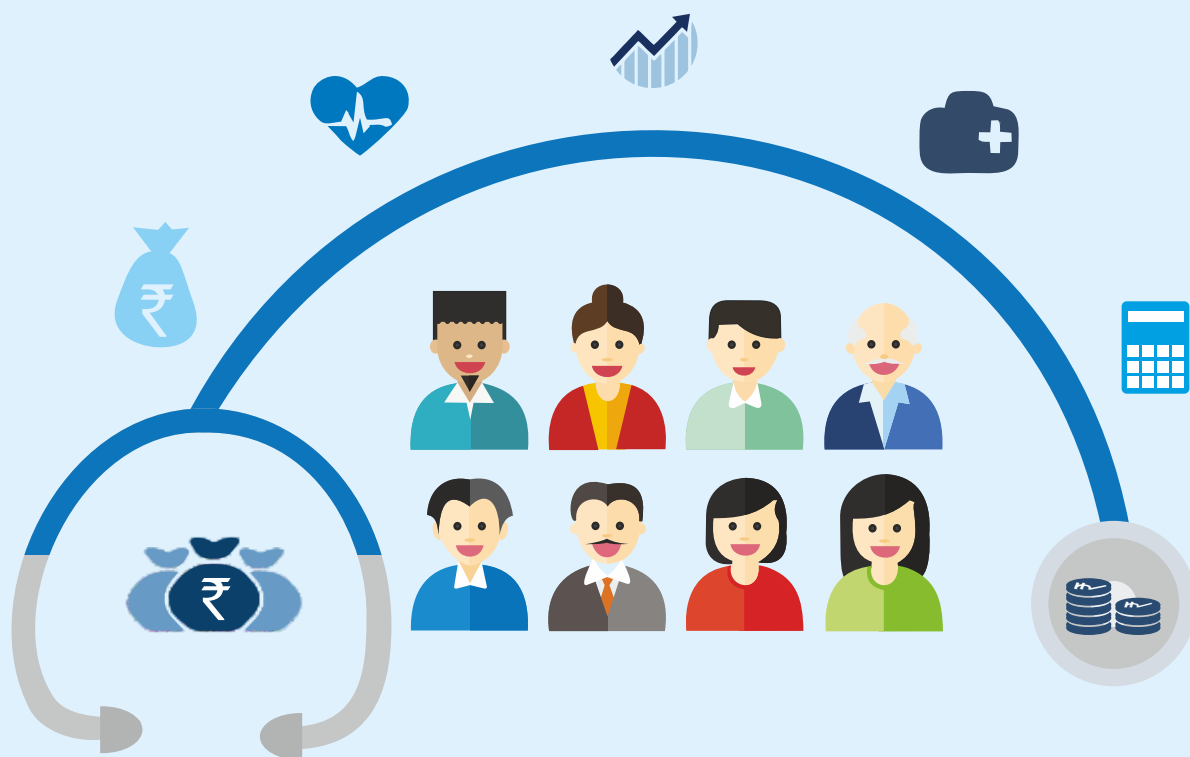




सत्यमेव जयते



National Health Accounts Estimates for India



November 2018

National Health Accounts Technical Secretariat
National Health Systems Resource Centre
Ministry of Health & Family Welfare, Government of India

National Health Accounts

Estimates for India

Financial Year 2015-16

November 2018

National Health Accounts Technical Secretariat
National Health Systems Resource Centre
Ministry of Health & Family Welfare, Government of India

Details related to publication

This report provides healthcare expenditures in India based on National Health Accounts Guidelines for India, 2016 (with refinements where required) that adhere to System of Health Accounts 2011 (SHA 2011), a global standard framework for producing health accounts. NHA estimates for India is a result of an institutionalised process wherein, the boundaries, data sources, classification codes and estimation methodology have all been standardised in consultation with national and international experts under the guidance of NHA Expert Group for India.

If readers and stakeholders require clarification or observe that the estimates presented in this report could be further improved, they are welcome to contact NHA team with relevant information. We are glad to clarify and make amends wherever possible in our future publications. Difference in estimates could arise due to use of various data sources, non-availability of data at disaggregated level, timeliness of reporting and mismatch between definitions/ interpretation used as per SHA 2011.

This report does not present the policy implications of healthcare expenditures. Policy makers, academicians, researchers and program managers are free to draw inferences within the purview of NHA Guidelines for India 2016 and System of Health Accounts 2011 (SHA 2011) including all refinements mentioned in this report.

Readers are advised to refer to the latest online version for the most up to date reports to abridge themselves with change in estimates due to improvements. Reports are available at www.nhsrcindia.org or www.mohfw.nic.in.

Published By: NHSRC, Ministry of Health and Family Welfare, November 2018

Citation: National Health Systems Resource Centre (2018). National Health Accounts Estimates for India (2015-16), New Delhi, Ministry of Health and Family Welfare, Government of India

Design & Layout: Paromita Advertising Agency Pvt. Ltd., New Delhi

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Table of Contents

Foreword	VII
Message	IX
Preface	XI
Message	XIII
Acknowledgement	XV
Abbreviations	XVII
Introduction to the Report	3
Highlights of National Health Accounts Estimates 2015-16	5
1. National Health Accounts Estimates for India: 2015-16	9
1.1 Key Health Financing Indicators	9
1.2 Expenditure Estimates by National Health Accounts Classifications	12
1.2.1 Expenditure Estimates by Healthcare Financing Schemes	12
1.2.2 Expenditure Estimates by Revenues of Healthcare Financing Schemes	16
1.2.3 Expenditure Estimates by Healthcare Providers	19
1.2.4 Expenditure Estimates by Healthcare Functions	22
1.3 Expenditure Estimates by Primary, Secondary and Tertiary Care	26
1.4 Health Insurance Expenditures	27
2. National Health Accounts Methodology	29
2.1 System of Health Accounts 2011 Framework (SHA 2011)	29
2.2 Health Accounts Production Tool	29
2.3 Defining Healthcare Expenditures Boundaries for India	30
2.4 Data Sources	32
2.5 Refinements over earlier National Health Accounts Estimates	33
2.6 Limitations	34
Annexure	35
National Health Accounts 2015-16 Matrices	35
Key Health Financing Indicators for Select States	44
Classification as per NHA Guidelines 2016	46
Glossary	50
List of Members of Steering Committee	52
List of Members of NHA Expert Group	54

List of Table

Table 1:	Key Health Financing Indicators for India across NHA Rounds	11
Table 2:	Key Health Financing Indicators for India: NHA Estimates 2015-16	11
Table 3:	Current Health Expenditures (2015-16) by Healthcare Financing Schemes	13
Table 4:	Current Health Expenditures (2015-16) by Revenues of Healthcare Financing Schemes	17
Table 5:	Current Health Expenditures (2015-16) by Healthcare Providers	19
Table 6:	Current Health Expenditures (2015-16) by Healthcare Functions	23
Table 7:	Current Health Expenditures (2015-16) by Primary, Secondary and Tertiary Care (%)	26
Table 8:	Health Insurance Expenditure (2015-16) under different schemes	28
Table A.1:	Current Health Expenditures (2015-16) by Healthcare Financing Schemes and Revenues of Healthcare Financing Schemes (HF X FS Matrix)	36
Table A.2:	Current Health Expenditures (2015-16) by Healthcare Providers and Healthcare Financing Schemes (HP X HF Matrix)	37
Table A.3:	Current Health Expenditures (2015-16) by Healthcare Functions and Healthcare Financing Schemes (HC X HF Matrix)	39
Table A.4:	Current Health Expenditures (2015-16) by Healthcare Functions and Healthcare Providers (HC X HP Matrix)	41
Table A.5:	Current Health Expenditures (2015-16) by Primary, Secondary and Tertiary Care Classification (HC X HP Matrix)	43
Table A.6:	Key Health Financing Indicators for Select States: NHA Estimates 2015-16	44

List of Figures

Figure 1:	Distribution of Current Health Expenditure (2015-16) by Healthcare Financing Schemes	7
Figure 2:	Current Health Expenditures (2015-16) by Financing Schemes (%)	12
Figure 3:	Current Health Expenditures (2015-16) by Revenues of Healthcare Financing Schemes (%)	16
Figure 4:	Current Health Expenditures (2015-16) by Providers of Healthcare (%)	19
Figure 5:	Current Health Expenditures (2015-16) by Healthcare Functions (%)	22
Figure 6:	Description of Healthcare Expenditure Boundaries for India	31



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Government of India
Department of Health and Family Welfare
Ministry of Health & Family Welfare

Dated : 28th November, 2018

FOREWORD

National Health Accounts 2015-16 is the third round of expenditure estimates based on System of Health Accounts 2011. This report is a reflection of Indian's progress towards Universal Health Coverage with a mandate to track healthcare expenditures for evidence based policy and making healthcare accessible, affordable and of better quality. It is reassuring that over the period, India's Government spending on health is increasing and with a renewed focus on comprehensive primary health care coupled with health protection schemes for secondary and tertiary care, will translate into better health outcomes.

It is heartening that the Ministry of Health and Family Welfare and National Health Systems Resource Centre with guidance from the Expert Group have ensured annual production of institutionalized health accounts in India.

Regular tracking of expenditures supports decision making by describing fund flows and reflects the changing association between various actors in the health system. I hope that this report will help the policymakers, researchers and all stakeholders of the health system to direct efforts for an equitable and efficient health system.


(Preeti Sudan)



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MESSAGE

As India advances towards universal health coverage, monitoring progress of the health financing dimension is important for decision on fiscal space for health, sustainable financing, and appropriate resource allocation. Institutionalized Health Accounts provides key health financing indicators every year enabling critical policy reflections. It allows global comparison of select indicators enabling us to improve financing of interventions for better health accounts.

National Health Accounts estimates 2015-16 report provides an insightful reflection of the healthcare financing indicators for India.

I applaud the efforts of NHATS team for consistently improving the NHA estimates by improving methodologies and capacity building of state teams to get accurate data. These estimates will help us reorient our existing policies for an equitable and efficient health system.

(Manoj Jhalani)

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Preface

It is a pleasure to present the National Health Accounts Estimates for India 2015-16, the third consecutive round based on System of Health Accounts 2011. This report also incorporated refinements from NHA estimates 2013-14 and 2014-15 and provides a comprehensive representation of healthcare financing scenario in the country.

Institutionalization of health accounts ensures standard definitions and classification codes that allow comparison year on year and across countries. Using Health Accounts Production Tool (HAPT) for all the three rounds established a dataset of healthcare expenditures for India building time series data.

I hope this report helps the policymakers and stakeholders address health system challenges by providing them an in-depth understanding of sources of financing healthcare, centres of spending, kinds of services and goods that are purchased and whom they benefit.

I express my gratitude towards the members of NHA Expert Group for their invaluable inputs, NHA core team at NHSRC and the NHA Cell at MoHFW for working with various stakeholders to produce these NHA estimates.


(Preeti Nath)

Message

National Health Accounts is an important tool that tracks health expenditures and flow of funds in both Government and private sector in the country. It provides key indicators of healthcare financing in the country and allows cross-country as well as inter-temporal comparisons. The National Health Policy 2017 emphasizes the need to track health expenditures in the country through a robust system of National Health Accounts.

Annual NHA estimates help in understanding trends in budgetary allocations for health by Union/State Governments and in estimating the burden of out of pocket payments. Availability of the NHA indicators on a regular interval supports the Government in monitoring financial flows allowing for effective planning, management of resources, and strengthening the health system.

I thank Ms. Preeti Nath, Economic Advisor, DoHFW for extending support and working closely with us on National Health Accounts. I appreciate the efforts of NHA team at NHSRC and NHA cell for presenting NHA estimates 2015-16 at most disaggregate level.

The NHA estimates are useful to policy makers, researchers and academic institutions to understand resource allocation on health sector. These estimates can facilitate in judicious use of the health care resources in the country.



Dr. Rajani R. Ved

Executive Director - National Health Systems Resource Centre
Member Secretary - National Health Accounts Steering Committee

Acknowledgement

National Health Accounts estimates for 2015-16 are prepared by National Health Accounts Technical Secretariat (NHATS) with the guidance from NHA Steering Committee and the NHA Expert Group for India. We acknowledge the inputs received from all Government Ministries/Departments, organizations, individual international/national experts and every stakeholder who contributed in producing the health accounts estimates.

We acknowledge the contribution of Sh. J Rajesh Kumar (former Director Bureau of Planning, DoHFW), involved in production of these estimates, Pritam Datta (National Institute of Public Finance and Policy) and Dr. Nimai Das (Manav Rachna International Institute of Research and Studies) for estimates on enterprises and non-profit institutions; Ms. Jyotsna Negi and Shivansh Verma from NHSRC for support on this round of NHA estimates.

We gratefully acknowledge continuous guidance from Dr. Indrani Gupta (Institute of Economic Growth), Dr. Mita Chowdhury (National Institute of Public Finance and Policy), Dr. Sakthivel Selvaraj. (Public Health Foundation of India), Dr. Bandana Sen (NSSO, MOSPI), Mr. SIS Naqvi (National Accounts Division, MOSPI) and Dr. Indranil Mukhopadhyay (OP Jindal University). We are thankful to Smt. Soma Roy Burman (Joint CGA) and Mr. Manoranjan for providing expenditure data of all Union Ministries in excel format, Shri. B.K Dutta, (former Director, MoHFW) for RSBY expenditures, K.S.J. Reddy, Head - Health vertical, Insurance Information Bureau of India for anonymized private health insurance expenditures. We also thank the officers of State Health Accounts Teams and in-charges of insurance schemes for providing details on expenditures.

NHA Team

Abbreviations

ANM	Auxiliary Nurse Midwife
AYUSH	Ayurveda Yoga and Naturopathy Unani Siddha and Homeopathy
CES	Consumer Expenditure Survey
CGA	Controller General of Accounts
CGHE	Current Government Health Expenditure
CGHS	Central Government Health Scheme
CHE	Current Health Expenditure
CHSS	Contributory Health Service Scheme
CRS	Creditor Reporting System
CSMA	Central Services Medical Attendance
CSO	Central Statistics Office
CSO-NAD	Central Statistics Office-National Accounts Division
DAC	Development Assistance Committee
ECHS	Ex-Servicemen Contributory Health Scheme
ESIC	Employees' State Insurance Corporation
FCRA	Foreign Contribution Regulation Act
FP	Factor of Provision
FS	Financing Schemes
GHE	Government Health Expenditure
GGE	Government General Expenditure
Gol	Government of India
HAPT	Health Accounts Production Tool
HC	Healthcare Functions
HF	Healthcare Financing Schemes
HMO	Health Maintenance Organization
HMIS	Health Management Information System
HP	Healthcare Providers
HS	Health Systems

IEC	Information Education and Communication
IEG	Institute of Economic Growth
IIB	Insurance Information Bureau of India
IMS	Intercontinental Marketing Services
IRDAI	Insurance Regulatory and Development Authority of India
Incl.	Including
MoHFW	Ministry of Health and Family Welfare
MoSPI	Ministry of Statistics and Programme Implementation
N.E.C	Not Elsewhere Classified
NFHS	National Family Health Survey
NGO	Non-Governmental Organization
NHA	National Health Accounts
NHATS	National Health Accounts Technical Secretariat
NHSRC	National Health Systems Resource Centre
NHM	National Health Mission
NPISH	Non-Profit Institutions Serving Households
NSSO	National Sample Survey Office
OECD	Organisation for Economic Co-operation and Development
OOPE	Out of Pocket Expenditure
PHFI	Public Health Foundation of India
PNC	Post-Natal Care
PPP	Public Private Partnership
PST	Primary, Secondary and Tertiary
RELHS	Retired Employees Liberalized Health Scheme
RLB	Rural Local Body
RMSC	Rajasthan Medical Service Corporation
RSBY	Rashtriya Swasthya Bima Yojana
SHA	System of Health Accounts
TA	Technical Assistance
TCAM	Traditional, Complementary and Alternative Medicine
THE	Total Health Expenditure
TMC	Tata Memorial Centre
TNMSC	Tamil Nadu Medical Services Corporation Ltd.
ULB	Urban Local Body
VHNSC	Village Health Nutrition and Sanitation Committee

National Health Accounts Technical Secretariat (NHATS)

Institutionalizing National Health Accounts for India was envisaged in National Health Policy, 2002 and the National Health Accounts Cell (NHA Cell) was established in the Ministry of Health and Family Welfare, Government of India. NHA Cell produced health accounts estimates for FY 2001-02 and FY 2004-05. National Health Systems Resource Centre (NHSRC) was designated the National Health Accounts Technical Secretariat (NHATS) in August 2014 by Ministry of Health and Family Welfare with a mandate to institutionalize Health Accounts in India. As set out in the National Health Policy 2017, NHATS works towards regular reporting of health expenditures in India through robust, systematic and institutionalized health accounts.

The work and plans of NHATS since establishment:

- Established NHA core technical team that collects data from primary and secondary sources, conducts data validation, analysis, tabulation using standardized format of NHA tables and reports health accounts estimates for the country.
- Established NHA Steering Committee for India (represented by high-level Officials of the Union and State Ministries/Departments related to Health Expenditures) and NHA Expert Group for India (Healthcare Financing and NHA experts) to guide the process of institutionalizing NHA and generate periodic reports. The constitution of Steering Committee and Expert Committee is attached as Annexure D
- Developed the National Health Accounts Guidelines for India in 2016 adapted to Indian health system context, adhering to SHA 2011 framework and comparable to the global NHA framework. These will be revised in due time to incorporate refinements based on availability of relevant disaggregated data/ information, estimation methodology or revisions in the system of health accounts methods/framework and stakeholder feedback.
- Prepared National Health Accounts estimates for India FY 2013-14, FY 2014-15, and FY 2015-16. Will continue to produce annual estimates for use of policy makers, researchers, and academicians in India and for reporting to World Health Organization and Organization for Economic Cooperation and Development for standard international comparisons.
- Developed a network of State Health Accounts Teams, institutions and organizations at national and state level for periodic Health Accounts and to update health expenditure data and related standard key indicators.
- NHATS has a mandate to support States to institutionalize State Health Accounts and produce regular estimates. State nodal officers have been appointed and workshops have been conducted to train health accounts teams from 33 States on the processes, framework, methods and tools to produce health accounts at the State level.

Introduction to the Report

This report presents National Health Accounts (NHA) Estimates for India for Financial Year 2015-16.

National Health Accounts is a tool to describe health expenditures and flow of funds in both Government and private sector in the country. These estimates are derived within the framework of National Health Accounts Guidelines for India, 2016 (with refinements where required) and adhere to System of Health Accounts 2011 (SHA2011), a global standard framework for producing health accounts.

NHA guidelines/methodology and estimates are continuously updated, as Indian health system is dynamic and NHA estimates should reflect the changing policy/programmatic and health system context. Also, there is always potential for improvement related to availability of data/ information or estimation methodology or revisions in the system of health accounts methods/framework or stakeholder feedback. These updates are a result of thorough examination by the NHA team and the NHA Expert Group in consultation with competent authorities in this regard.

NHA estimates 2015-16 report incorporates refinements from NHA estimates 2013-14, and 2014-15, details of which are mentioned in the methodology and relevant sections. Accordingly wherever necessary, the revised estimates for earlier NHA's are presented to ensure comparability.

NHA estimates 2015-16 is the third round of estimates for India presented according to System of Health Accounts 2011 (SHA 2011). NHA team is continuously working towards improving the data availability and methodology used for producing estimates. It usually takes about 3-4 rounds of health accounts to stabilize country estimates.

Policy implications of healthcare expenditure estimates are not discussed in this report. However, policy makers, academicians and researchers are free to draw inferences from this report within the purview of NHA framework/ methodology described in this report, NHA Guidelines for India 2016 and System of Health Accounts 2011 (SHA 2011) including all refinements mentioned in the methodology section and elsewhere in this report.

To maintain comparability with earlier NHA rounds, health expenditure estimates for India over time should be made based on this report, rather than on the earlier published reports.

Highlights of National Health Accounts Estimates 2015-16

What is Health Accounts?

Health Accounts describe health expenditures and flow of funds in country's health system over a period of time - financial year for India. It answers important policy questions such as what are sources of healthcare expenditures, who manages them, who provides health care services and which services are utilised. It is a practice to describe the health expenditure estimates according to a global standard frame work: System of Health Accounts 2011 (SHA 2011), to facilitate comparison of estimates across countries. SHA 2011 framework presents expenditures disaggregated as Current and Capital. Focus is on describing Current Health Expenditures (CHE) and their details presented according to (1) Revenues of Healthcare Financing Schemes - entities that provide resources to spend for health goods and services in the health system; (2) Healthcare Financing Schemes - entities receiving and managing funds from financing sources to pay for or to purchase health goods and services; (3) Healthcare Providers - entities receiving finances to produce / provide health goods and services; (4) Healthcare Functions - describe the use of funds across various health care services.

What are the key health expenditure estimates for India?

For the year 2015-16, Total Health Expenditure (THE) for India is estimated at Rs. 5,28,484 crores (3.84% of GDP and Rs. 4116 per capita). THE constitutes current and capital expenditures incurred by Government and Private Sources including External/Donor funds. Current Health Expenditure (CHE) is Rs. 4,95,190 crores (93.7% of THE) and capital expenditures is Rs. 33294 crores (6.3% of THE). Capital expenditures are reported for all sources of Government (Union Government is Rs. 9269 crores; State Government Rs. 23953 crores) and External Donor Expenditures (Rs. 72 crores).

Government Health Expenditure (GHE) including capital expenditure is Rs. 1,61,863 crores (30.6 % of THE, 1.18% GDP and Rs. 1261 per capita). This amounts to about 4.07% of General Government Expenditure in 2015-16. Of the GHE, Union Government share is 35.6 % and State Government share is 64.4%. Union Government Expenditure on National Health Mission is Rs. 20,907 crores, Defence Medical Services Rs. 6,645 crores, Railway Health Services is Rs 2,213 crores, Central Government Health Scheme (CGHS) is Rs. 2531crores and Ex-Servicemen Contributory Health Scheme (ECHS) is Rs. 2563 crores. Expenditures by all Government Financed Health Insurance Schemes combined are Rs. 5064 crores.

Household's Out of Pocket Expenditure on health (OOPE) is Rs. 3,20,211 crores (60.6% of THE, 2.3% of GDP, Rs. 2,494 per capita) Private Health Insurance expenditure is Rs. 22013 crores (4.1% of THE).

Who contributes to current health expenditures?

Of the Current Health Expenditures, Union Government share is Rs. 38416 crores (7.8%) and the State Government's share Rs. 75785 crores (15.3%). Local bodies' share is Rs. 3808 crores (0.8%),

Households share (including insurance contributions) about Rs. 3,42,257 crores (69%, OoPE being 64.7%). Contribution by enterprises (including insurance contributions) is Rs. 23,691 crores (4.8%) and NGOs is Rs. 7,708 crores (1.6%). External/donor funding contributes to about Rs. 3,525 crores (0.7%).

Who provides health care services?

Current Health Expenditure attributed to Government Hospitals is Rs. 70,954 crores (14.3%) and Private Hospitals Rs. 1, 28,590 (26%). Expenditures incurred on other Government Providers (incl. PHC, Dispensaries and Family Planning Centres) is Rs. 38,644 crores (7.9%), Other Private Providers (incl. private clinics) is Rs. 24,490 crores (5%), Providers of Patient Transport and Emergency Rescue is Rs. 21,604 crores (4.4%), Medical and Diagnostic laboratories is Rs. 22,715 crores (4.6%), Pharmacies is Rs. 1,38,061 crores (27.9%), Other Retailers is Rs. 792 crores (0.1%), Providers of Preventive care is Rs. 25,048 crores (5%). About Rs. 15,483 crores (3.1%) is attributed to Providers of Health System Administration and Financing.

What services are consumed?

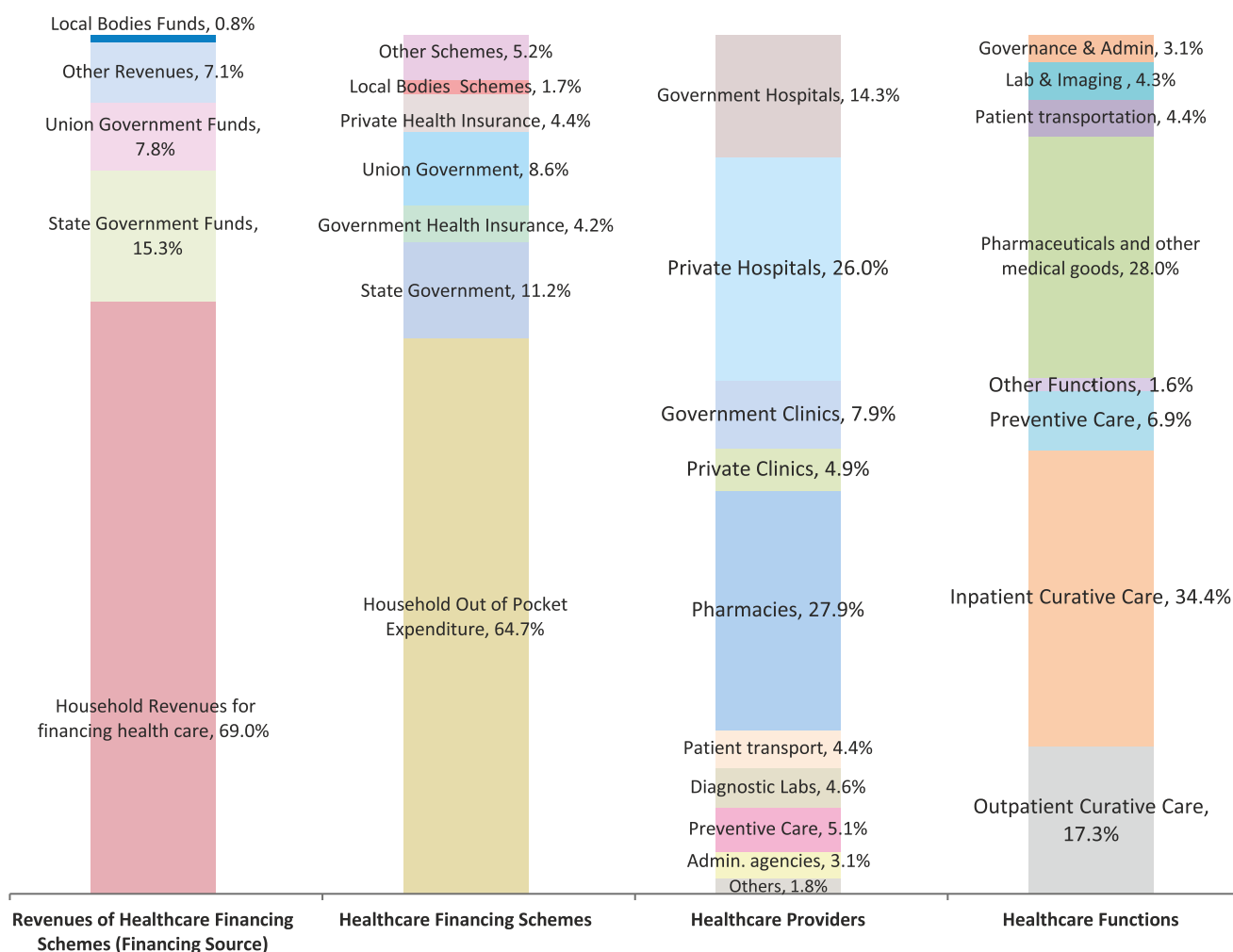
Current health expenditure attributed to Inpatient Curative Care is Rs. 1,70,407 crores (34.4%), Outpatient curative care is Rs. 85,750 crores (17.3%), Patient Transportation is Rs. 21,604 crores (4.4%), Laboratory and Imaging services is Rs. 21,315 crores (4.3%), Prescribed Medicines is Rs. 1,36,364 crores (27.5%), Over The Counter (OTC) Medicines is Rs. 1,697 crores (0.3%), Therapeutic Appliances and Medical Goods is Rs. 792 crores (0.1%), Preventive Care is Rs. 34,033 crores (6.9%), and others is Rs. 7,742 crores (1.6%). About Rs. 15,483 crores (3.1%) is attributed to Governance and Health System Administration.

Total Pharmaceutical Expenditure is 35.4% of CHE (includes prescribed medicines, over the counter drugs and those provided during an inpatient, outpatient or any other event involving a contact with health care provider). Expenditure on Traditional, Complementary and Alternative Medicine (TCAM) is 11.9% of CHE*.

Current Health Expenditure attributed to Primary Care is 45.1%, Secondary Care is 35.2%, Tertiary care is 15.2% and governance and supervision is 3.1%. When this is disaggregated; Government expenditure on Primary Care is 51.5%, Secondary Care is 22% and Tertiary Care is 13%. Private expenditure on Primary Care is 43%, Secondary Care is 40% and Tertiary Care is 16.2%.

*Note-The corresponding figure for Estimate on TCAM in NHA 2014-15 has a typographical error. The correct figure is 11.6%

Figure 1: Distribution of Current Health Expenditure (2015-16) by Healthcare Financing Schemes, Revenues of Healthcare Financing Schemes, Healthcare Providers and Healthcare Functions (%)



Note:

1. Other Revenues include Transfers distributed by Union and State Government from foreign origin (0.26% and 0.08%); Social insurance contributions from employers (1.22%); Voluntary prepayment from employers (0.59%); other revenues from corporations n.e.c (2.98%) and NPISH n.e.c. (1.56%) and all direct foreign financial transfers (0.37%).
2. Government Health Insurance include Social insurance schemes like ESIC, CGHS and ECHS (3.2%) and Government financed health insurance schemes like RSBY and State specific Government health insurance schemes etc. (1.0%).
3. Local bodies Schemes include urban (1.2%) and rural local bodies (0.5%).
4. Other schemes include: Non Profit Institutions Serving Households (NPISH) (1.56%) and Enterprises financing schemes (2.9%).
5. Private Clinics includes ambulatory centres like Offices of general medical practitioners (4.9%); medical specialists (<0.1%).
6. Government Clinics include ambulatory centres like Sub-Centres/ANM, ASHA, Anganwadi Centres & VHNSCs (0.6%); Primary Health Centres (PHC), Govt. dispensaries including AYUSH, CGHS and ESIS, Railway Polyclinics (6.2%) and Family planning centres (0.7%). Administrative agencies include Govt. health admin (2.4%); Social health insurance (admin) (0.3%); Private health insurance admin (0.2%) and other administration agencies (0.1%). Other providers include Retail sellers and other suppliers of durable medical goods and appliances (0.2%) and other health care providers (1.8%).
7. Pharmaceuticals and other medical goods include prescribed medicines (27.5%), Over-the-counter medicines (0.3%); all therapeutic appliances and other medical goods (0.16%).
8. Preventive care include programmes on Information, education and counselling (IEC) (0.77%); Immunization (0.87%); Early disease detection (0.15%); Healthy condition monitoring (2.79%); Epidemiological surveillance, risk and disease control (2.27%); Preparing for disaster and emergency response (0.02%) and unspecified preventive care not elsewhere classified (0.2%).
9. Other functions include All rehabilitative care (0.04%); All long-term care (<0.01%) and other healthcare services not elsewhere classified (1.52%).

1. National Health Accounts Estimates for India: 2015-16

1.1 Key Health Financing indicators

Key health financing indicators enable comparison of health expenditures with other countries and across various rounds of National Health Accounts estimates within the country. Health financing indicators commonly used and the relevant description are presented here:

Total Health Expenditure (THE) as percent of GDP and Per Capita: THE constitutes current and capital expenditures incurred by Government and Private Sources including External funds. THE as a percentage of GDP indicates health spending relative to the country's economic development. THE per capita indicates health expenditure per person in the country.

Current Health Expenditures (CHE) as percent of THE: CHE constitutes only recurrent expenditures for healthcare purposes net all capital expenditures. CHE as percent of THE indicate the operational expenditures on healthcare that impact the health outcomes of the population in that particular year. System of Health Accounts 2011 (SHA 2011) Framework disaggregates capital and current expenditures.

Government Health Expenditure (GHE) as percent of THE: GHE constitutes spending under all schemes funded and managed by Union, State and local Governments including quasi-Governmental organizations and donors in case funds are channeled through Government organizations. It has an important bearing on the health system as low Government health expenditures may mean high dependence on household out of pocket expenditures.

Out of Pocket Expenditures (OOPE) as percent of THE: Out of Pocket Expenditures are expenditures directly made by households at the point of receiving health care. This indicates extent of financial protection available for households towards healthcare payments.

Social Security Expenditure on health as per cent of THE: Social Security Expenditures include finances allocated by the Government towards payment of premiums for Union and State Government financed health insurance schemes (RSBY and other State specific health insurance schemes), employee benefit schemes or any reimbursements made to Government employees for healthcare purposes and Social Health Insurance scheme expenditures. This indicates extent of pooled funds available for specific categories of population.

Private Health Insurance Expenditures as percent of THE: Private health insurance expenditures constitute spending through health insurance companies where in households or employers pay premium to be covered under a specific health plan. This indicates the extent to which there are voluntary prepayments plans to provide financial protection.

External/Donor Funding for health as percent of THE: This constitutes all funding available to the country by assistance from donors

GHE as % of General Government Expenditure (GGE): This is a proportion of share of Government expenditures towards healthcare in the General Government Expenditures and indicates Government's priority towards healthcare.

Household Health Expenditure as % of THE: Household health expenditures constitute both direct expenditures (OOPE) and indirect expenditures (prepayments as health insurance contributions or premiums). This indicates the dependence of households on their own income/savings to meet healthcare expenditures.

Union and State Government Health Expenditure as % of GHE: The Union Government Health Expenditures includes the funds allocated by different Ministries and Departments of Union Government towards healthcare of general population and its employees (including funds allocated to local bodies). Similarly the State Government Health Expenditure includes the funds allocated by different Departments under all the State Governments towards healthcare of general population and its employees (including funds allocated to Local bodies and also the funds allocated for health by Local Bodies from their own resources). This indicates the share of the Union Government and State Governments in the Government Health Expenditure which is an important indicator in a federal structure of India.

AYUSH as % of THE: AYUSH stands for Ayurveda, Yoga, Naturopathy, Unani, Siddha, and Homeopathy. It includes all the expenditure on non-allopathic care that comprises a range of long-standing and still-evolving practices based on diverse beliefs and theories. This indicates the share of expenditures under AYUSH system of medicines in the total health expenditure.

Pharmaceutical Expenditures as % of CHE: This includes spending on prescription medicines during a health system contact and self-medication (often referred to as over-the-counter products) and the expenditure on pharmaceuticals as part of inpatient and outpatient care from prescribing physicians. This indicates the share of pharmaceuticals expenditures in the Current Health Expenditure.

Table 1 presents key indicators for India from NHA estimates 2015-16 with the last three NHA rounds. It is important to note that only select indicators that are comparable across the three rounds of NHA are presented here. NHA estimates 2004-05 are based on System of Health Accounts 1.0 (SHA 1.0) framework which differ in the definitions, classification codes and boundaries of health expenditures in comparison with NHA estimates 2013-14, 2014-15 and 2015-16 that are based on SHA 2011 framework.

Table 1: Key health financing indicators for India across NHA rounds

Sl. No.	Indicator	NHA 2015-16	NHA 2014-15	NHA 2013-14	NHA 2004-05
1	Total Health Expenditure (THE) as percent of GDP	3.8	3.9	4	4.2
2	Total Health Expenditure (THE) Per capita (Rs.)*	4116	3826	3638	1201
3	Current Health Expenditures (CHE) as percent of THE	93.7	93.4	93	98.9
4	Government Health Expenditure (GHE) percent of THE	30.6	29	28.6	22.5
5	Out of Pocket Expenditures (OOPE) as percent of THE	60.6	62.6	64.2	69.4
6	Social Security Expenditure on health as percent of THE	6.3	5.7	6	4.2
7	Private Health Insurance Expenditures as percent of THE	4.2	3.7	3.4	1.6
8	External/ Donor Funding for health as per cent of THE	0.7	0.7	0.3	2.3

*At current prices

Table 2 presents key health financing indicators for India for NHA estimates 2015-16.

Table 2: Key health financing indicators for India: NHA Estimates 2015-16

Sl.No.	Indicator	NHA 2015-16
1	Total Health Expenditure (THE) as % GDP*	3.84
2	THE per capita (Rs.)**	4116
3	Current Health Expenditure (CHE) as % of THE	93.7
4	Capital Health Expenditure as % of THE	6.3
5	Government Health Expenditures (GHE) as % of THE	30.63
6	GHE as % of GDP	1.18
7	GHE as % of General Government Expenditure (GGE)***	4.07
8	Per capita Government Health Expenditure (Rs.)	1261
9	Current Government Health Expenditure (CGHE) as % of GHE	79.47
10	Union Government Health Expenditure as % of GHE	35.62
11	State Government Health Expenditure as % of GHE	64.38
12	Government based Voluntary Health Insurance as % of GHE	3.13
13	Household Health Expenditure (incl. insurance contributions) as % of THE	64.76
14	OOPE as % of THE	60.59
15	OOPE as % of GDP	2.33
16	Per capita OOPE (Rs.)	2494
17	External/ Donor Funding as % of THE	0.7
18	AYUSH as % of THE****	11.9
19	Pharmaceutical expenditures as % of CHE	35.4

* GDP value for FY 2015-16 (Rs. 1,37,64,037 crores) from Statement 2: Second Advance Estimates of National Income, 2017-18 and Quarterly Estimates of Gross Domestic Product for the Third Quarter (Oct-Dec), 2017-18; Press Information Bureau, Government of India Ministry of Statistics & Programme Implementation; 28-February-2018

** The population for 2015-16 is projected by National Health Systems Resource Centre using census population estimates-2011 published by Office of the Registrar General & Census Commissioner, India.

*** GGE value for FY 2015-16 (Rs. 39,74,103 crores) Table 114 : Receipts and Disbursements of Central and State Governments, Page no. 180, Handbook of Statistics on Indian Economy, 2017, Reserve Bank of India

**** The corresponding figure for Estimate on AYUSH in NHA2014-15 has a typographical error. The correct figure is 10.8%.

1.2 Expenditure Estimates by National Health Accounts Classifications

This section describes distribution of current health care expenditures by National Health Accounts classification categories. Prescribed by the System of Health Accounts 2011 (SHA 2011) these have been adapted to suit the Indian health system context. The description of each of the classifications is provided under each Section of this report and the National Health Accounts Guidelines for India 2016. Given below is the distribution of current health care expenditures for 2015-16, (Rs. 4,951,90 crores) into healthcare financing schemes, revenues of health care financing schemes (source of financing), healthcare providers and healthcare functions.

1.2.1 Expenditure Estimates by Healthcare Financing Schemes

Healthcare financing schemes are the structural components of the healthcare financing systems. They are financing arrangements through which funds flow from source for provision of healthcare services to the population. **Table 3** shows the distribution of expenditures by healthcare financing schemes, followed by the description of all financing schemes relevant in Indian context. Detailed description of these schemes is provided in the National Health Accounts Guidelines for India, 2016.

Figure 2: Current Health Expenditures (2015-16) by Financing Schemes (%)

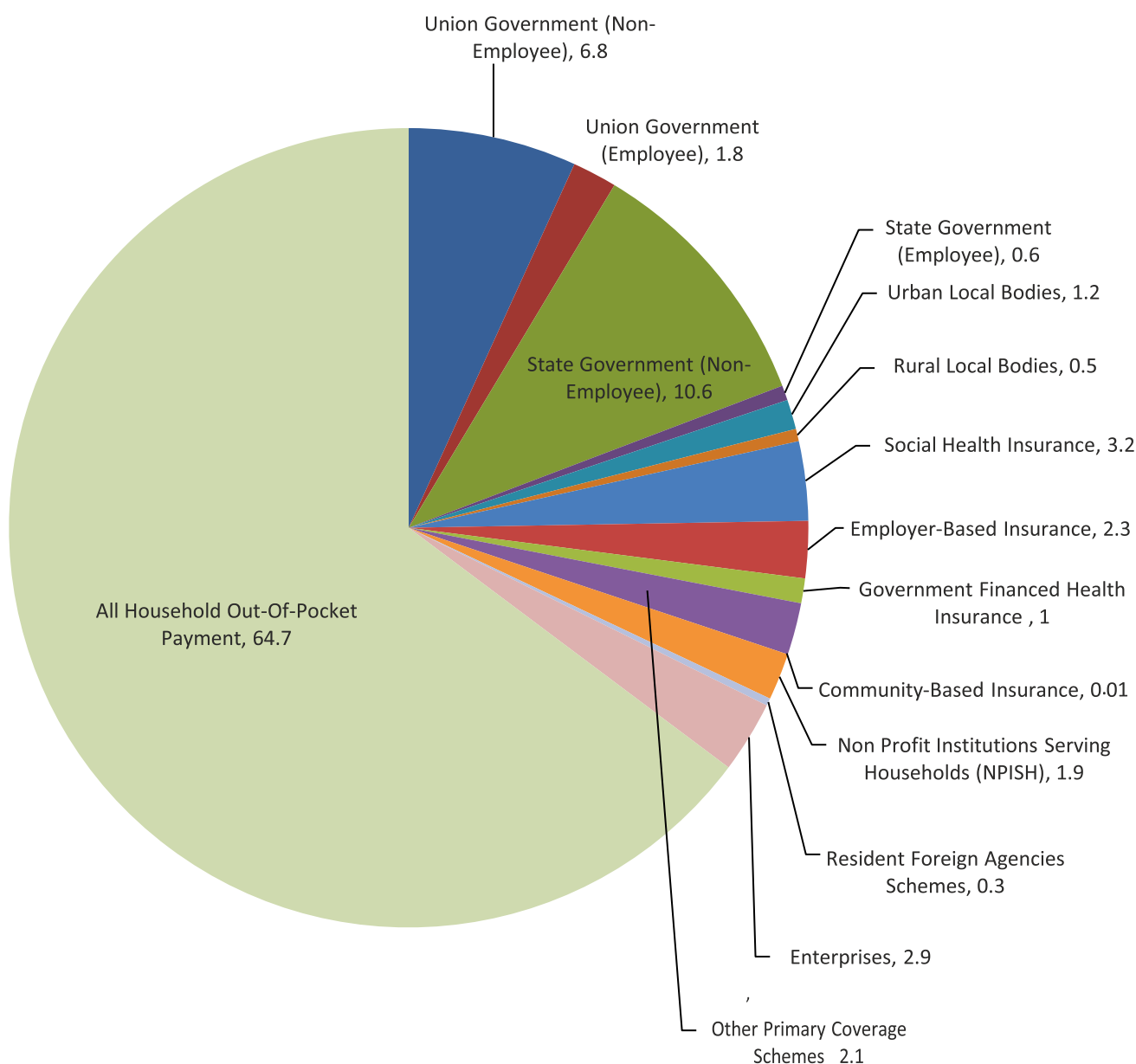


Table 3: Current Health Expenditures (2015-16) by Healthcare Financing Schemes

NHA Code	Financing schemes	Rs. Crores	0%
HF.1.1.1.1	Union Government (Non-Employee)	33730	6.81
HF.1.1.1.2	Union Government (Employee)*	9134	1.84
HF.1.1.2.1.1	State Government (Non-Employee)**	52259	10.6
HF.1.1.2.1.2	State Government (Employee)	3101	0.6
HF.1.1.2.2.1	Urban Local Bodies	6045	1.2
HF.1.1.2.2.2	Rural Local Bodies	2662	0.54
HF.1.2.1	Social health insurance schemes (not incl. 1.2.1.4)***	15741	3.2
HF.1.2.1.4	Government Financed Health Insurance****	5064	1.0
HF.2.1.1.1	Employer-Based Insurance (Private Group Health Insurance)	11621	2.3
HF.2.1.1.3	Other Primary Coverage Schemes (Private Individual Health insurance)	10353	2.1
HF.2.1.2.1	Community-Based Insurance	39	0.01
HF.2.2.1	Non Profit Institutions Serving Households (NPISH)	9196	1.9
HF.2.2.2	Resident Foreign Agencies Schemes	1488	0.3
HF.2.3.1.2	Enterprises	14544	2.9
HF.3.3	All Household Out-Of-Pocket Payment	320211	64.7
	Total	495190	100

HF.1. Government Schemes and Compulsory Contributory Healthcare Financing Schemes

All expenditures through the Government (Union, State & Local Governments) and Social Health Insurance agencies for providing healthcare services to general population as well as to Government employees are classified under this broad category which is divided into two sub categories HF.1.1 Government Schemes and HF.1.2 Compulsory Contributory Insurance Schemes.

Government Schemes are further divided into HF.1.1.1 Union Government schemes and HF.1.1.2 State/regional/local Government schemes (further divided into HF.1.1.2.1 State Government Schemes and HF.1.1.2.2 Local Government Schemes). HF.1.2.1 Social Health Insurance Schemes falls under HF.1.2 Compulsory Contributory Insurance Scheme. Brief descriptions of all lowest level classification categories under these are given below:

HF.1.1.1.1 Union Government Schemes (Non-Employee)

Expenditure through Ministry of Health and Family Welfare, other Union Ministries & Departments for providing healthcare services to general population are classified here. Includes expenditures under National Health Mission, National Family Welfare Programmes, National AIDS Control Program, IEC programmes, partnership with NGOs, etc. It also includes expenditures through other Union Ministries and Departments under the Labour Welfare Scheme, Maulana Azad Medical Aid Scheme, National Institute of Sports Science and Sports Medicine, etc. (Refer NHA Guidelines for India, 2016 for details).

* Current expenditures on Defence Medical Services (Rs.6405 Crores), Railway Health Services (Rs. 2213 Crores) and the rest is any reimbursements made by Union Government Departments through CSMA.

** Incl. expenditures on employees through Medical allowance/reimbursements by State Government Departments

*** Incl. Central Government Health Scheme (CGHS), Ex-servicemen Contributory Health Scheme (ECHS) and Employee State Insurance Scheme (ESIS)

**** Incl. expenditures on Rashtriya Swasthya Bima Yojana and State specific health insurance schemes

HF.1.1.1.2 Union Government Schemes (Employee)

Expenditure by Ministry of Health and Family Welfare and other Union Ministries and Departments for providing healthcare services to their employees and their dependents are classified here. It includes expenditures by Ministry of Defence, Ministry of Railways, Department of Posts and Department of Atomic Energy, etc. for providing healthcare services to their employees and reimbursements under Central Services Medical Attendance (CSMA) Rules.

HF.1.1.2.1.1 State Government Schemes (Non-Employee)

Expenditure by Department of Health and Family Welfare and other Departments of the various State Governments for providing healthcare services to the general population are classified here. This includes expenditures under Urban and Rural Health services- Allopathy and Other Systems of Medicine, Public Health, Family Welfare, Health Statistics & Evaluation, etc. It also includes healthcare related programs by other departments like Department of Labour, Art and Culture, Social Security, Welfare and Nutrition, Welfare Of SC/ST and OBC, etc.(Refer NHA Guidelines for India, 2016 for details)

HF.1.1.2.1.2 State Government Schemes (Employee)

Expenditure by Department of Health and Family Welfare and other Departments of the various State Governments for providing healthcare services to their own employees are classified under this scheme. This includes medical reimbursements to State Government Employees and their dependents by all State departments.

HF.1.1.2.2.1 and HF.1.1.2.2.2 Local Bodies Scheme

Expenditure by Urban Local Bodies and Rural Local Bodies on healthcare services to the general population, through the programmes and/facilities run by the local bodies.

HF.1.2.1 Social Health Insurance

Expenditure of Central Government Health Scheme (CGHS), Employees' State Insurance Scheme (ESIS), Ex-servicemen Contributory Health Scheme (ECHS) are classified here. Even though Contributory Health Services Scheme (CHSS) of Department of Atomic Energy and Retired Employees' Liberalized Health Scheme (RELHS) of Ministry of Railways are Social Health Insurance, due to non-availability of disaggregated financial data their expenditures have been included under Union Government Employee Schemes. Social Health Insurance are financed by the contributions of employees (household's prepayments), employers (enterprises), Union and State Government grants/contributions.

HF.1.2.1.4 Government Financed Health Insurance schemes

This includes expenditure under all health insurance schemes implemented by Union and State Governments in 2015-16. These are Rashtriya Swasthya Bima Yojana and other State specific Government health insurance schemes that are enumerated under the section on health insurance expenditures of this report. These schemes are financed by Union and State Government through specific grants or contributions to a private or public insurance company. Some schemes also have a component of token contributions from households.

These expenditures in NHA 2013-14 and 2014-15 were classified under the code HF.2.1.1.2 Government Based Voluntary Insurance. However these expenditures were always considered part of the Total Government Expenditures for all analysis and reporting purposes. For NHA 2015-16 the expenditures of these schemes were classified as HF 1.2.1.4 considering other country experiences of classifying such similar schemes as Government Schemes under appropriate codes of HF.1 and discussions with experts to maintain global comparability. To reinterpret the classification, SHA 2011 definitions under Table 7.2 Main Criteria of health care financing schemes and Chart 7.2 Criteria tree for

healthcare financing schemes was considered (page 163 and 164)^{***}. These fit the code HF 1.2.1 as the payments for some of these schemes (like RSBY) are contributory and entitlements are based on enrolment requiring actions to be taken by the eligible persons. Contributions are non-risk related and a share of the total contributions can be made by the Government from budgetary allocations. Thus a separate sub code HF 1.2.1.4 was created so that these are presented separately for policy purposes but are part of HF 1.2.1 code definitions. Due to this change in NHA 2015-16, the contributions by eligible households paid for enrolment are considered as other social contributions FS.3.4 instead of FS.5.1 Voluntary Prepayment from individuals/ households as in NHA 2013-14 and NHA 2014-15.

HF.2 Voluntary Healthcare Payment Schemes

Expenditure through all the voluntary healthcare payment schemes are classified here. This is divided into three sub categories – HF.2.1 Voluntary Health Insurance Schemes, HF.2.2 Non- Profit Institutions Serving Households (NPISH) Schemes and HF.2.3 Enterprise Financing Schemes. Brief descriptions of all the lowest level classification categories under these are given below:

HF.2.1.1.1 Employer Based Insurance Schemes (Private Group Health Insurance)

This includes expenditure under the Group Health Insurance (Non-Government) category defined by the Insurance Regulatory and Development Authority of India (IRDAI) net of the Micro Health Insurance. Micro Health Insurance is considered as Community based insurance with maximum annual coverage of Rs 30,000 per annum. Group Health Insurance are financed by the contributions of employees (households prepayments), employers (enterprises) in the form of premiums paid to public/private insurance company.

HF.2.1.1.3 Other Primary Coverage Schemes (Private Individual Health Insurance)

This includes expenditures under Individual insurance category defined by the Insurance Regulatory and Development Authority of India (IRDAI) net of the Micro Health Insurance. These are financed by household prepayments.

HF.2.1.2.1 Community based Health Insurance Schemes

Expenditure of insurance schemes operated / organized purely by communities themselves/ NGOs/ cooperative societies/ workers unions etc. Many of community schemes since 2006 use private/ public insurers for risk pooling and these products are registered as Micro Health Insurance Products under the IRDAI. Expenditures from both these categories are included. These are financed by household prepayments.

HF.2.2.1 Non-Profit Institutions Serving Households (NPISH) Schemes

These are institutions established and operated purely on a philanthropic funding or by receiving foreign aid. They may have a network of their own healthcare facilities and/or deliver healthcare services through single hospital or clinic. Healthcare services are generally provided free or at subsidised cost. Revenue is from the donations of general public, aid through Government budgets, contributions from philanthropists, corporations, foreign aid, user fees, etc.

HF.2.2.2 Resident Foreign Agencies Schemes are NPISH schemes directly run through resident foreign government development agencies.

HF.2.3.1.2 Enterprises

Expenditure of large firms/corporations both in the public and private sector with their own network of health facilities that provide healthcare services to the employees and their dependents are classified

^{***}OECD, Eurostat and World Health Organization (2017), A System of Health Accounts 2011: Revised Edition, OECD publishing, Paris <http://dx.doi.org/10.1787/9789264270985-en>

under this. These healthcare facilities are financed through the enterprises themselves. In case they do not have their own facility, the enterprise may reimburse the medical bills of the employee or pay a lump sum payment towards healthcare expenditures.

HF.3.3 All Household Out-Of-Pocket Payment

This is a sub category under HF.3 Household out-of-pocket payment. The expenditure in this category is paid by the household/individuals at point of receiving healthcare services. These are net of reimbursements of any nature (insurance/philanthropic donations etc.) and include all expenditures on inpatient care, outpatient care, child birth, antenatal care (ANC), postnatal care (PNC), family planning devices, therapeutic appliances, expenditure on patient's transportation, immunization, over the counter drugs and other medical expenditures (eg. blood, oxygen etc.).

1.2.2 Expenditure Estimates by Revenues of Healthcare Financing Schemes

Revenues of Healthcare Financing Schemes are sources of financing from where the schemes draw their revenues. **Table 4** presents distribution of expenditures with regard to revenues of health care financing schemes (sources of financing) followed by the description of all revenues of healthcare financing schemes relevant in Indian context. Detailed description of these schemes is provided in the National Health Accounts Guidelines for India, 2016.

Figure 3: Current Health Expenditures (2015-16) by Revenues of Healthcare Financing Schemes (%)

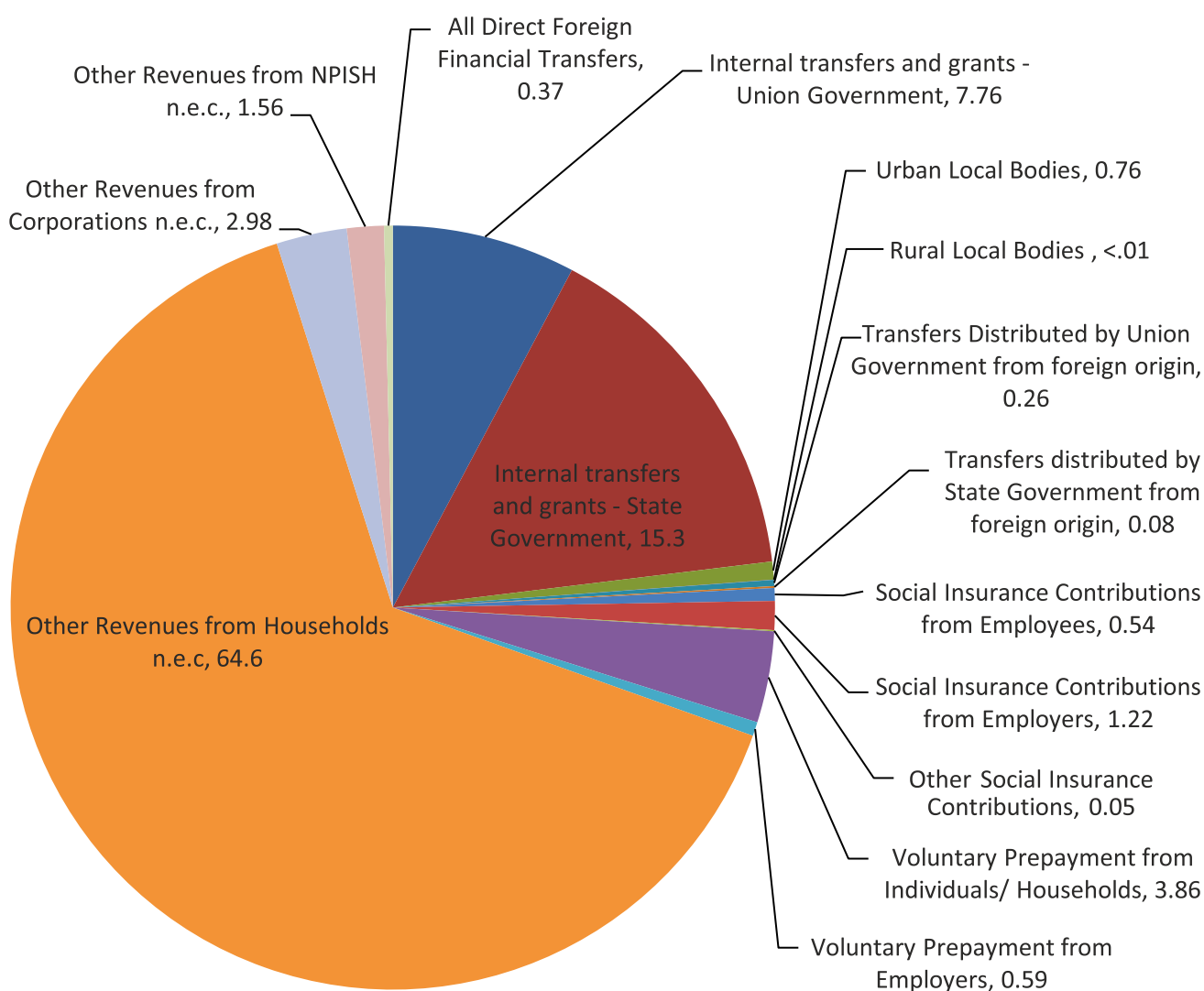


Table 4: Current Health Expenditures (2015-16) by Revenues of Healthcare Financing Schemes***

NHA Code	Revenues of Financing Schemes	Rs. Crores	0%
FS.1.1.1	Internal transfers and grants - Union Government	38416	7.76
FS.1.1.2	Internal transfers and grants - State Government	75785	15.30
FS.1.1.3.1	Urban Local Bodies	3779	0.76
FS.1.1.3.2	Rural Local Bodies	29	0.01
FS.2.1	Transfers Distributed by Union Government from foreign origin	1276	0.26
FS.2.2	Transfers distributed by State Government from foreign origin	397	0.08
FS.3.1	Social Insurance Contributions from Employees	2670	0.54
FS.3.2	Social Insurance Contributions from Employers	6020	1.22
FS.3.4	Other Social Insurance Contributions	268	0.05
FS.5.1	Voluntary Prepayment from Individuals/ Households	19108	3.86
FS.5.2	Voluntary Prepayment from Employers	2905	0.59
FS.6.1	Other Revenues from Households n.e.c	320211	64.66
FS.6.2	Other Revenues from Corporations n.e.c.	14766	2.98
FS.6.3	Other Revenues from NPISH n.e.c.	7708	1.56
FS.7.1.4	All Direct Foreign Financial Transfers	1851	0.37
	Total	495190	100

FS.1 Transfers and Grants from Government Domestic Revenue (allocated to health purposes)

These are funds allocated from Government domestic revenues (raised at different levels of the Government) for health purposes. The sub category FS.1.1 Internal Transfers and Grants is further divided into three broad categories based on the level of Government: FS.1.1.1 Internal Transfers and Grants - Union Government, FS.1.1.2 Internal Transfers and Grants - State Government and FS.1.1.3 Internal Transfers and Grants - Local Government (further divided into FS.1.1.3.1 Urban Local Bodies and FS.1.1.3.2 Rural Local Bodies).

FS.2 Transfers distributed by Government from foreign origin

Transfers originating abroad (bilateral, multilateral or other types of foreign funding) that are distributed through the general Government are classified under this. According to the level of Government receiving these, it is categorised into FS.2.1 Transfers Distributed by Union Government from foreign origin and FS.2.2 Transfers Distributed by State Government from foreign origin.

FS.3 Social Insurance Contributions

Social Health Insurance contributions are regular compulsory payments from employers or from employees that mandate entitlement to social health insurance benefits. Sub-categories of social insurance contributions are FS.3.1 Social Insurance Contributions from Employees and FS.3.2 Social Insurance Contributions from Employers and FS.3.4 Other Social Health Insurance Contributions. It is important to note that Government contributions towards any type of employee/ specific population groups are excluded here and are accounted under Government internal transfers). For example, under the Employee State Insurance Scheme only the contributions by employees and employers are

*** To compare with 2013-14 and 2014-15 estimates the aggregate value for Household Revenues for Financing Healthcare (FS.3.1+ FS.3.4+ FS.5.1+ FS.6.1) in 2015-16 is Rs.342257 crore and it occupies 69% of CHE.

considered as Social Insurance Contributions; whereas the contributions by State Governments are considered under Government internal transfers. FS.3.4 is introduced in NHA 2015-16 to attribute expenditures made by individuals/ households for enrolment into the Government Health Financed Insurance Schemes. (Refer to classification code definition HF 1.2.1.4 of this report)

FS.5 Voluntary Prepayment

This category refers to voluntary health insurance premiums received from the insured (individual or household) or employer on behalf of the insured that secure entitlement to benefits of the voluntary health insurance schemes. It is further divided into FS.5.1 Voluntary Prepayment from Individuals/Households and FS.5.2 Voluntary Prepayment from Employers.

FS.6 Other Domestic Revenues n.e.c

This category refers to expenditures by households, corporations and NPISH from own revenues used for health purposes. It is further divided into FS.6.1 Other Revenues from Households n.e.c (which are households' out of pocket payments), FS.6.2 Other Revenues from Corporations n.e.c and FS.6.3 Other Revenues from NPISH n.e.c.

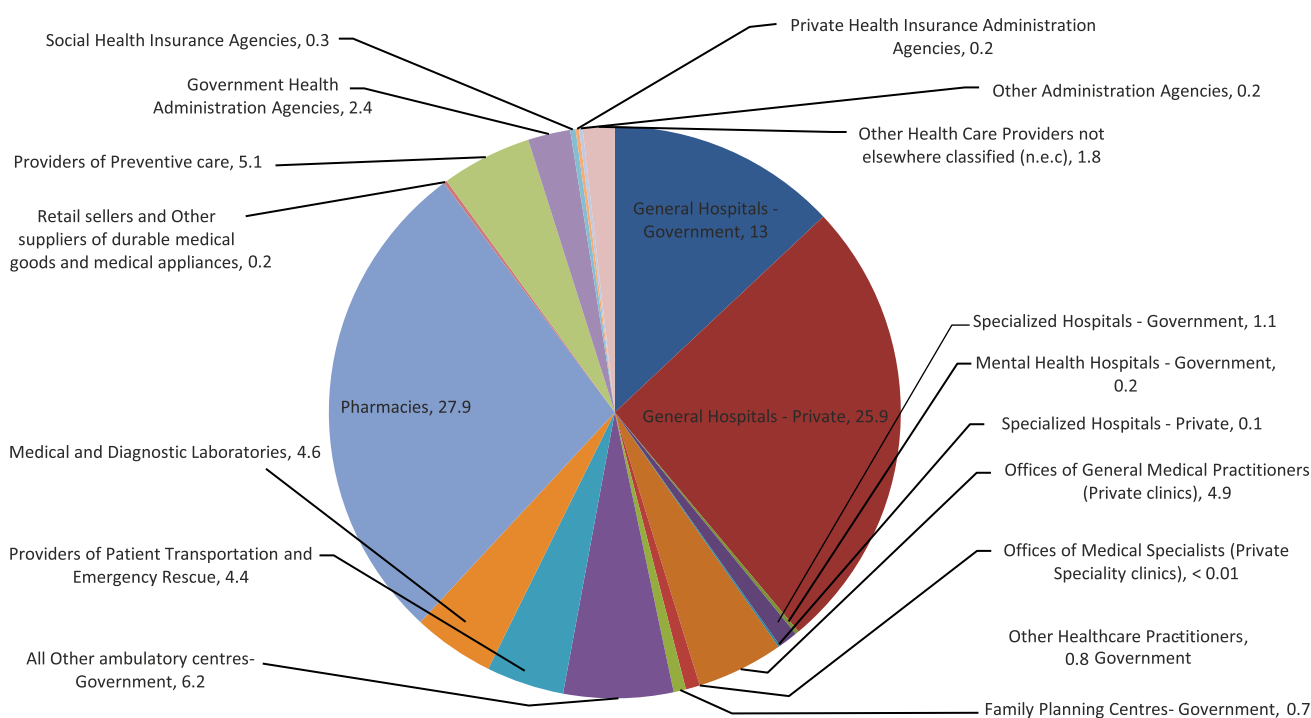
FS.7 Direct Foreign Transfers

This category refers to transfers where revenues from foreign entities directly received by health financing schemes as - direct foreign financial revenues or goods/services earmarked for health. These revenues are usually grants by international agencies or foreign Governments, or voluntary transfers (donations) by foreign NGOs or individuals that contribute directly to the funding of domestic healthcare financing schemes; and direct foreign aid in kind (health care goods and services). These funds are classified under the sub category FS.7.1.4 All Direct Foreign Financial Transfers.

1.2.3 Expenditure Estimates by Healthcare Providers

Health care providers are the organizations or actors that provide healthcare services or goods as their primary activity or as one among others. **Table 5** presents distribution of current healthcare

Figure 4: Current Health Expenditures (2015-16) by Providers of Healthcare (%)



expenditures by providers of healthcare, followed by the description of all healthcare providers relevant in Indian context. Detailed description of these schemes is provided in the National Health Accounts Guidelines for India, 2016.

Table 5: Current Health Expenditures (2015-16) by Healthcare Providers

NHA Code	Healthcare Providers	Rs. Crores	0%
HP.1.1.1	General Hospitals - Government	64585	13.0
HP.1.1.2	General Hospitals - Private	128011	25.9
HP.1.2.1	Mental Health Hospitals - Government	1046	0.2
HP.1.3.1	Specialized Hospitals - Government	5323	1.1
HP.1.3.2	Specialized Hospitals - Private	579	0.1
HP.3.1.1	Offices of General Medical Practitioners (Private clinics)	24488	4.9
HP.3.1.3	Offices of Medical Specialists (Private Specialityclinics)	2	0
HP.3.3	Other Healthcare Practitioners*** - Government	4196	0.8
HP.3.4.1	Family Planning Centres- Government	3505	0.7
HP.3.4.9	All Other ambulatory centres**** - Government	30943	6.2
HP.4.1	Providers of Patient Transportation and Emergency Rescue	21604	4.4
HP.4.2	Medical and Diagnostic Laboratories	22715	4.6
HP.5.1	Pharmacies	138061	27.9
HP.5.2	Retail sellers and Other suppliers of durable medical goods and medical appliances	792	0.2
HP.6	Providers of Preventive care	25048	5.1
HP.7.1	Government Health Administration Agencies	12074	2.4
HP.7.2	Social Health Insurance Agencies	1662	0.3
HP.7.3	Private Health Insurance Administration Agencies	773	0.2
HP.7.9	Other Administration Agencies	974	0.2
HP.10	Other Health Care Providers not elsewhere classified (n.e.c)	8809	1.8
	Total	495190	100

*** Expenditures on Sub Centers/ANM , ASHA, Anganwadi Centers etc

**** Expenditures on Primary Health Centers and Dispensaries incl. of AYUSH, CGHS, ESIS, and Railway Polyclinics etc.

HP.1 Hospitals

Hospitals are licensed establishments that are primarily engaged in providing inpatient and outpatient health services that include physician, nursing, diagnostic and other allied health services. Though outpatient and day care services are provided, majority of procedures require admission and are delivered only by using specialized facilities, professional knowledge, advanced medical technology and equipment, which form a significant and integral part of the provision process. A brief description of all the lowest level classification categories under these is given below:

HP.1.1.1 General Hospitals – Government

This category includes establishments like Government General Hospitals, Government Medical College Hospitals, District Hospitals, Sub District/Sub-divisional Hospitals and Community Health Centres (CHC).

HP.1.1.2 General Hospitals – Private

This includes all establishments like Private General Hospitals, Private Nursing Homes, etc.

HP.1.2.1 Mental Health Hospitals – Government

This category comprises of Government Mental Hospitals that are primarily engaged in providing medical treatment and diagnostic services to inpatients/outpatients suffering from severe mental illness or substance abuse disorders.

HP.1.3 Specialized Hospital (other than Mental Hospitals)

A specialized hospital is primarily engaged in providing services for a specific type of disease or medical condition or for specific group of people. These include specialty hospitals for cancer, TB and lung diseases, cardiology, neurology, etc. AYUSH hospitals, and other hospitals exclusively providing maternal and child health are also included in this category. This is further divided into HP.1.3.1 Specialized Hospital - Government and HP.1.3.2 Specialized Hospitals - Private.

HP.3 Providers of Ambulatory Healthcare

Providers of ambulatory care (outpatient care) are categorized into HP.3.1 Medical Practices, HP.3.3 Other Healthcare Practitioners and HP.3.4 Ambulatory Healthcare Centres. Brief descriptions of all the lowest level classification categories under these are given below:

HP.3.1 Medical Practices

This includes private healthcare facilities. It is further divided into HP.3.1.1 Office of General Medical Practitioners (Private Clinics) and HP.3.1.3 Offices of Medical Specialists (Private Specialty Clinics).

HP.3.3 Other Healthcare Practitioners

This includes Sub-centres/ANM, ASHA, Village Health Sanitation & Nutrition Committees (VHSNC).

HP.3.4 Ambulatory Healthcare Centres

These centres are classified into HP.3.4.1 Family Planning Centres and HP.3.4.9 All Other Ambulatory Centres [Government run - Primary Health Centres, Dispensaries (CGHS, AYUSH and General) and Polyclinics (ECHS and Railways)].

HP.4 Providers of ancillary services

Providers of ancillary services are classified into HP.4.1 Providers of Patient Transportation and Emergency Rescue (which includes expenditure on patient's transportation) and HP.4.2 Medical and Diagnostic Laboratories (a brief description is given below)

HP.4.2 Medical and Diagnostic Laboratories

Establishments primarily engaged in providing analytic or diagnostic services, including body fluid analysis or genetic testing, directly to outpatients with or without referral from health care practitioners. These include diagnostic imaging centers; pathology laboratories; medical forensic laboratories etc. It is important to note that expenditures incurred at any provider of diagnostic services situated/integrated within a hospital as part of care/treatment during hospitalization for that particular health system contact are considered part of that hospital (HP.1).

HP.5 Retailers and other providers of medical goods

This category includes HP.5.1 Pharmacies and HP.5.2 Retail sellers and Other suppliers of durable medical goods and medical appliances.

HP.5.1 Pharmacies

This subcategory comprises establishments that are primarily engaged in the retail sale of pharmaceuticals (including both manufactured products and those sold by online pharmacists) to the population for prescribed and non-prescribed medicines. Pharmacies operate under strict jurisdiction/licenses of national pharmaceutical supervision. Usually, either the owner of a pharmacy or its employees are registered pharmacist, chemist or pharmacy doctor. These include dispensing chemists; community pharmacies; independent pharmacies in supermarkets; and pharmacies in hospitals that mainly serve outpatients.

It is important to note that expenditures in pharmacies integrated in hospitals that mainly serve inpatients are part of establishments classified under HP.1 General Hospitals. Also expenditures in specialized dispensaries where the continuous monitoring of compliance and treatment plays an important role are classified under HP.3.4 Ambulatory health care centers. Dispensed medicines in doctors' offices that require supervision are classified under HP.3.1 Medical practices.

HP.5.2 Retail sellers and other suppliers of durable medical goods and medical appliances

This item comprises establishments that are primarily engaged in the retail sale of durable medical goods and medical appliances such as family planning devices and therapeutic appliances.

HP.6 Providers of Preventive Care

This category includes healthcare providers primarily providing care under collective preventive programs/ public health programs either at a healthcare facility or under campaigns for specific groups of individuals or the population at large.

HP.7 Providers of Health Care Administration and Financing

This category includes HP.7.1 Government Health Administration Agencies, HP.7.2 Social Health Insurance Agencies, HP.7.3 Private Health Insurance Administration Agencies and HP.7.9 Other Administration Agencies. Brief descriptions of all the lowest level classification categories under these are given below.

HP.7.1 Government Health Administration Agencies

Government administration agencies are primarily engaged in formulation and administration of Government health policy, health financing, setting and enforcement of standards for medical and paramedical personnel and for hospitals, clinics etc., and regulation and licensing of providers of health services.

HP.7.2 Social Health Insurance Agencies

Agencies handling administration of social health insurance schemes e.g. are Directorate of Central Government Health Scheme, Employees' State Insurance Corporation, etc.

HP.7.3 Private Health Insurance Administration Agencies

Insurance corporations that manage health insurance plans and related finances

HP.7.9 Other Administration Agencies

This category comprises of the agencies that manage Government financed health insurance schemes (Government trust and societies), agencies managing NPISH/Enterprise schemes and others that are not covered by the other health provider categories given above.

HP. 10 Other Healthcare Providers not elsewhere classified (n.e.c)

This category includes providers that could not be classified in the above mentioned categories due to non-availability of information to identify healthcare provider for particular expenditure line item.

1.2.4 Expenditure Estimates by Healthcare Functions

Healthcare functions refer to health care goods and services consumed by final users with a specific health purpose. **Table 6** presents the distribution of current health expenditures by health care functions, followed by the description of all healthcare functions relevant in Indian context. Detailed description of these schemes are provided in the National Health Accounts Guidelines for India, 2016

Figure 5: Current Health Expenditures (2015-16) by Healthcare Functions (%)

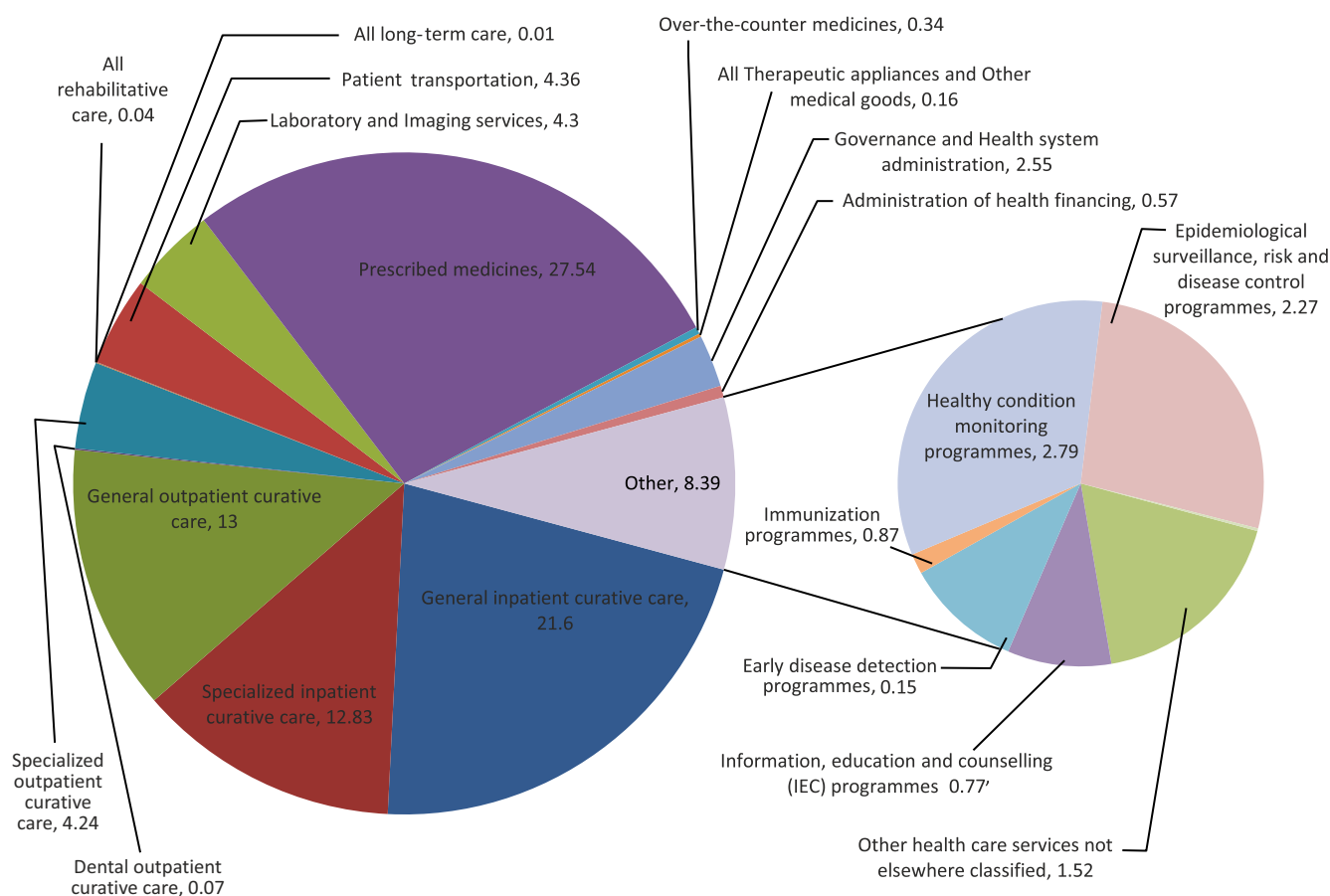


Table 6: Current Health Expenditures(2015-16) by Healthcare Functions

NHA Codes	Healthcare Functions	Rs. Crores	0%
HC.1.1.1	General inpatient curative care	106941	21.60
HC.1.1.2	Specialized inpatient curative care	63465	12.83
HC.1.3.1	General outpatient curative care	64391	13.00
HC.1.3.2	Dental outpatient curative care	369	0.07
HC.1.3.3	Specialized outpatient curative care	20990	4.24
HC.2	All rehabilitative care	216	0.04
HC.3	All long-term care	20	0.01
HC.4.3	Patient transportation	21604	4.36
HC.4.4	Laboratory and Imaging services	21315	4.30
HC.5.1.1	Prescribed medicines	136364	27.54
HC.5.1.2	Over-the-counter medicines	1697	0.34
HC.5.2.4	All Therapeutic appliances and Other medical goods	792	0.16
HC.6.1	Information, education and counselling (IEC) programmes	3824	0.77
HC.6.2	Immunization programmes	4317	0.87
HC.6.3	Early disease detection programmes	727	0.15
HC.6.4	Healthy condition monitoring programmes	13832	2.79
HC.6.5	Epidemiological surveillance, risk and disease control programmes	11239	2.27
HC.6.6	Preparing for disaster and emergency response programmes	94	0.02
HC.7.1	Governance and Health system administration	12646	2.55
HC.7.2	Administration of health financing	2837	0.57
HC.9	Other health care services not elsewhere classified	7508	1.52
	Total	495190	100
HC.RI.1	Total Pharmaceuticals Expenditure (TPE)	175534	35.4
HC.RI.2	Traditional, Complementary and Alternative Medicines (TCAM)****	58868	11.9

HC.1 Curative Care

Curative care comprises healthcare contacts during which the principal intent is to relieve symptoms of illness or injury, to reduce the severity of an illness or injury, or to protect against exacerbation and/or complication of an illness and/or injury that could threaten life or normal body function. Based on the mode of provision, curative care is divided into inpatient and outpatient curative care. In all cases the main purpose of curative care remains the same, but the technology and place of provision change: in the case of an overnight stay in a health care facility the mode of provision is inpatient. When a patient is admitted for planned care or treatment involving specific organizational arrangements but does not involve an overnight stay then this is day care, otherwise it is an outpatient contact. The sub categories under this are HC.1.1.1 General Inpatient curative care, HC.1.1.2 Specialized Inpatient curative care, HC.1.3.1 General Outpatient curative care, HC.1.3.2 Dental Outpatient curative care and HC.1.3.3 Specialized Outpatient curative care.

****Note – The corresponding figure for Estimate on TCAM in NHA 2014-15 has a typographical error. The correct figure is 52,349 crores.

HC.2 All rehabilitative care

Expenditure incurred on providing/ availing rehabilitative care is aimed at reaching, restoring and/or maintaining optimal physical, sensory, intellectual, psychological and social functional levels, for e.g. Physiotherapy, Occupational Therapy, Speech Therapy, etc.

HC.3 All long-term care

Expenditure incurred on palliative care (mainly found from the budget documents of a few states) is classified here.

HC.4 Ancillary Services (non-specified by function)

Ancillary services are frequently an integral part of a package of services whose purpose is related to diagnosis and monitoring. Ancillary services do not, therefore, have a purpose in themselves. Therefore, only a part of the total consumption of ancillary services is made explicit by reporting the consumption of such services in the “non-specified by function” category, such as when the patient consumes the service directly, in particular during an independent contact with the health system. Ancillary services related to patient transportation and emergency rescue is HC.4.3 (i.e. ambulance service) provided by both Government and private sector. HC.4.4 Laboratory and imaging services is reported collectively and refers to those that are not a part of the treatment package and services that are availed from stand-alone diagnostic centres and laboratories.

HC.5.1 Pharmaceuticals and other non-durable goods

This is categorized under HC.5 Medical Goods (non-specified by function) and includes all consumption of medical goods where the function and mode of provision is not specified, i.e. medical goods acquired by the beneficiary either as a result of prescription following a health system contact or as a result of self-prescription. This excludes medical goods consumed or delivered during a health care contact that are prescribed by a health professional. This class is further divided into the following sub-classes: HC.5.1.1 prescribed medicines comprises all pharmaceuticals, including branded and generic pharmaceutical products, which are provided in response to a prescription issued by a licensed medical practitioner or pharmacist. HC.5.1.2 Over-the-counter drugs (OTC): comprises all pharmaceuticals, including branded and generic pharmaceutical products which may or may not be available without prescription but have been purchased independently. Inclusions on this category should be linked to the health purpose.

Important: Adhering to the descriptions of HC.4.4 and HC.5.1 given above for purposes of National Health Accounts for India, only diagnostic services and medicines as part of an outpatient contact or over the counter are categorized under HC.4.4 and HC.5.1 respectively. Medicines and diagnostic services provided as part of inpatient care are classified as part of Inpatient Curative Care HC.1.1 and respective provider classification under HP.1. Because in the Indian context, majority of health expenditures are out of pocket expenditures (OOPE) and this data on OOPE is sourced from the Health and Morbidity Survey conducted by National Sample Survey Office (NSSO). The NSSO survey reports expenditures on healthcare in a disaggregate manner on consultation/ service fees, drugs, diagnostics, patient transportation and others according to the facility where treatment was undertaken for both hospitalization and non-hospitalization contact separately. However it is not clear from the survey if the expenditures reported for diagnostic services and medicines especially during a hospitalization episode were delivered/consumed as part of the treatment package or purchased/acquired from pharmacy or diagnostic center within the same facility/establishment or outside the establishment from retail pharmacies or standalone diagnostic centers. Thus the expenditures related to these are assumed to be delivered/ consumed with directions of the health professional and provided by the health facility as part of the treatment package allowing them to be classified part of inpatient care provided and the respective provider.

Expenditures on all pharmaceuticals within the health system (both private and Government sector) in a given year is reported under Total Pharmaceutical Expenditures (TPE) (HC.RI.1), a reporting item that includes all pharmaceutical expenditures reported under HC.5.1.1 Prescribed medicines, HC.5.1.2 Over-the-counter drugs (OTC), pharmaceuticals consumed as part of the interaction within the contact for all Curative Care (HC.1).

HC.5.2.4 All Therapeutic appliances and other medical goods

Under the broad category HC.5.2 Therapeutic appliances and other medical goods under HC.5 Medical Goods (non-specified by function), this comprises a wide range of medical durable goods, such as: Orthotic devices, corrective eye-glasses and contact lenses, hearing aids, orthopaedic appliances, family planning devices and all other medical durables including medical technical devices.

HC.6 Preventive Care

Preventive care is based on a health promotion strategy that involves a process to enable people to improve their health through the control over some of its immediate determinants. This includes all the Government funded national health programmes such as National Disease Control Programmes, etc. The sub categories under this are: HC.6.1 Information, Education and Counselling (IEC) programmes, HC.6.2 Immunization programmes, HC.6.3 Early disease detection programmes, HC.6.4: Healthy condition monitoring programmes, HC.6.5 Epidemiological surveillance, risk and disease control programmes, HC.6.6 Preparing for disaster and emergency response programmes. Expenditures not classified under any of the above are categorized under HC.6.nec Unspecified preventive care (n.e.c) (majority of it is non-specified on job training to health-workers).

HC.7 Governance and Health System and Financing Administration

Expenditure to direct and support health system functioning and to maintain and increase its effectiveness and efficiency are categorized here. It excludes the administration and management at the provider's level like any overhead expenses to be included in the expenditures by service consumed. This is further categorized into HC.7.1 Governance and Health system administration and HC.7.2 Administration of health financing (includes specific expenditure on administration of insurance companies and establishments managing health insurance schemes).

HC.9 Other health care services not elsewhere classified (n.e.c.)

The expenditure that could not be classified to any other services or functions as per the System of Health Accounts (SHA) 2011 guidelines and "National Health Accounts Guidelines for India" are included here.

HC.RI.1 Total Pharmaceuticals Expenditure (TPE): includes spending on prescription medicines during a health system contact and self-medication (often referred to as over-the-counter products) and the expenditure on pharmaceuticals as part of inpatient and outpatient care from prescribing physicians.

HC.RI.2 Traditional, Complementary and Alternative Medicines (TCAM)

This category is a reporting item and provides expenditure related to TCAM due to its emerging policy relevance and a long standing tradition of using AYUSH in Indian health system. It includes all the expenditure on non-allopathic care (AYUSH - Ayurveda, Yoga, Naturopathy, Unani, Siddha, and Homeopathy) from both private and public sector. Expenditures are sourced from health and morbidity survey, detail demand for grants of Ministry of AYUSH/other Union and State departments.

1.3 Expenditure Estimates by Primary, Secondary and Tertiary Care

It is important to present the NHA estimates according to Primary, Secondary and Tertiary care for policy relevance in India. An attempt is made to arrive at these expenditure categories using the Healthcare Functions vs. Healthcare Provider matrix (HC X HP). The categorization of health care expenditures into Primary, Secondary and Tertiary care from NHA India 2015-16 is presented for Government, private and combined allocations in **Table 7**. Expenditures regarded as Governance and Supervision and those not elsewhere classified are also mentioned. Note that these expenditures are comparable only to NHA Estimates 2013-14 and 2014-15 not NHA Estimates 2004-05. The reason for the same and particular differences could be explored in NHA Estimates for India 2013-14 report (Page. No 27)

Table 7: Current Health Expenditures (2015-16) by Primary, Secondary and Tertiary Care (%)

Category	Description of Expenditures Included	Govt.	Pvt.	Combined
Primary	<ul style="list-style-type: none"> Expenditures under preventive care under all healthcare providers. All expenditures at Sub Centers, Family planning centers, PHC, dispensaries (CGHS, ESIS, etc., private clinics) except for those incurred for specialized outpatient care and dental care. Expenditures for general outpatient curative care at all healthcare providers including related diagnostic and pharmaceutical expenditures apportioned from wherever relevant. Expenditures under all pharmaceuticals and other medical non-durable goods, therapeutic appliances and other medical goods purchased directly by the households Expenditures for inpatient curative care at all ambulatory centers including expenditures related to childbirth at Sub Centers. Expenditures under rehabilitative care at offices of general medical practitioners. Expenditures under all long term care and Expenditures under patient transportation 	51.5	43	45.1
Secondary	<ul style="list-style-type: none"> Expenditures under general inpatient curative care at hospitals including related diagnostic and pharmaceutical expenditures apportioned from wherever relevant. Expenditures under dental outpatient curative care at all healthcare providers including related diagnostic and pharmaceutical expenditures. Expenditures under specialized outpatient curative care at all providers of ambulatory healthcare Expenditures under all laboratory and imaging services and pharmaceutical expenditures under specialized outpatient curative care as apportioned from wherever relevant. 	22	40	35.2
Tertiary	<ul style="list-style-type: none"> Expenditures under specialized inpatient curative care at all providers including related diagnostic and pharmaceutical expenditures. Expenditures under specialized outpatient curative care at hospitals Expenditures under rehabilitative care at specialized hospitals other than mental health hospitals 	13	16.2	15.2
Governance and supervision	<ul style="list-style-type: none"> All expenditures where both providers and functions are healthcare systems governance and administration of finances 	10.7	0.2	3.1
Not Classified elsewhere	<ul style="list-style-type: none"> Expenditures that could not be classified under any of the above categories 	2.8	0.6	1.5

1.4 Health Insurance Expenditures

Health Insurance constitutes health-financing schemes financed by contributions/premiums collected from individuals or Governments and pooled to actively purchase services from healthcare providers either by Government (health department or Government governed Corporation/ Trust/ Society) and/or insurance company. For the purpose of National Health Accounts for India, expenditures of the following five types of health financing schemes are considered health insurance expenditures^{***}. Definitions of these schemes are given on page no. 14 and 15 of this report. The expenditures under these for year 2015-16 are presented in **Table 8**:

1. Social health Insurance (Central Government Health Scheme, Employees' State Insurance Scheme and Ex Servicemen Contributory Health Scheme)
2. Government Financed Health Insurance Schemes (of both Union and State Governments)
3. Employer based insurance - other than enterprises schemes (Private Group Health Insurance)
4. Other primary coverage schemes (Private Individual Health Insurance)
5. Community based health insurance

It is important to note that, insurance expenditures do not include (1) medical reimbursements to Union Government employees reported under Central Services Medical Attendance (CSMA), expenditures on healthcare services provided by Defence and Railways (2) State Government reimbursement of medical bills to its employees (3) Union and State Governments' medical relief or medical emergency funds released on specific individual requests to below poverty line and vulnerable population for secondary and tertiary care. As per SHA 2011 and NHA Guidelines for India 2016, expenditures under (1) & (2) are included under Union and State Government employee schemes and expenditures under (3) are included under Union and State Government non-employee schemes.

Health insurance estimates reflect only current health expenditure. Capital expenditure have been mentioned separately only for Social Health Insurance Schemes in **Table 8**. Cash benefits for sickness, maternity, disablement, and death due to injury at work to workers and dependents to cover for wage loss or other means are not included within the boundary of NHA for India. Interest paid on revenues, dividends, reserves of the insurer (after claims are paid including administrative over heads) are also outside the health insurance expenditures boundary and are not accounted here. For more details on boundaries for health insurance expenditures, NHA Guidelines for India, 2016 may be referred.

^{***}Expenditures of all the insurance schemes might not be presented here due to discontinuation of the scheme, nascent stage of the scheme or delays in implementation or expenditures might not fall under the financial year for which NHA estimates are being produced. At times expenditures for a particular scheme are unavailable or it might not be possible to disaggregate them from a particular data source.

Table 8: Health Insurance Expenditure (2015-16) under different schemes

NHA Codes	Health Insurance Scheme	Rs. Crores
1	Social Health Insurance Schemes	15889
1.1	Central Government Health Scheme (CGHS) (Incl. Capital Expenditure of Rs.28 Cr	2913
1.2	Employee State Insurance Scheme (ESIS) (Incl. Capital Expenditure of Rs.114.56 Cr)	10413
1.3	Ex-Serviceman Contributory Health Scheme Incl. Capital Expenditure of Rs.5 Cr)	2563
2	Government Financed Health Insurance	5064
2.1	Rashtriya Swasthya Bima Yojana (RSBY) (All States Not Specified Else Where)	1171
2.2	Comprehensive Health Insurance, Arunachal Pradesh	17
2.3	Yeshasvini Health Insurance, Karnataka	285
2.4	Aarogyasri Health Insurance, Telangana	437
2.5	Handloom Weaver Health Insurance	20
2.6	Insurance for Information and Broadcasting Workers, West Bengal	2
2.7	NTR Vaidyaseva, Andhra Pradesh	620
2.8	Chief Minister's Health Insurance Scheme, Chhattisgarh	38
2.9	Goa Mediclaim and SwarnjayantiAarogyaBimaYojna, Goa	10
2.10	Mukhyamantri AmrutamYojna, Gujarat	118
2.11	MukhyaMantri Health Insurance, Himachal Pradesh	2
2.12	Suvarna Arogya Suraksha Trust, Karnataka***	178
2.13	MahatamaJyotibaPhule Jan Arogya Yojana, Maharashtra	868
2.14	Megha Health Insurance, Meghalaya (Incl.RSBY)	25
2.15	Public Health Insurance, Mizoram	9
2.16	BhagatPuran Singh Health Insurance Punjab	18
2.17	Chief Minister's Health Insurance Tamil Nadu	953
2.18	Chief Minister Swasthya Bima Yojna Uttarakhand	24.5
2.19	Pradhan Mantri Swasthya Suraksha Yojna Puducherry (Incl. Assistance for Poor through Medical Relief Society)	8.5
2.20	BijuKrushak Yojana, Odisha	100
2.21	Comprehensive Health Insurance Scheme, Kerala	154
2.22	Other Government Financed Health Insurance****	5
3	Private Health Insurance	22013
3.1	Employer-based insurance (Other than enterprises schemes)	11621
3.2	Other primary coverage schemes	10353
3.3	Community-based insurance	39

All values in the above table are rounded off

*** Suvarna Arogya Suraksha Trust is an institution that manages several schemes that provide cashless healthcare services to entitled households and reimburse directly to healthcare providers wherein all expenditures are largely financed by the State Government of Karnataka.

**** There are some small insurance schemes reported by Union Ministries, Urban Local bodies or State Governments which are specific to certain occupation group or poor/ vulnerable populations. Such schemes have no specific name, and have small expenditures. Also these may be one with no promise to continue in the future. Thus are not presented independently and summed up under this head.

2. National Health Accounts Methodology

2.1 System of Health Accounts 2011 Framework (SHA 2011)

National Health Accounts estimates for India are based on SHA 2011 framework and NHA Guidelines for India, 2016 including refinements that adhere to basic principles from SHA 2011 manual. States may also adhere to this while preparing State Health Accounts to ensure consistency and reliable estimates of health accounts at the national and sub-national level.

SHA 2011 defines health accounts as a systematic description of the financial flows related to consumption of healthcare goods and services and a standard for classifying health expenditures according to the three axes - consumption, provision and financing. All health expenditures are included regardless of how or by whom the service or goods is funded or purchased, or how and by whom it has been provided. It provides standard classification and codes for health financing schemes (HF), revenues of health financing schemes (FS), healthcare providers (HP) and healthcare functions (HC). These codes are used to measure the financial flows and also to report health expenditure estimates for cross country comparisons.

A major change in the classification of health expenditures from SHA 1.0 to SHA 2011 is that the SHA 1.0 used the Total Health Expenditures (THE) to estimate health accounts while the SHA 2011 disaggregates expenditures into Current Health Expenditures (CHE) and Capital Formation for health (HK). Total Health Expenditures include both recurrent and capital expenditures for health. SHA 2011 defines Current Health Expenditures as the final consumption expenditure of resident units on healthcare goods and services. Gross capital formation in the healthcare system is measured by the total value of assets that providers of health services have acquired during the accounting period (less the value of disposals of assets of same type) and that are used repeatedly or for more than one year in the provision of health services.

2.2 Health Accounts Production Tool

NHA estimates for India are derived from output tables in the form of two way matrices generated from the Health Accounts Production Tool (HAPT). It is a standardized tool that helps to arrive at NHA estimates with well-defined procedure and methodology for streamlining data and simplifying the estimation process. It enhances the data quality by checking for double counting and errors in classification codes; provides consistent estimates as it gives provisions for customising the NHA codes and store past estimations; easy to manage large data sets thereby reducing the burden of editing, sharing, and keeping track of multiple files of expenditure data; reduces the time to generate output tables and; gives multiple options to import and export health expenditure data sets. Using HAPT helps not only arrive at but present the flow of funds in the health system in pictorials. The following steps are involved in producing estimates: (i) Setting up the HAPT to use India specific time and space boundary and classification codes (ii) Define the NHA classification codes and classify health expenditures in the data sources (iii) Process raw data into HAPT ready formats (iv) Import data into the HAPT (v) Mapping the data with classification codes in HAPT and (vi) Generating Health Accounts Matrices.

2.3 Defining Healthcare Expenditures Boundaries for India

System of Health Accounts 2011 framework (SHA 2011) sets the boundary for health expenditures. There are time, spatial and functional boundaries.

Health expenditures incurred for consumption of health care goods and services during a given fiscal year (for India) are included. NHA 2015-16 estimates for India takes into account the 'actual expenditures' made during the Financial Year 1st April 2015 to March 31st 2016. Health expenditures made by residents of the country and those incurred by Indian residents who live abroad temporarily or who travels abroad to seek treatment are included. Health care goods and services consumed by foreign nationals in India are considered out of the boundary of health accounts.

Under the functional dimension, expenditures on all activities are included whose primary purpose is to restore, improve, maintain and prevent the deterioration of health status of the population and mitigating the consequences of ill-health through the application of qualified health knowledge - medical, paramedical and nursing knowledge, including technology and traditional, complementary and alternative medicine (TCAM). While the basis for inclusion of health expenditures is based on the above mentioned activities, there is a distinction between current and capital expenditures. Current health expenditures include activities for current consumption of services to promote, develop and maintain health status and are included in the boundary of NHA. Capital expenditures include capital formation that is created for future health care provision such as construction of buildings, purchase of equipment, research and development, medical education and training of health personnel are accounted separately in SHA 2011 and do not come into the boundary of current health expenditures. Therefore, for the purpose of estimation of NHA, current health expenditures on following activities fall under the purview of NHA include expenditures for:

- Health promotion and prevention
- Diagnosis, treatment, cure and rehabilitation of illness
- Care for persons affected by chronic illness
- Care for persons with health-related impairment and disability
- Palliative care
- Provision of community health programs
- Governance and administration of the health system
- Medicines/ Ancillary services that are purchased/availed independently without prescription from health professional like self-prescriptions/self-diagnosis which involves over the counter medicines are also included as health expenditures.

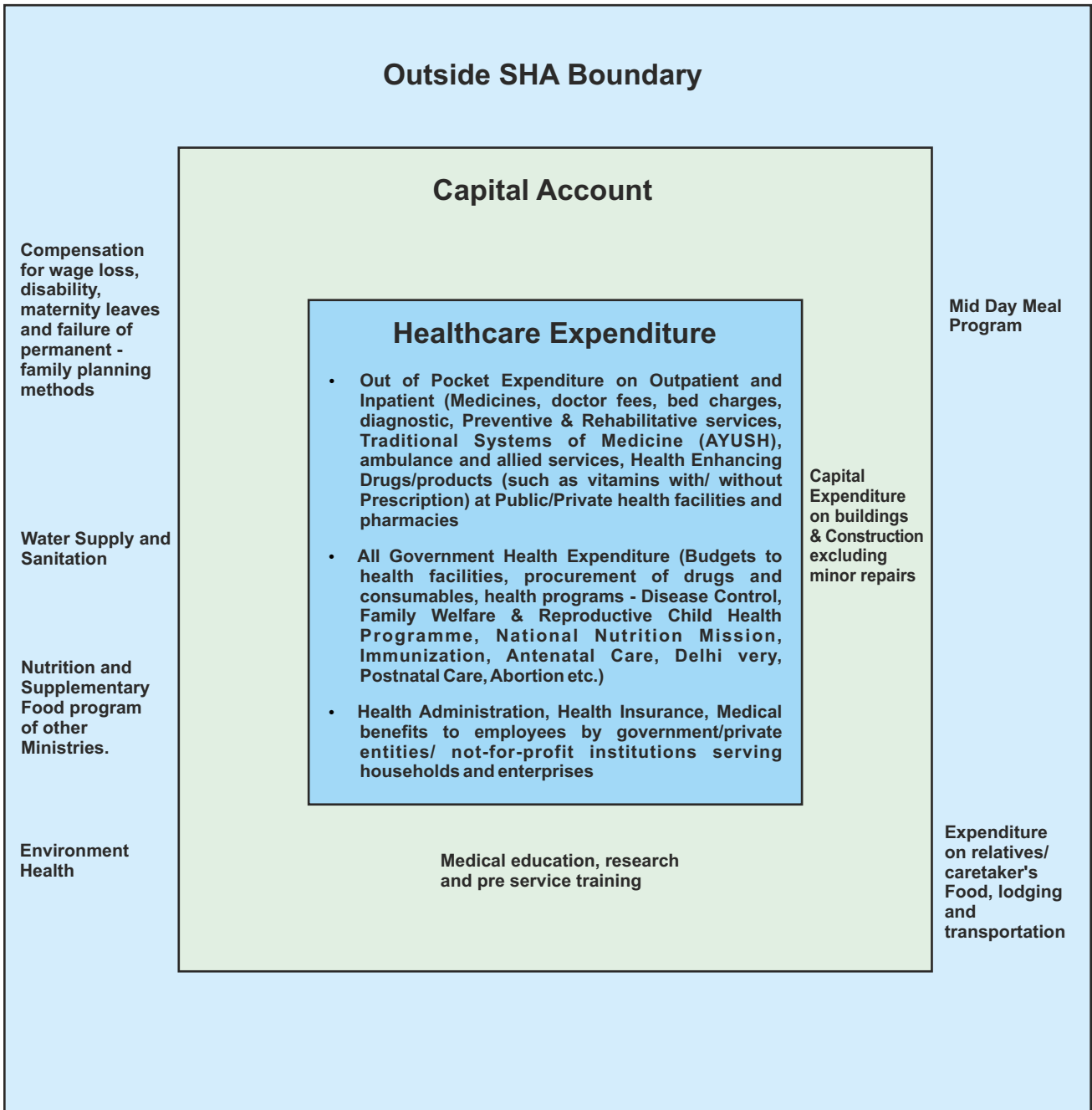
There are also certain health related activities which are provided by various Government departments other than the Department of Health and Family Welfare. These activities include provision of long-term social care, enhancing integration of disabled persons, enforcement of standards of food hygiene, provision of drinking water, environmental protection, sanitation and other multi-sector promotion of health lifestyles. Though these activities have a health enhancing component in them, the primary purpose of implementing these programs is either for provision of social services or to improve the overall status of the population and hence these expenditures are excluded from the boundary of NHA. However, care should be taken while excluding these expenditures. For instance, if a Department allocates money to provide targeted supplementary nutrition to prevent anaemia, then it should be within the boundary, whereas a supplementary nutrition program whose aim is to provide nutrition education and counselling should be excluded from the boundary of NHA.

The NHA estimates for India do not include the following activities:

- Compensation/ benefits for wage loss, for failure of sterilization, maternity benefits (salaries of staff on maternity leave), loss of household income due to sickness, disablement and death due to employment injury to workers and dependents.

- Expenditures related to purification, testing and supply of potable water, sanitation services, cremation and animal care, disposal of wastes, nutrition programs like mid-day meal, any other programs that compliment but directly do not impact health.
- Other miscellaneous expenditures incurred by the relatives or friends who accompany the patient like transport cost, food expenditures, lodging charges and loss of wage/labour.
- Interest paid on revenues, dividends, reserves of the insurer (after claims are paid including administrative overheads) are not accounted.

Figure 6: Description of Healthcare Expenditure Boundaries for India



2.4 Data Sources

To capture healthcare expenditures in both public and private sectors, following data sources have been used. Data is obtained from more than one source, triangulated to validate and adequate measures are taken to avoid double counting.

- Detailed Demand for Grants - Ministry of Health and Family Welfare and all Union Ministries/Departments including Ministry of Railways and Ministry of Defence, 2016-17 for actual expenditures of FY 2015-16.
- State-wise expenditures under National Health Mission (NHM) - Financial Monitoring Reports (FMR) for 2015-16 – Financial Management Group (FMG), National Health Mission, MoHFW,.
- Detailed Demand for Grants -State Department of Health and Family Welfare and all Other State Departments, 2017-18, for actual expenditures of FY 2015-16.
- Office of Controller General of Accounts (CGA) - medical reimbursements to Union Government employees and contributions towards social health insurance for 2015-16.
- Expenditure Statements/ Annual Reports of Municipal Corporations and Office of Municipal Administration at State level for FY 2017-18 or the respective years that present actual expenditures for FY2015-16.
- Study of Expenditures of Rural Local Bodies using 14th Finance Commission data, National Institute of Public Finance and Policy
- Annual Reports of Central Government Health Scheme (CGHS) for FY 2015-16
- Annual Reports of Employees' State Insurance Corporation (ESIC) for FY 2015-16
- Official Communication(s) from Government Financed Health Insurance Schemes and Scheme Websites for details of reimbursements made for FY 2015-16.
- National Sample Survey Office 71st Round Survey Data - Social Consumption: Health, 2014 (January - June), Ministry of Statistics and Program Implementation**** .
- National Sample Survey Office 68th Round: Consumer Expenditure Survey, 2011-12 , Ministry of Statistics and Program Implementation.
- Annual report of Insurance Regulatory Development Authority of India (IRDAI) for 2015-16
- Anonymised health insurance claims from Insurance Information Bureau (IIB), IRDAI for 2015-16
- Study on Health Expenditures by Indian Enterprises and Non-Government Organizations, for 2013-14, Public Health Foundation of India
- Health expenditures by Development partners (external funding) - OECD Creditor Reporting System (CRS) Development Assistance Committee database (DAC) for FY 2015-16.
- Advance Estimates of National Income and Expenditures by CSO for FY 2015-16
- Handbook of Statistics on Indian Economy 2017, RBI
- Population Census of India, 2011, published by Office of the Registrar General & Census Commissioner, India. The population for 2014 is projected using census population estimates-2011 by National Health Systems Resource Centre (NHSRC).
- Health Management Information System (HMIS), National Health Mission, MoHFW - utilisation data for 2015-16.

****NSSO Data were extrapolated to arrive at OOP Expenditure for the year 2015-16. This extrapolation is based on State-wise population and inflation rate.

2.5 Refinements over earlier National Health Accounts Estimates

There is a constant effort to use better information/data sources and improved estimation methods year-on-year to produce robust health expenditure estimates. NHA guidelines/ methodology and estimates are updated also to incorporate experts and stakeholder feedback and reflect changes in the Indian health system. Refinements incorporated in NHA estimates 2015-16 over previous NHA estimates are presented in section (2.5.1 & 2.5.2).

2.5.1 Refinements over NHA Estimates 2004-05 and 2013-14

NHA 2004-05 was based on System of Health Accounts 2001 (SHA 1.0) framework and the World Health Organization Guide to Producing National Health Accounts. NHA 2015-16, NHA 2014-15 and NHA 2013-14 estimates are based on System of Health Accounts (SHA 2011) framework. The basic difference in NHA estimates 2004-05 and the latest NHA estimates 2013-14/2014-15/2015-16 is the disaggregated presentation of current health expenditure (CHE) and capital formation (HK); treating medical education, research and development, training as capital formation and introduction of a new expenditure classification by Healthcare Financing Schemes (HF).

Refinements made in the process of transition from SHA 1.0 to SHA 2011 are incorporated in the NHA estimates 2013-14, 2014-15 and 2015-16, including improved interpretations of methodology/ descriptions given in SHA 2011 Manual (Revised Edition) Published in 2017 within the preview of Indian Health System context and NHA Guidelines for India 2016. A detailed description of all refinements in NHA 2013-14 over NHA 2004-05 and NHA 2014-15 over NHA 2013-14 can be referred to in the Reports - NHA Estimates for India (2013-14) and NHA for India (2014-15).

Refinements made in NHA estimates methodology for FY 2013-14 and FY 2014-15 are strictly adhered to derive estimates for NHA 2015-16. Refinements given in 2.5.2 are specific to reflect improvements in NHA 2015-16 over NHA 2014-15.

2.5.2 Refinements in NHA Estimates 2015-16 over NHA Estimates 2014-15

Refinements NHA estimates 2015-16 over NHA estimates 2014-15 are based on improved classification of expenditure items due to availability of better information/data including improved interpretations of methodology/ descriptions given in SHA 2011 Manual (Revised Edition) Published in 2017 in discussion with NHA experts. These and are presented below:

1. A new classification code under Healthcare Financing Schemes HF.1.2.1.4 Government Financed Health Insurance schemes has been introduced instead of HF 2.1.1.2 Government Based Voluntary Insurance. This reflects only change in code and title of the code. The expenditures previously included under HF 2.1.1.2 are now included under HF1.2.1.4. These include expenditure under all health insurance schemes implemented by union and State Governments in 2015-16. These are Rashtriya Swasthya Bima Yojana and other State specific Government health insurance schemes that are enumerated under the section on health insurance expenditures of this report. These expenditures in NHA 2013-14 and 2014-15 were classified under the code HF.2.1.1.2 Government Based Voluntary Insurance. However these expenditures were always considered part of the Total Government Expenditures for all analysis and reporting purposes. For NHA 2015-16 the expenditures of these schemes were classified as HF 1.2.1.4 considering other country experiences of classifying such similar schemes as Government Schemes under appropriate codes of HF.1, similar conclusion were reached after discussions with experts to maintain global comparability. To reinterpret the classification, SHA 2011 definitions under Table 7.2 Main Criteria of health care financing schemes and Chart 7.2 Criteria tree for healthcare financing schemes was considered (page 163 and 164). These fit the code HF 1.2.1 as the payments for some of these schemes (like RSBY) are contributory and entitlements are based on enrolment requiring actions to be taken by the eligible persons. Contributions are non-risk related and a share of the total contributions can be made by the Government from budgetary allocations. Thus a separate sub

code HF 1.2.1.4 was created so that these are presented separately for policy purposes but are part of HF 1.2.1 code definitions.

2. Due to the above change, a new code FS.3.4 was also introduced. The contributions by eligible households paid for enrolment are considered as other social contributions FS.3.4 instead of FS.5.1 Voluntary Prepayment from individuals/ households as in NHA2013-14 and NHA2014-15.

2.6 Limitations

- List of health care providers and related capital expenditures especially in the private sector, is not exhaustive due to non-availability of disaggregated data. Further, expenditures on health care by Universities/ Academic Institutions/ autonomous bodies on welfare of students and on their own employees; health expenditures through Members of Parliament Local Area Development Scheme (MPLADS); expenditures related to import/export of health services and goods are inadequately captured. NHA team is working towards capturing this information in future by conducting primary Surveys or obtaining information from relevant Government departments/ private institutions or agencies.
- Expenditure information on dental care, long term care and rehabilitative care in the Government/Private sector has improved since 2013-14 but is still limited due to inability of existing data sources to capture this information in a disaggregate manner; therefore the estimates could be an underestimate.
- Due to the dynamic nature of Indian health system, especially the evolving medical assistance and Government health insurance schemes, some of these do not exactly adhere to existing SHA 2011 classifications and codes for health financing schemes. The exact descriptions for Indian context for the same have been defined in this report and NHA guidelines for India 2016. However they have been updated wherever possible according to the SHA 2011 Manual Revised Edition, 2017.
- NHA estimates 2015-16 for Rural Local Bodies, Non-Government Institutions Serving Households (NPISH), Enterprises/Firms are extrapolated from NHA estimates 2013-14 and 2014-15. These were obtained through independent surveys for each of the categories in 2013-14.

Annexure

National Health Accounts 2015-16 Matrices

Expenditure incurred by different entities in the health system is captured through two dimensional tables that tracks the financial flows from financing sources to financing schemes, financing schemes to health care providers and to health care functions and also from health care providers to health care functions. The NHA estimates presented in this report are derived from the following matrices The flow of health expenditures for India in 2015-16 is quantified through two way tables in the form of matrices that present the expenditure distribution from sources to schemes (FS X HF), schemes to providers (HF X HP), schemes to functions (HF X HC) and providers to functions (HP X HC).

- Table A.1: Current health expenditure (2015-16) by source of funding and revenues of healthcare finance (HFxFS matrix)
- Table A.2: Current health expenditure (2015-16) by provider and source of funding (HPxHF matrix)
- Table A.3: Current health expenditure (2015-16) by healthcare function and source of funding (HCxHF matrix)
- Table A.4: Current health expenditure (2015-16) by healthcare function and healthcare provider (HCxHP matrix)
- Table A.5: Current health expenditure (2015-16) by Primary, Secondary and Tertiary healthcare Categorization (HCxHP matrix).

Table A.1: Current health expenditures (2015-16) by healthcare financing schemes and revenues of healthcare financing schemes (HF X FS matrix)

	NHA Codes	Revenues of health care financing schemes	Expenditure (INR crores)															
			FS.1 Transfers from government domestic revenues (allocated to health purposes)				FS.2 Transfers distributed by government from foreign origin		FS.3 Social Insurance contributions		FS.5 Voluntary Pre-payment		FS.6 Other domestic revenues n.e.c.		FS.7 Direct foreign transfers	All FS		
			FS. 1.1.1	FS. 1.1.2	FS. 1.1.3.1	FS. 1.1.3.2	FS.2.1	FS.2.2	FS.3.1	FS.3.2	FS.3.4	FS.5.1	FS.5.2	FS.6.1	FS.6.2	FS.6.3	FS.7.1.4	
			Internal transfers and grants-Union Government	Internal transfers and grants-State Government	Urban Local Bodies	Rural Local Bodies	Transfers distributed by Union Government from foreign origin	Transfers distributed by State Government from foreign origin	Social insurance contributions from employers	Social insurance contributions from employers	Other social insurance contributions	Voluntary prepayment from individuals/households	Voluntary prepayment from employers	Other revenues from households n.e.c.	Other revenues from corporations n.e.c.	Other revenues from NPIISH n.e.c.	All direct foreign financial transfers	
	Healthcare Financing Schemes	NHA Code Description																
HF.1 Government schemes & compulsory contributory healthcare financing schemes	HF.1.1.1.1	Union government schemes (Non-Employee)	20884	11569			1276											33730
	HF.1.1.1.2	Union government schemes (Employee)	9134															9134
	HF.1.2.1.1	State government schemes (Non-Employee)	2108	49788				363										52259
	HF.1.2.1.2	State government schemes (Employee)		3101														3101
	HF.1.1.2.2.1	Urban Local Bodies schemes	287	1979	3779													6045
	HF.1.1.2.2.2	Rural Local Bodies schemes	291	2342		29												2662
	HF.1.2.1	Social Health insurance schemes (not incl. 1.2.1.4)	4780	2271					2670	6020								15741
	HF.1.2.1.4	Government Financed Health Insurance	670	4092				34			268							5064
	HF.2.1.1.1	Employer-based insurance (other than enterprises schemes)											8716	2905				11621
	HF.2.1.1.3	Other primary coverage schemes										10353						10353
	HF.2.1.2.1	Community-based insurance										39						39
	HF.2.2.1	NPIISH financing schemes (excluding HF. 2.2.2)	262	642											222	7708		9196
	HF.2.2.2	Resident foreign agencies schemes															1488	1488
	HF.2.3.1.2	Enterprises financing schemes													14544			14544
HF.3 Household OOP		All Household out-of-pocket payment											320211				320211	
All HF			38416	75785	3779	29	1276	397	2670	6020	268	19108	2905	320211	14766	7708	1851	495190

Table A.2: Current health expenditures (2015-16) by healthcare providers and healthcare financing schemes (HP X HF matrix)

		Expenditure (INR crores)																		
NHA Codes	Healthcare Financing schemes	HF: Government schemes & contributory healthcare financing schemes														HF: 2 Voluntary healthcare payment schemes		All HF		
		HF.1.1 Government schemes (Employee)				HF.1.1.2 Government schemes (Non-Employee)				HF.1.2.1 Government schemes (Employee)				HF.1.2.2 Government schemes (Non-Employee)		HF.2.1.1	HF.2.1.2			
HP.1 Hospitals	Health care providers	7064	4765	21118	96	2015	212	3796	1425	11389	10146	38	222	15	23857					
	HP.1.1.1	Union government schemes (Non-Employee)	4765	21118	96	2015	212	3796	1425	11389	10146	38	222	15	23857	All Household out-of-pocket payment				
	HP.1.1.2	Union government schemes (Employee)																		
	HP.1.1.1.1	Union government schemes (Non-Employee)	7064	21118	96	2015														
	HP.1.1.1.2	Union government schemes (Employee)	4765	21118	96	2015														
	HP.1.1.2	State government schemes (Non-Employee)	50	50	322															
	HP.1.2.1	Mental Health hospitals Government	65																	
	HP.1.3.1	Specialised hospitals (Other than mental health hospitals) Government	1332		3699		234													
	HP.1.3.2	Specialised hospitals (Other than mental health hospitals) Private			134															
	HP.3.1.1	Office of general medical practitioners							82								16625		24488	
HP.3.1.3	Offices of medical specialists (Other than mental medical specialists)																		2	
HP.3.3	Other health care practitioners	1864		1446												436			4196	
HP.3.4.1	Family planning centres	1468		1847															3505	
HP.3.4.9	All Other ambulatory centres	2884	2668	14202		1350	1857	6034					152	15	1782				30943	
HP.4.1	Providers of patient transportation and emergency rescue	1237		133									176		20057				21604	
HP.4.2	Medical and diagnostic laboratories	14		134									423							
HP.5.1	Pharmacies																			
HP.5.2	Retail sellers and Other suppliers of durable medical goods and medical appliances																			
	Total	64585																		128011
																				1046
																				5323
																				579
																				24488
																				2
																				4196
																				3505
																				30943
																				21604
																				22715
																				138061
																				792

Table A.2: Current health expenditures (2015-16) by healthcare providers and healthcare financing schemes (HP X HF matrix)

HP: 7 Providers of healthcare system and financing	NHA Codes	Healthcare Financing schemes	Expenditure (INR crores)																	
			HF: 1 Government schemes & contributory healthcare financing schemes							HF: 2 Voluntary healthcare payment schemes							All HF	Total		
		NHA Code Description	HF: 1.1.1.1 Union government schemes (Non-Employee)	HF: 1.1.1.2 Union government schemes (Employee)	HF: 1.1.2.1 State government schemes (Non-Employee)	HF: 1.1.2.2 State government schemes (Employee)	HF: 1.1.2.2.1 Urban Local Bodies schemes	HF: 1.1.2.2.2 Rural Local Bodies Schemes	HF: 1.2.1 Social health insurance schemes (not including 1.2.1.4)	HF: 1.2.1.4 Government Financed Health Insurance	HF: 2.1.1.1 Employer-based insurance (Other than other primary coverage schemes)	HF: 2.1.1.3 Other primary coverage schemes	HF: 2.1.2.1 Community-based insurance	HF: 2.2.1 NPISH financing schemes (excluding HF: 2.2.2)	HF: 2.2.2 Resident foreign agencies schemes	HF: 2.3.1.2 Private enterprises (except health care providers) financing schemes			HF: 3.3 All Household out-of-pocket payment	
	HP: 6	Providers of preventive care	11542	13	2086	1978	117							3048	982	484	4798	25048		
	HP: 7.1	Government health administration agencies	4162	1422	6214	220	39	1	10					7				12074		
	HP: 7.2	Social health insurance agencies						1662										1662		
	HP: 7.3	Private health insurance administration agencies							333	232	207	1						773		
	HP: 7.9	Other administration agencies							227					270	476			974		
	HP: 10	Other health care providers not elsewhere classified (n.e.c)	2098	265	215	2684	59							238		1963	1287	8809		
	All HP	Total	33730	9134	52259	3101	6045	2662	15741	5064	11621	10353	39	9196	1488	14544	320211	495190		

Table A.3: Current health expenditures (2015-16) by healthcare functions and healthcare financing schemes (HC X HF matrix)

		Expenditure (INR crores)																	
NHA Codes	Healthcare Financing Schemes	HF.1 Government schemes & contributory healthcare financing schemes												HF.2 Voluntary healthcare payment schemes					All HF
		HF.1.1.1.1	HF.1.1.1.2	HF.1.1.2.1.1	HF.1.1.2.1.2	HF.1.1.2.2.1	HF.1.1.2.2.2	HF.1.2.1	HF.1.2.1.4	HF.2.1.1.1	HF.2.1.1.3	HF.2.1.2.1	HF.2.2.1	HF.2.2.2	HF.2.3.1.2	HF.3.3			
HC.1 Curative Care	Health care Functions	Union government schemes (Non-Employee)	2646	3709	11292	415	1929	148	6886	2768	9847	4299	18	3441	6	4849	54688	Total	
		Union government schemes (Employee)																	
		State government schemes (Non-Employee)	6410		6410		202			760	1727	1180	1820		241	1	45784		
		State government schemes (Employee)	20871	3724	20871	3	1394	1920	6351			307	2866	17	1993	16	15307		
		Urban Local Bodies scheme																	
		Rural Local Bodies schemes																	
		Social health insurance schemes (not including 1.2.1.4)																	
		Government Financed Health Insurance																	
		Employer-based insurance (Other than enterprises schemes)																	
		Other primary coverage scheme																	
Private enterprises (except health care providers financing schemes																			
Resident foreign agencies schemes																			
NPSH financing schemes (excluding HF. 2.2)																			
Community-based insurance																			
All Household out-of-pocket payment																			
HC.2.nec	Unspecified rehabilitative care (n.e.c.)	18															216		
HC.3.nec	Unspecified long-term care	3															20		
HC.4.3	Patient transportation	1237		133													21604		
HC.4.4	Laboratory and imaging services	14		48													21315		
HC.5.1.1	Prescribed medicines																136364		
HC.5.1.2	Over-the-counter medicines																1697		
HC.5.2.4	All Therapeutic appliances and Other medical goods																792		

Healthcare Financing Schemes		HF.1 Government schemes & contributory healthcare financing schemes										HF.2 Voluntary healthcare payment schemes						Expenditure (INR crores)	
NHA Codes	NHA Code Description	HF.1.1.1.1	HF.1.1.1.2	HF.1.1.2.1.1	HF.1.1.2.1.2	HF.1.1.2.1.1	HF.1.1.2.1.2	HF.1.1.2.2.1	HF.1.1.2.2.2	HF.1.2.1	HF.1.2.1.4	HF.2.1.1.1	HF.2.1.1.3	HF.2.1.2.1	HF.2.2.1	HF.2.2.2	HF.2.3.1.2	HF.3.3	All HF
Health care Functions		Union government schemes (Non-Employee)	Union government schemes (Employee)	State government schemes (Non-Employee)	State government schemes (Employee)	Urban Local Bodies schemes	Rural Local Bodies schemes	Social health insurance schemes (not including 1.2.1.4)	Health Insurance	Employer-based insurance (Other than enterprises schemes)	Other primary coverage schemes	Community-based insurance	NPSH financing schemes (excluding HF. 2.2)	Resident foreign agencies schemes	Private enterprises (except health care providers financing schemes)	All Household out-of-pocket payment	Total		
HC.6.1 nec	Other and unspecified IEC programmes (n.e.c.)	2504	5	177		78								196	381	484			3824
HC.6.2	Immunisation programmes	1818		69		63									182			2185	4317
HC.6.3	Early disease detection programmes	228		41										98	360				727
HC.6.4	Healthy condition monitoring programmes	4354	8	3500		469								393	800			3927	13832
HC.6.5 nec	Unspecified epidemiological surveillance and risk and disease control programmes (n.e.c.)	6488		2125		1646								295	512				11239
HC.6.6	Preparing for disaster and emergency response programmes	61		34															94
HC.7.1. nec	Other governance and Health system administration	4162	1422	6214		220				1				476	113				12646
HC.7.2	Administration of health financing									1662					165				2837
HC.9	Other health care services (n.e.c.)	2098	265	215		45									238				7508
All HC	Total	33730	9134	52259	3101	6045	2662	15741	5064	11621	10353	39	9196	1488	320211	14544			495190

NHA Codes	Health care Providers	Expenditure (INR crores)										Total											
		HP. 1 Hospitals			HP. 3 Providers of ambulatory healthcare				HP. 4 Providers of ancillary services		HP. 5 Retailers and other providers of medical goods		HP. 7 Providers of healthcare system administration and financing										
Health care Functions	NHA Code Description	HP.1.1.1 General hospitals- Government	HP.1.1.2 General hospitals- Private	HP.1.2.1 Mental Health hospitals- Government	HP.1.3.1 Specialised hospitals (Other than mental health hospitals) Government	HP.1.3.2 Specialised hospitals (Other than mental health hospitals) Private	HP.3.1.1 Offices of general medical practitioners	HP.3.1.3 Offices of medical specialists (Other than mental medical specialists)	HP.3.3 Other health care practitioners	HP.3.4.1 Family planning centres	HP.3.4.9 All Other ambulatory centres	HP.4.1 Providers of patient transportation and emergency rescue	HP.4.2 Medical and diagnostic laboratories	HP.5.1 Pharmacies	HP.5.2 Retail sellers and Other suppliers of durable medical goods and medical appliances	HP.6 Providers of preventive care	HP.7.1 Government health administration agencies	HP.7.2 Social health insurance agencies	HP.7.3 Private health insurance administration agencies	HP.7.9 Other administration agencies	HP.10 Other health care providers not elsewhere classified (n.e.c.)		
HC.6.1nec	Other and unspecified IEC programmes (n.e.c.)									23					3802								3824
HC.6.2	Immunisation programmes						53			1					4263								4317
HC.6.3	Early disease detection programmes				3		11			38					674								727
HC.6.4	Healthy condition monitoring programmes	377						2157	3505	561		1314			5918								13832
HC.6.5nec	Unspecified epidemiological surveillance and risk and disease control programmes (n.e.c.)	87						1397		238		86			9431								11239
HC.6.6	Preparing for disaster and emergency response programmes														94								94
HC.7.1.nec	Other governance and Health system administration (n.e.c.)															12065				582			12646
HC.7.2	Administration of health financing															10	1662	773	392				2837
HC.9	Other health care services (n.e.c.)																				7508		7508
All HC	Total	64585	128011	1046	5323	579	24488	2	4196	3505	30943	21604	22715	138061	792	25048	12074	1662	773	974	8809	809	495190

Table A.5: Current health expenditures (2015-16) by Primary, Secondary and Tertiary care classification (HC X HP matrix)

NHA Code	Health care Providers	HP.1.1.1	HP.1.1.2	HP.1.2.1	HP.1.3.1	HP.1.3.2	HP.3.1.1	HP.3.1.3	HP.3.3	HP.3.4.1	HP.3.4.9	HP.4.1	HP.4.2	HP.5.1	HP.5.2	HP.6	HP.7.1	HP.7.2	HP.7.3	HP.7.9	HP.10
Health care Functions	General hospitals - Government	General hospital- Private	Mental Health hospitals- Government	Specialised hospitals (Other than mental health hospitals)	Specialised hospitals (Other than mental health hospitals) Private	Specialised hospitals (Other than mental health hospitals) medical practitioners	Offices of general medical practitioners	Offices of medical specialists (Other than mental medical specialists)	Other health care practitioners	Family planning centres	All Other ambulatory centres	Providers of patient transportation and emergency rescue	Medical and diagnostic	Pharmacies	Retail sellers and Other suppliers of durable medical goods and medical	Providers of preventive care	Government health administration agencies	Social health insurance agencies	Private health insurance administration agencies	Other administration agencies	Other health care providers (n.e.c.)
HC.1.1.1	General inpatient curative care	32667	71415		1493	292					1076										
HC.1.1.2	Specialised inpatient curative care	17602	41846	877	2689	191				261											
HC.1.3.1	General outpatient	11182	8147		997	68	14053	1	295	28430					862					355	
HC.1.3.2	Dental outpatient curative care	75			17		207			70											
HC.1.3.3	Specialised outpatient curative care	2584	6603	169	63	29	10074	1	283	239										945	
HC.2. nec	Unspecified rehabilitative care (n.e.c.)				62		153														
HC.3. nec	Unspecified long-term care	10								7						3					
HC.4.3	Patient transportation										21604										
HC.4.4	Laboratory and Imaging services												21315								
HC.5.1.1	Prescribed medicines												136364								
HC.5.1.2	Over-the-counter medicines												1697								
HC.5.2.4	All Therapeutic appliances and other medical														792						
HC.6.1nec	Other and unspecified IEC programmes										23					3802					
HC.6.2	Immunisation programmes										1					4263					
HC.6.3	Early disease detection programmes				3					38						674					
HC.6.4	Healthy condition monitoring programmes	377								2157	3505		1314			5918					
HC.6.5 nec	Unspecified epidemiological surveillance and risk and disease control	87								1397	238		86			9431					
HC.6.6	Preparing for disaster and emergency response															94					
HC.7.1 nec	Other governance and Health system administration															12065				582	
HC.7.2	Administration of health financing															10	1662	773	392		
HC.9	Other health care services (n.e.c.)																				7508

Colour Codes	Primary Care	Secondary Care	Tertiary Care	Drugs & Diagnostics Apporportioned to PST	Administration	Not Classified

Key Health Financing Indicators for select States

Table A.6: Key Health Financing Indicators for select States: NHA Estimates 2015-16

No.	State	Total Health Expenditure (THE)			Government Health Expenditure (GHE)			Out of Pocket Expenditure (OOPE)			Denominator Values (in crores)					
		In Rs. Crore	Per Capita in Rs.	%GSDP	In Rs. Crore	Per Capita in Rs.	% THE	% GSDP	% GGE	In Rs. Crore	Per capita in Rs.	% GSDP	% THE	Population	Gross State Domestic Product (GSDP)	General Government Expenditure
1	Assam	7874	2386	4.0	2992	907	38.0	1.5	7.5	4339	1315	2.2	55.1	3.3	195723	39702
2	Andhra Pradesh	26133	4148	4.3	5814	923	22.2	1.0	5.3	19512	3097	3.2	74.7	6.3	609934	110121
3	Bihar	24901	2223	6.5	4756	425	19.1	1.2	4.4	19890	1776	5.2	79.9	11.2	381501	107582
4	Chhattisgarh	9112	3375	3.5	2871	1063	31.5	1.1	5.6	5322	1971	2.0	58.4	2.7	260776	51646
5	Gujarat	20990	3332	2.0	7808	1239	37.2	0.8	6.5	10589	1681	1.0	50.4	6.3	1025188	119948
6	Haryana	11015	4080	2.3	3033	1123	27.5	0.6	4.6	6552	2427	1.4	59.5	2.7	485184	66144
7	Himachal Pradesh	3448	4926	3.1	1621	2316	47.0	1.4	6.4	1706	2437	1.5	49.5	0.7	112852	25167
8	Jammu and Kashmir	4960	3815	4.2	1993	1533	40.2	1.7	4.6	2780	2138	2.3	56.0	1.3	119093	43751
9	Jharkhand	7889	2254	3.4	2339	668	29.6	1.0	5.2	5228	1494	2.3	66.3	3.5	231294	44711
10	Karnataka	32083	4936	3.2	8227	1266	25.6	0.8	6.0	15908	2447	1.6	49.6	6.5	1012804	137742
11	Kerala	25090	7169	4.5	5694	1627	22.7	1.0	6.6	17889	5111	3.2	71.3	3.5	557947	86190
12	Madhya Pradesh	20373	2681	3.8	5662	745	27.8	1.1	4.9	14283	1879	2.7	70.1	7.6	530443	116606
13	Maharashtra	56806	4734	2.8	13443	1120	23.7	0.7	6.3	33459	2788	1.7	58.9	12	2001223	213167
14	Odisha	16579	3768	5.0	3354	762	20.2	1.0	4.4	11849	2693	3.6	71.5	4.4	330874	75896
15	Punjab	16234	5598	4.1	3245	1119	20.0	0.8	6.1	12563	4332	3.2	77.4	2.9	391543	53133
16	Rajasthan	23869	3226	3.5	7980	1078	33.4	1.2	6.2	13455	1818	2.0	56.4	7.4	683758	128225
17	Tamil Nadu	32975	4339	2.8	9378	1234	28.4	0.8	5.9	21500	2829	1.9	65.2	7.6	1161963	159988
18	Uttar Pradesh	69036	3226	6.2	14283	667	20.7	1.3	5.2	52841	2469	4.7	76.5	21.4	1119862	277159
19	Uttarakhand	4299	3908	2.4	1607	1461	37.4	0.9	5.9	2630	2391	1.5	61.2	1.1	175772	27304
20	Telangana	13710	5273	2.4	5148	1980	37.5	0.9	5.8	7941	3054	1.4	57.9	2.6	567588	89486

All values in this table are rounded off.

Gross Domestic State Product (GSDP): GSDP at current prices is sourced from Directorate of Economics & Statistics of respective State Governments, and for All-India -- Central Statistics Office which presents estimates with base year 2011-12. **General Government Expenditure (GGE):** State wise GGE is sourced from RBI State Finances: a Study of budgets (2018); appendix II: revenue expenditure of States and union Territories with legislature and appendix IV: Capital expenditure of States and union Territories with legislature accessed on 4.08.2018.

Total Health Expenditure (THE) of a state/ UT includes health expenditure by all government agencies (Union/State/Local Bodies including quasi-governmental organizations and donors in case funds are channelled through government organizations), all household health expenditures, all expenditures by Enterprises, Not for Profit Institutions Serving Households (NPISH/NGO) and external donors.

For a particular State, **Per capita value for THE** is arrived by dividing total health expenditure by the population for respective state, **Per capita value for GHE** is arrived by dividing total government health expenditure by the population for respective state and **Per capita value for OOPE** is arrived by dividing total OOPE by the population for respective state.

Table A.6 presents key health financing indicators for select States for NHA estimates 2015-16. The indicators for States are important to understand financing of health systems in the different States. This supports policy makers to identify States where funding can be augmented through alternate sources of financing or advocate for improved resource allocations for specific health schemes.

In the table A.6 above, Indicators are given only for select States as the expenditure data for some expenditure components of health accounts is collected through sample surveys (71st round Health and Morbidity Survey by National Sample Survey office (January-June 2014)) for computing out of pocket expenditures (OOPE), survey on Health expenditure (2013-14) by Enterprises, Not for Profit Institutions Serving Households (NPISH/NGO), urban local bodies conducted by Public Health Foundation of India). Expenditures computed from these surveys are used for arriving at health accounts estimates at National level. However, when computing health accounts estimates/ Indicators at sub national level especially for Union Territories', Small States and North Eastern States, the values are not significant due to small sample size adopted in the survey for these regions.

Annexure B

Classification as per NHA Guidelines 2016

Annexe B1: Classification of Financing Schemes (HF) for NHA India²⁰

Description	SHA Codes
Government schemes and compulsory contributory health care financing schemes	HF.1
Government schemes	HF.1.1
Union government schemes	HF.1.1.1
Union government schemes (Non-Employee)	HF.1.1.1.1
Union government schemes (Employee)	HF.1.1.1.2
State/regional/local government schemes	HF.1.1.2
State government schemes	HF.1.1.2.1
State government schemes (Non-Employee)	HF.1.1.2.1.1
State government schemes (Employee)	HF.1.1.2.1.2
Local government schemes	HF.1.1.2.2
Urban Local Bodies schemes	HF.1.1.2.2.1
Rural Local Bodies schemes	HF.1.1.2.2.2
Compulsory contributory health insurance schemes	HF.1.2
Social health insurance schemes	HF.1.2.1
Government Financed Health Insurance schemes	HF.1.2.1.4
Voluntary health care payment schemes	HF.2
Voluntary health insurance schemes	HF.2.1
Primary/substitutory Voluntary health insurance schemes	HF.2.1.1
Employer-based insurance (Other than enterprises schemes)	HF.2.1.1.1
Other primary coverage schemes	HF.2.1.1.3
Complementary/supplementary insurance schemes	HF.2.1.2
Community-based insurance	HF.2.1.2.1
NPISH financing schemes	HF.2.2
NPISH financing schemes (excluding HF.2.2.2)	HF.2.2.1
Resident foreign government development agencies schemes	HF.2.2.2
Enterprise financing schemes	HF.2.3
Enterprises (except health care providers) financing schemes	HF.2.3.1
Public enterprises (except health care providers) financing schemes	HF.2.3.1.1
Private enterprises (except health care providers) financing schemes	HF.2.3.1.2
Household out-of-pocket payment	HF.3
All Household out-of-pocket payment	HF.3.3

²⁰Table 1 includes all those classification codes for healthcare financing schemes that are relevant in the Indian context. To refer to the entire list of classification codes for healthcare financing schemes kindly refer to page number 165 of SHA 2011 manual.

Annexe B2: Classification of Revenues of Financing Schemes (FS) for NHA India²¹

Description	Code
Transfers from government domestic revenue (allocated to health purposes)	FS.1
Internal transfers and grants	FS.1.1
Internal transfers and grants - Union Government	FS.1.1.1
Internal transfers and grants - State Government	FS.1.1.2
Internal transfers and grants - Local government	FS.1.1.3
Urban Local Bodies	FS.1.1.3.1
Rural Local Bodies	FS.1.1.3.2
Transfers distributed by government from foreign origin	FS.2
Transfers distributed by Union Government from foreign origin	FS.2.1
Transfers distributed by State Government from foreign origin	FS.2.2
Social insurance contributions	FS.3
Social insurance contributions from employees	FS.3.1
Social insurance contributions from employers	FS.3.2
Voluntary prepayment	FS.5
Voluntary prepayment from individuals/households	FS.5.1
Voluntary prepayment from employers	FS.5.2
Other domestic revenues n.e.c.	FS.6
Other revenues from households n.e.c.	FS.6.1
Other revenues from corporations n.e.c.	FS.6.2
Other revenues from NPISH n.e.c.	FS.6.3
Direct foreign transfers	FS.7
Direct foreign financial transfers	FS.7.1
All direct foreign financial transfers	FS.7.1.4
Direct foreign aid in kind	FS.7.2
Direct foreign aid in goods	FS.7.2.1
All direct foreign aid in goods*	FS.7.2.1.4
Direct foreign aid in kind: services (including TA)	FS.7.2.2

²¹ Table 2 includes only those classification codes for sources of healthcare financing schemes that are relevant in the Indian context. To refer to the entire list of classification codes for sources of healthcare financing schemes kindly refer to page number 199 of SHA2011 manual.

* TA= Technical Assistance

AnnexeB3: Classification for Healthcare provision (HP) in India ²³

Description	Code
Hospitals	HP.1
General hospitals	HP.1.1
General hospitals – Government	HP.1.1.1
General hospitals – Private	HP.1.1.2
Mental Health Hospital	HP.1.2
Mental Health hospitals – Government	HP.1.2.1
Mental Health hospitals - Private	HP.1.2.2
Specialised hospitals (Other than mental health hospitals)	HP.1.3
Specialised hospitals (Other than mental health hospitals) Government	HP.1.3.1
Specialised hospitals (Other than mental health hospitals) Private	HP.1.3.2
Providers of ambulatory health care	HP.3
Medical practices	HP.3.1
Offices of general medical practitioners (Private)	HP.3.1.1
Offices of mental medical specialists (Private)	HP.3.1.2
Offices of medical specialists (Other than mental medical specialists) (Private)	HP.3.1.3
Other health care practitioners (Government)	HP.3.3
Ambulatory health care centres	HP.3.4
Family planning centres (Government)	HP.3.4.1
Ambulatory mental health and substance abuse centres (Government)	HP.3.4.2
All other ambulatory centres (Government)	HP.3.4.9
Providers of ancillary services	HP.4
Providers of patient transportation and emergency rescue	HP.4.1
Medical and diagnostic laboratories	HP.4.2
Other providers of ancillary services	HP.4.9
Retailers and Other providers of medical goods	HP.5
Pharmacies	HP.5.1
Retail sellers and Other suppliers of durable medical goods and medical appliances	HP.5.2
All Other miscellaneous sellers and Other suppliers of pharmaceuticals and medical goods	HP.5.9
Providers of preventive care	HP.6
Providers of health care system administration and financing	HP.7
Government health administration agencies	HP.7.1
Social health insurance agencies	HP.7.2
Private health insurance administration agencies	HP.7.3
Other administration agencies	HP.7.9
Other healthcare providers not elsewhere classified (n.e.c)	HP.10.nec

²³ Table 3 includes all those classification codes for healthcare providers that are relevant in the Indian context. To refer to the entire list of classification codes for healthcare providers kindly refer to page number 130 of SHA 2011 manual.

AnnexeB4: Classification for functions of health care (HC) in India²⁴

Description	Code
Curative care	HC.1
Inpatient curative care	HC.1.1
General inpatient curative care	HC.1.1.1
Specialised inpatient curative care	HC.1.1.2
Outpatient curative care	HC.1.3
General outpatient curative care	HC.1.3.1
Dental outpatient curative care	HC.1.3.2
Specialised outpatient curative care	HC.1.3.3
Unspecified outpatient curative care (n.e.c.)	HC.1.3.nec
Home-based curative care	HC.1.4
Rehabilitative care	HC.2
All rehabilitative care	HC.2.nec
Long-term care (health)	HC.3
All long-term care	HC.3.nec
Ancillary services (non-specified by function)	HC.4
Patient transportation	HC.4.3
Laboratory and Imaging services	HC.4.4
Medical goods (non-specified by function)	HC.5
Pharmaceuticals and Other medical non-durable goods	HC.5.1
All Pharmaceuticals and Other medical non-durable goods	HC.5.1.4
Therapeutic appliances and Other medical goods	HC.5.2
All Therapeutic appliances and Other medical goods	HC.5.2.4
Preventive care	HC.6
Information, education and counselling (IEC) programmes	HC.6.1
Information, education and counselling (IEC) programmes not elsewhere classified (n.e.c.)	HC.6.1.nec
Immunisation programmes	HC.6.2
Early disease detection programmes	HC.6.3
Healthy condition monitoring programmes	HC.6.4
Epidemiological surveillance and risk and disease control programmes	HC.6.5
Epidemiological surveillance and risk and disease control programmes not elsewhere classified (n.e.c.)	HC.6.5.nec
Preparing for disaster and emergency response programmes	HC.6.6
Governance, and health system and financing administration	HC.7
Governance and Health system administration	HC.7.1
Governance and Health system administration not elsewhere classified (n.e.c.)	HC.7.1.nec
Administration of health financing	HC.7.2
Unspecified governance, and health system and financing administration not elsewhere classified (n.e.c.)	HC.7.nec
Other health care services not elsewhere classified (n.e.c.)	HC.9
Total Pharmaceutical expenditure	HC.RI.1
Traditional Complementary and Alternative Medicine (TCAM)	HC.RI.2

²⁴ Table 4 includes all those classification codes for healthcare functions that are relevant in the Indian context. To refer to the entire list of classification codes for healthcare functions kindly refer to page number 83 of SHA 2011 manual.

Annexure C

Glossary

Ambulatory Healthcare Centres: It comprises establishments that are engaged in providing a wide range of outpatient services by a team of medical and paramedical staff, often along with support staff, that usually bring together several specialties and/or serve specific functions of primary and secondary care. For e.g. PHCs, Dispensaries, etc.

Capital Expenditure: Capital expenditures include expenditure on building capital assets, renovations and expansions of buildings, purchasing of vehicles, machines, equipment, medical/ AYUSH/ paramedical education, research and development, training (except on the job trainings), major repair work, etc.

Current Health Expenditure: It is defined as final consumption expenditure of resident units on healthcare goods and services net capital expenditures.²⁵ Current Government Health Expenditure is Government health expenditure net of capital expenditure.

Enterprises: Enterprises are defined as those who usually finance and provide healthcare services to their employees and their dependents. They do this either by reimbursing the medical bills of the employees and dependents; they directly provide healthcare services through their own clinics and hospitals; purchase group insurance on behalf of the employees through an insurance company; or just pay annual lump sum monetary benefit to employees as part of their salary package regarded as a medical benefit.

External Funds for Health: It includes transfers originating abroad (bilateral, multilateral or other types of foreign funding) that are distributed through the general Government and transfers where revenues from foreign entities directly received by health financing schemes as - Direct foreign financial revenues or goods/ services earmarked for health.

Government Health Expenditure: It includes expenditures from Union Government, State Governments, Rural and Urban Local Bodies including quasi-Governmental organizations and donors in case funds are channelled through Government organizations.

Government Transfers: It includes funds allocated from Government domestic revenues for health purposes. Fund is allocated through internal transfers and grants.

Gross Domestic Product: The total money value of all final goods and services produced in an economy over a period of one year.

General Government Hospital: It includes medical college hospitals, district hospitals, sub district hospitals and community health centres.

Household Health Expenditure: Household health expenditures are either direct expenditures (out of pocket payments) or indirect expenditures (prepayments as health insurance contributions or premiums).

²⁵A System of Health Accounts 2011 Edition

Non-Profit Institutions Serving Households (NPISH): NPISH are a special type of non-profit organization. NPISH consist of non- profit institutions that provide financial assistance, goods or services to households free or at prices that are not economically significant.

Out-of-Pocket Spending: Out-of-pocket spending (OOP) show the direct burden of medical costs that households bear at the time of availing healthcare service.

Preventive Care: It is defined as having the primary purpose of risk avoidance, of acquiring diseases or suffering injuries, which can frequently involve a direct and active interaction of the consumer with the healthcare system.

Retailers and other providers of medical goods- Pharmacies: This comprises expenditures at the establishments that are primarily engaged in the retail sale of pharmaceuticals (including both manufactured products and those prepared by on-site pharmacists) to the population for prescribed and non-prescribed medicines including vitamins and minerals. Pharmacies operate under strict jurisdiction/licences of national pharmaceutical supervision. Illustrative examples includes dispensing chemists, community pharmacies, independent pharmacies in supermarkets, pharmacies in hospitals that mainly serve outpatients and sometimes also inpatients not getting medicines as part of the package treatment component.

Total Health Expenditure (THE): Total health expenditure is the sum of current health expenditure and capital health expenditure during the same year.

Total Pharmaceuticals Expenditure (TPE): includes spending on prescription medicines during a health system contact and self-medication (often referred to as over-the-counter products) and the expenditure on pharmaceuticals as part of inpatient and outpatient care from prescribing physicians.

Traditional, Complementary and Alternative Medicines (TCAM): TCAM has been internationally identified as policy relevant in many countries due to its cultural importance or its high growth rate. Due to the mix of purposes and practices and financing profiles, TCAM systems, therapies and disciplines (including the related medical goods) are a de facto sub-class of hospitals, ambulatory care services and retailers. As defined by WHO, "Traditional medicine" is an amorphous concept that comprises a range of long-standing and still-evolving practices based on diverse beliefs and theories. These services involve medical knowledge systems, developed over centuries within various societies before or during the development of modern medicine. "Complementary and alternative" services are those that are used together with or instead of allopathic health care but which are not yet incorporated into the established international medical system, even when at national level they are extensively used. In the India context this relates to the AYUSH system – Ayurveda Yoga Naturopathy Unani Siddha and Homeopathy, in both private and public sector.

Annexure D

Office Memorandum for constitution of Steering Committee on NHA

Government of India
Department of Health and Family Welfare (Bureau of Planning)

F. No. Z-18041/02/2014-BP

Room No. 502 A, Nirman Bhawan,

Dated: 08th August, 2014

In the context of institutionalising the system of National Health Accounts (NHA), it has been decided to constitute the Steering Committee under the Chairmanship of Secretary (Health & Family Welfare) to advise on issue concerning National Health Accounts.

The Terms of Reference of the Committee are as under:

1. The Steering Committee would guide, advise and provide strategic direction in the preparation of National Health Accounts.
2. To oversee and Coordinate with the Ministries/Departments, State Government, Research Institutions and other professional bodies, for aiding in collection, collation and validation of the National Health Accounts Estimates.
3. Any other matter related to the Estimation of the National Health Accounts.
4. The Steering Committee would be a Permanent Committee.

The composition of the committee is as follows:-

1.	Secretary Department of Health and Family Welfare Ministry of Health and Family Welfare Nirman Bhawan, New Delhi - 110011	Chairman
2.	Secretary Department of AIDS Control Ministry of Health and Family Welfare Chanderlok Building 36, Janpath, New Delhi - 110 001	Member
3.	Secretary Department of AYUSH Ministry of Health and Family Welfare IRCS Building Annexe, 1, Red Cross Road, New Delhi - 110001.	Member
4.	Secretary Department of Health Research Ministry of Health and Family Welfare V. Ramalingaswami Bhawan Ansari Nagar, New Delhi-110029.	Member
5.	Director General of Health Services Ministry of Health and Family Welfare Nirman Bhawan, New Delhi - 110 011.	Member
6.	Additional Secretary & Mission Director (NHM) Ministry of Health and Family Welfare, Nirman Bhawan, New Delhi - 110011.	Member
7.	Additional Secretary & Financial Adviser Ministry of Health and Family Welfare, Nirman Bhawan, New Delhi - 110011.	Member
8.	Additional Secretary (Health) Ministry of Health and Family Welfare Nirman Bhawan, New Delhi - 110 001	Member
9.	Additional Director General Central Statistical Organisation, Sardar Patel Bhawan, Parliament Street, New Delhi -1 10001	Member
10.	Adviser (Health) Planning Commission Government of India Yojana Bhawan, Sansad Marg, New Delhi - 110001	Member
11.	Director General Employees' State Insurance Corporation, Comrade Inderjeet Gupta (CIG) Marg, New Delhi - 110002.	Member
12.	Director General & CEO National Sample Survey Organisation, Ministry of Statistics and Programme Implementation, Sardar Patel Bhawan, Parliament Street, New Delhi - 1 10001	Member

13.	Chirman Insurance Regulatory and Development Authority 3rd Floor, Parisrama Bhavan, Basheer Bagh, Hyderabad - 500 004 Andhra Pradesh.	Member
14.	Economic Adviser Ministry of Health and Family Welfare Nirman Bhawan, New Delhi-110011	Member
15.	Joint Secretary (Fund Bank) Department of Economic Affairs Ministry of Finance North Block, New Delhi - 110001.	Member
16.	WHO Representative to India Nirman Bhawan, Maulana Azad Road, New Delhi - 110011.	Member
17.	Joint Secretary/Director General (Labour Welfare) Ministry of Labour and Employment, Shram Shakti Bhawan Rafi Marg, New Delhi - 110001	Member
18.	Joint Secretary (Foregners Division) Ministry of Home Affairs, NDCC Building, New Delhi - 110001	Member
19.	Controller of Aid Accounts & Audit Department of Economic Affairs Janpath Bhawan, B Wing, 5th Floor, Janpath, New Delhi - 110001	Member
20.	Controller General of Accounts Department of Expenditure, Ministry of Finance Lok Nayak Bhawan, New Delhi	Member
21.	Principal Secretary (Health) Government of Karnataka	Member
22.	Principal Secretary (Health) Government Tamilnadu	Member
23.	Principal Secretary (Health) Government of Gujarat	Member
24.	Executive Director National Health Systems Resource Centre, NIHFWS Campus, Baba Ganganath Marg, Munirka, New Delhi - 110067.	Member Secretary

- i. The Chairman, if deemed necessary, may form sub-committees and co-opt official and non-official members as needed.
- ii. The Chairman may designate work across members according to their area of expertise, so that NHA Technical Secretariat can obtain their views in the interim, if necessary.
- iii. The members are expected to maintain confidentiality of the data, discussed in Steering Committee meeting till the final approval and dissemination of NHA estimates.
- iv. The Expenditure on TA/DA in connection with the meeting of the Steering Committee in respect of the official members will be borne by the parent Department/Ministry to which the official belongs as per the Rules of the esttlement applicable to them. The non-official members of the Steering Committee will be entitled to TA/DA as permissible to grade I officers of the Government of India under SR 190(a) and Appendix-2 to SR 190 and this expenditure will be borne by the Department of Health & Family Welfare.
- v. The Committee would be serviced by NHSRC NHA Technical Secretariat.
- vi. This issues with the approval of the Secretary (H&FW).

J. Rajesh Kumar
02/03/2014

(J. Rajesh Kumar)
Director (BOP)
Telefax: 011-23063688

To :

The Chairman, all Members, Member Secretary of the Steering Group

Copy for information to:

1. Deputy Secretary (Administrative), Dept. of H&FW
2. Pay & Accounts Officer, Dept. of H&FW
3. Protocol Officer, Dept. of H&FW

J. Rajesh Kumar
02/03/2014

(J. Rajesh Kumar)
Director (BOP)

List of Members of NHA Expert Group

1	Economic Adviser Department of Health and Family Welfare	Chairperson
2	Deputy Director General National Accounts Division, Central Statistical Office	Member
3	Deputy Director General National Sample Survey Office (In charge of 71st round of Socio-Economic Survey on health and education)	Member
4	Director (NAD), CSO Ministry of Statistics & Programme Implementation	Member
5	Dr. Mita Choudhary Representative of National Institute of Public Finance & Policy (NIPFP, New Delhi)	Member
6	Prof. Indrani Gupta Health Policy Research Unit, Institute of Economic Growth, New Delhi	Member
7	Representative of Health Division NITI Aayog	Member
8	Director Bureau of Planning, DoHFW	Member
9	Dr. Sakthivel Selvaraj Senior Public Health Specialist (Health Economics), PHFI, New Delhi	Member
10	Representative Institute of Health Management Research, Jaipur	Member
11	Representative Ministry of Drinking Water Supply and Sanitation, New Delhi – 110003	Member
12	Representative National Council of Applied Economic Research (NCAER) New Delhi	Member
13	Representative Foreigners Division, Ministry of Home Affairs, NDCC Building, New Delhi – 110001	Member
14	Representative WHO, New Delhi	Member
15	Representative National Health Accounts Technical Secretariat (NHATS) NHSRC	Member



National Health Accounts Technical Secretariat
National Health Systems Resource Center
Ministry of Health and Family Welfare, Government of India