



# National Health Accounts Estimates for India **2016-17**



**OCTOBER 2019**

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



# **National Health Accounts**

## **Estimates for India**

FY 2016-17

October 2019

National Health Accounts Technical Secretariat (NHATS)  
National Health Systems Resource Centre (NHSRC)  
Ministry of Health and Family Welfare (MoHFW)  
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.nhsrindia.org](http://www.nhsrindia.org) or [www.mohfw.nic.in](http://www.mohfw.nic.in).

**Published By:** NHSRC, Ministry of Health and Family Welfare, October 2019

**Citation:** National Health Systems Resource Centre (2019). National Health Accounts Estimates for India (2016-17). New Delhi: Ministry of Health and Family Welfare, Government of India.

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

**Printed by:**



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

Dated : 24<sup>th</sup> December, 2019

## **Foreword**

National Health Accounts 2016-2017, is the Fourth round of expenditure estimates based on the globally accepted System of Health Accounts (SHA 2011), generated using the Health Accounts Production Tool (HAPT). The report helps in tracking health expenditures in the country and provides guidance in taking policy decisions.

In order to achieve the goal of universal health coverage proper planning and optimal utilization of the available resources is required. The National Health Estimates, generated annually, can be used as a tool for prioritizing financing of health care needs.

The production of NHA also is in line with the recommendations of the National Health Policy, 2017 which emphasises establishment and institutionalization of a robust Health Accounts system to guide the policy makers in proper allocation of funds.

I am pleased that the NHATs team has produced NHA estimates 2016-17 and hope that they would continue their endeavour to produce regular annual Health Account Estimates.

  
(Preeti Sudan)





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### MESSAGE

National Health Accounts estimates provide essential information necessary for the formulation of public health policy ensuring comparability across countries and over time. As India surges towards universal health coverage, the National Health Accounts estimates will be instrumental to monitor progress in health financing as well as in shaping budgetary allocation in the health sector.

National Health Accounts estimates, 2016-17 which is the fourth year of this annual estimates provides comprehensive information on healthcare financing indicators for India. These regular rounds of health accounts estimates will help us in monitoring health expenditure pattern in India.

I congratulate the NHATS team & NHSRC for bringing out the new estimates of National Health Accounts and also for consistently working towards improving the National Health Accounts estimates over the years. I hope this report will help the policymakers and stakeholders alike to address the health system challenges and will help us to reorient our existing policies for an equitable and efficient health system.

(Vandana Gurnani)







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## Preface

National Health Accounts have been accepted as an important tool worldwide to track financial resource flows in a country's health system. National Health Account estimates provide baseline health financing indicators to all the stakeholders in the health sector to plan for better resource allocation.

It is a pleasure to continue this tradition of publishing National Health Account estimates year after year, based on Systems of Health Accounts 2011, presenting a comprehensive picture of healthcare financing scenario in India. It also facilitates an intertemporal comparison of important health financing indicators.

I applaud the efforts made by NHATS for producing these important estimates and constantly working towards presenting these at most disaggregated level possible. I hope these estimates are used by all stakeholders to identify priority areas for health care spending, monitor health financing indicators for National Health Policy, Universal Health Coverage and Sustainable Development Goals.

I thank the members of National Health Account Steering Committee and Expert Group for their inputs and comments. I also thank the National Health Account core team at NHSRC and the National Health Account Cell at MoHFW for their efforts to bring out these annual estimates.

  
(Preeti Nath)



## Message

National Health Accounts Estimates for India 2016-17 are produced by the National Health Systems Resource Centre. This report provides an account of overall public and private health expenditures in India and represents the fourth consecutive round of estimates. Since 2013-14, the National Health Accounts team in NHSRC has presented these estimates at the most disaggregate level possible.

The National Health Accounts (NHA) reports are an important barometer of budgetary allocations and trends in expenditure. We hope that this annual exercise will also help us to establish a dataset of healthcare expenditures for India and is a positive step towards building a robust time-series data. Data from the NHA is now being cited by the Economic Survey and also used in WHO's Global health Expenditure Database.

We hope that this report will provide a useful document for policy makers, academicians, public health advocates, and researchers.

We are indebted to senior officials in the Ministry of Health and Family Welfare, and the NHA Expert Group whose consistent leadership and unfailing support have made the production of these estimates on a regular basis, possible.

A handwritten signature in blue ink, reading 'R. Rajani', is positioned above the printed name.

**Dr. Rajani R. Ved**

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



## Acknowledgement

National Health Accounts estimates for the FY 2016-17 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. The report was completed and approved under the guidance of Shri Manoj Jhalani, Additional Secretary & Mission Director (NHM), Ministry of Health and Family Welfare.

We acknowledge the contribution of Dr. Sriramappa Viradi (Bureau of Planning, DoHFW), involved in production of these estimates, Dr. 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; Jyotsna Negi and Pooja Chaajalana for support on this round of NHA estimates.

We gratefully acknowledge continuous guidance from Dr. Indrani Gupta (Institute of Economic Growth), Dr. Shaktivel Selvaraj, Public Health Foundation of India, Dr. Chanderkant Lehriya (WHO), Dr. Montu Bose (TERI School of Advanced Studies), Dr. Indranil Mukhopadhyay (OP Jindal University) and Dr. Mita Chowdhury (National Institute of Public Finance and Policy). We are thankful to Smt. Mr. Anthony Lianzuala (Controller General of Accounts) and Mr. Rahul Butola (CGA) for providing expenditure data of all Union Ministries in the excel format, 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 Contributory Regulation Act
FP	Factor of Provision
FS	Financing Schemes
GHE	Government Health Expenditure
GGE	Government General Expenditure
Goi	Government of India
HAPT	Health Accounts Production Tool
HC	Healthcare Functions
HF	Healthcare Financing Schemes
HMO	Health Monitoring 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	RashtriyaSwasthyaBima 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, FY 2015-16 and FY 2016-17. 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 and UTs 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 2016-17.

National Health Accounts is a tool to describe health expenditures and the 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 (SHA 2011), 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 a potential for improvement related to the 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 2016-17 report incorporates refinements from NHA estimates 2013-14, and 2014-15, 2015-16 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 2016-17 is the fourth 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 2016-17

## What is Health Accounts?

Health Accounts describe health expenditures and the flow of funds in country's health system over a period of time - financial year for India. It answers important policy questions such as the sources of healthcare expenditures, who manages these, 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 framework: 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 2016-17, Total Health Expenditure (THE) for India is estimated at Rs. 581023 crores (3.8% of GDP and Rs.4381 per capita). THE constitutes current and capital expenditures incurred by Government and Private Sources including External/Donor funds. Current Health Expenditure (CHE) is Rs. 539371 crores (92.8% of THE) and capital expenditures is Rs. 41652 crores (7.2% of THE). Capital expenditures are reported for all sources of Government (Union Government is Rs.10450 crores; State Government Rs. 31202 crores).

Government Health Expenditure (GHE) including capital expenditure is Rs.188010 crores (32 % of THE, 1.2% GDP and Rs.1418 per capita). This amounts to about 4.4% of General Government Expenditure in 2016-17, of the GHE, Union Government share is 31.4 % and State Government share is 68.6%. Union Government Expenditure on National Health Mission is Rs. 21839 crores, Defence Medical Services Rs. 10485 crores, Railway Health Services is Rs. 3183 crores, Central Government Health Scheme (CGHS) is Rs. 3285 crores and Ex-Servicemen Contributory Health Scheme (ECHS) is Rs. 2914 crores. Expenditures by all Government Financed Health Insurance Schemes combined are Rs. 7705 crores.

Household Out of Pocket Expenditure on health (OOPE) is Rs. 340196 crores (58.7% of THE, 2.2 of GDP, Rs. 2570 per capita) Private Health Insurance expenditure is Rs. 27339 crores (4.7% of THE).

## Who contributes to current health expenditures?

From the Current Health Expenditures, Union Government share is Rs. 46896 crores (8.7%) and the State Government's share Rs. 84953 crores (15.8%). Local bodies' share is Rs. 4339 crores (0.8%), Households share (including insurance contributions) about Rs. 367373 crores (68.1%, OOPE being 63.2%). Contribution by

enterprises (including insurance contributions) is Rs. 24512 crores (4.5%) and NGOs is Rs. 7837 crores (1.5%). External/donor funding contributes to about Rs. 3462 crores (0.6%).

## Who provides health care services?

Current Health Expenditure attributed to Government Hospitals is Rs. 80398 crores (14.9%) and Private Hospitals Rs. 141082 crores (26.2%). Expenditures incurred on other Government Providers (incl. PHC, Dispensaries, and Family Planning Centres) is Rs. 42000 crores (7.8%), Other Private Providers (incl. private clinics) is Rs. 25672 crores (4.8%), Providers of Patient Transport and Emergency Rescue is Rs. 22979 crores (4.3%), Medical and Diagnostic laboratories is Rs. 24058 crores (4.5%), Pharmacies is Rs. 150571 crores (27.9%), Other Retailers is Rs. 826 crores (0.2%), Providers of Preventive care is Rs. 24188 crores (4.5%). About Rs. 18215 crores (3.4%) is attributed to Providers of Health System Administration and Financing.

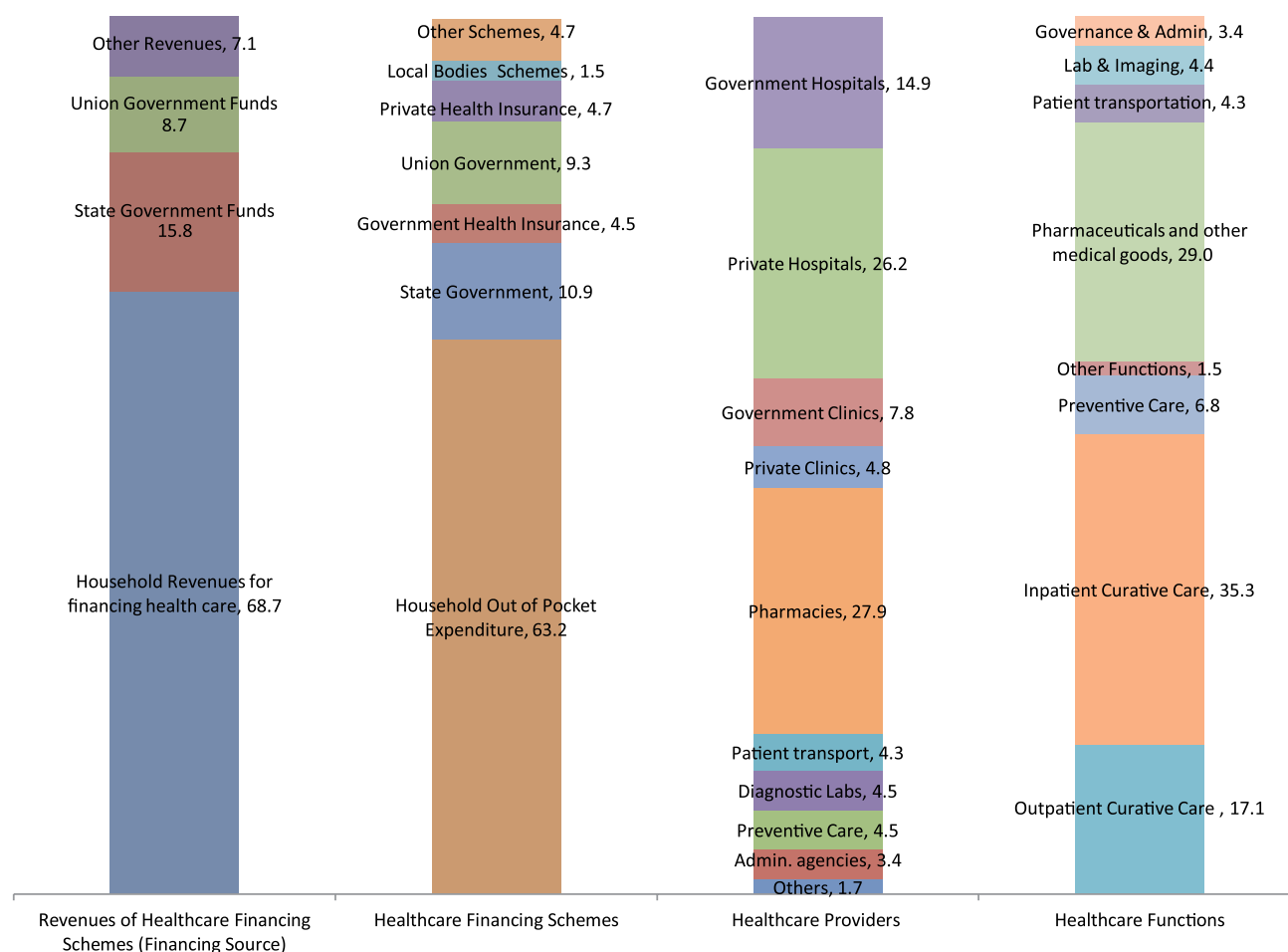
## What services are consumed?

Current health expenditure attributed to Inpatient Curative Care is Rs. 190389 crores (35.3%), Outpatient curative care is Rs. 92038 crores (17.1%), Patient Transportation is Rs. 22979 crores (4.3%), Laboratory and Imaging services is Rs. 23947 crores (4.4%), Prescribed Medicines is Rs. 144402 crores (26.8%), Over The Counter (OTC) Medicines is Rs. 1799 crores (0.3%), Therapeutic Appliances and Medical Goods is Rs. 826 crores (0.2%), Preventive Care is Rs. 36481 crores (6.8%), and others is Rs. 8013 crores (1.5%). About Rs. 18215 crores (3.4%) is attributed to Governance and Health System Administration.

Total Pharmaceutical Expenditure is 36.8% of current health expenditure (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 11.4% of current health expenditure.

Current Health Expenditure attributed to Primary Care is 45.2%, Secondary Care is 36.1%, Tertiary care is 13.9% and governance and supervision is 3.3%. When disaggregated; Government expenditure on Primary Care is 52.1%, Secondary Care is 23.1% and Tertiary Care is 10.8%. Private expenditure on Primary Care is 41.1%, Secondary Care is 42.4% and Tertiary Care is 15.6%.

**Figure 1: Distribution of Current Health Expenditure (2016-17) 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 (0.2% and 0.1%); Social insurance contributions from employers (1.1%); Voluntary prepayment from employers (0.7%); other revenues from corporation's n.e.c (2.8%) and NPISH n.e.c. (1.5%) and all direct foreign financial transfers (0.3%).
2. Government Health Insurance Schemes include Social insurance schemes like ESIC, CGHS (3.1%) and Government-based voluntary insurance schemes like RSBY, state specific government health insurance schemes etc. (1.4%).
3. Local bodies fund include urban (0.8%) and rural local bodies (0.01%)
4. Other schemes include: Non Profit Institutions Serving Households (NPISH) (1.7%) and Enterprises financing schemes (2.8%).
5. Private Clinics includes ambulatory centres like Offices of general medical practitioners (4.8%); Offices of medical specialists (<0.1%);
6. Government Clinics include ambulatory centres like Sub-Centres/ANM, ASHA, Anganwadi Centres & VHNSCs (0.9%); Primary Health Centres (PHC), Govt. dispensaries including AYUSH, CGHS and ESIS, Railway Polyclinics (6.3%) and Family planning centres (0.6%).
7. Administrative agencies include Govt. health admin (2.6%); Social health insurance (admin) (0.3%); Private health insurance admin (0.2%) and other administration agencies (0.2%)
8. Other providers include Retail sellers and other suppliers of durable medical goods and appliances (0.2%) and other health care providers (1.7%)
9. Pharmaceuticals and other medical goods include prescribed medicines (26.8%), Over-the-counter medicines (0.3%); all therapeutic appliances and other medical goods (0.15%).
10. Preventive care include programmes on Information, education and counselling (IEC) (0.7%) ; Immunization (1.25%) ; Early disease detection (0.12%); Healthy condition monitoring (2.4%); Epidemiological surveillance, risk and disease control (2.3%); Preparing for disaster and emergency response (0.02%)..
11. Other functions include All rehabilitative care (0.05%); All long-term care (<0.01%) and other health care services not elsewhere classified (1.5%)





# 1. National Health Accounts Estimates for India: 2016-17

## 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 a percentage 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 a percentage of THE:** CHE constitutes only recurrent expenditures for healthcare purposes net all capital expenditures. CHE as a percentage 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 a percentage 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 a percentage of THE:** Out of Pocket Expenditures are expenditures directly made by households at the point of receiving health care. This indicates the extent of financial protection available for households towards healthcare payments.

**Social Security Expenditure on health as a percentage 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 a percentage of THE:** Private health insurance expenditures constitute spending through health insurance companies wherein 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 a percentage of THE:** This constitutes all funding available to the country by assistance from donors

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

**Household Health Expenditure as a percentage 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 a percentage 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 the healthcare of the 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 the federal structure of India.

**AYUSH as a percentage 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 a percentage 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** Key indicators for India across NHA rounds.

Sl. No	Indicator	NHA 2016-17	NHA 2015-16	NHA 2014-15	NHA 2013-14	NHA 2004-05
1	Total Health Expenditure (THE) as percent of GDP	3.8	3.8	3.9	4	4.2
2	Total Health Expenditure (THE) Per capita (Rs.) (current prices)	4381	4116	3826	3638	1201
3	Total Health Expenditure (THE) Per capita (Rs.) (at constant 2011-12 prices)*	3503	3405	3231	3174	2066
4	Current Health Expenditures (CHE) as percent of THE	92.8	93.7	93.4	93	98.9
5	Government Health Expenditure (GHE) percent of THE	32.4	30.6	29	28.6	22.5
6	Out of Pocket Expenditures (OOPE) as percent of THE	58.7	60.6	62.6	64.2	69.4
7	Social Security Expenditure on health as percent of THE	7.3	6.3	5.7	6	4.2
8	Private Health Insurance Expenditures as percent of THE	4.7	4.2	3.7	3.4	1.6
9	External/ Donor Funding for health as per cent of THE	0.6	0.7	0.7	0.3	2.3

\*GDP deflators were used to make constant series. GDP deflator were calculated from GDP series available at data.gov.in

Source : NHA estimates for various years, NHSRC, MoHFW, MoSPI & Registrar General of India

**Table 2: Key health financing indicators for India: NHA Estimates 2016-17**

Sl.No	Indicator	NHA 2016-17
	<b>Total Health Expenditure (THE)</b>	
1	Total Health Expenditure (THE) as % GDP*	3.8
2	THE per capita (Rs.)^	4381
3	Current Health Expenditure (CHE) as % of THE	92.8
4	Capital Health Expenditure as % of THE	7.2
	<b>Government Health Expenditures (GHE)</b>	
5	Government Health Expenditures (GHE) as % of THE	32.4
6	GHE as % of GDP	1.2
7	GHE as % of General Government Expenditure (GGE)**	4.4
8	Per capita Government Health Expenditure (Rs.)	1418
9	Current Government Health Expenditure (CGHE) as % of GHE	77.8
10	Union Government Health Expenditure as % of GHE	31.4
11	State Government Health Expenditure as % of GHE	68.6
12	Government based Voluntary Health Insurance as % of GHE	4.1
	<b>Household Health Expenditure (incl. insurance contributions)</b>	
13	Household Health Expenditure (incl. insurance contributions) as % of THE	63.2
14	Household Health Expenditure (incl. insurance contributions) as % of CHE	68.1
	<b>Out of Pocket Expenditure (OOPE)</b>	
15	OOPE as % of THE	58.7
16	OOPE as % of CHE	63.2
17	OOPE as % of GDP	2.22
18	Per capita OOPE (Rs.)	2570
	<b>Others</b>	
19	External/ Donor Funding as % of THE	0.6
20	AYUSH as % of THE	10.6
21	Pharmaceutical expenditures as % of CHE	36.8

Sources:

1. Based on NHA 2016-17 estimates. For detail on Database Please refer section 2.4
2. \*GDP value for FY 2016-17 (Rs. 15362386 crores) from; Second advance Estimates of National Income, 2018-19 and Quarterly estimates of Gross Domestic Product for the third quarter (Oct-Dec), 2018-19. Press Information Bureau, Government of India Ministry of Statistics & Programme Implementation; 28-February-2018
3. ^ The population for 2016-17 is projected by National Health Systems Resource Centre using census population estimates-2011 published by Office of the Registrar General & Census Commissioner, India.
4. \*\*GGE value for FY 2016-17 (Rs 4265969crores) Table 114 : Receipts and Disbursements of Central and State Governments, Page no. 180, Handbook of Statistics on Indian Economy, 2017, Reserve Bank of India

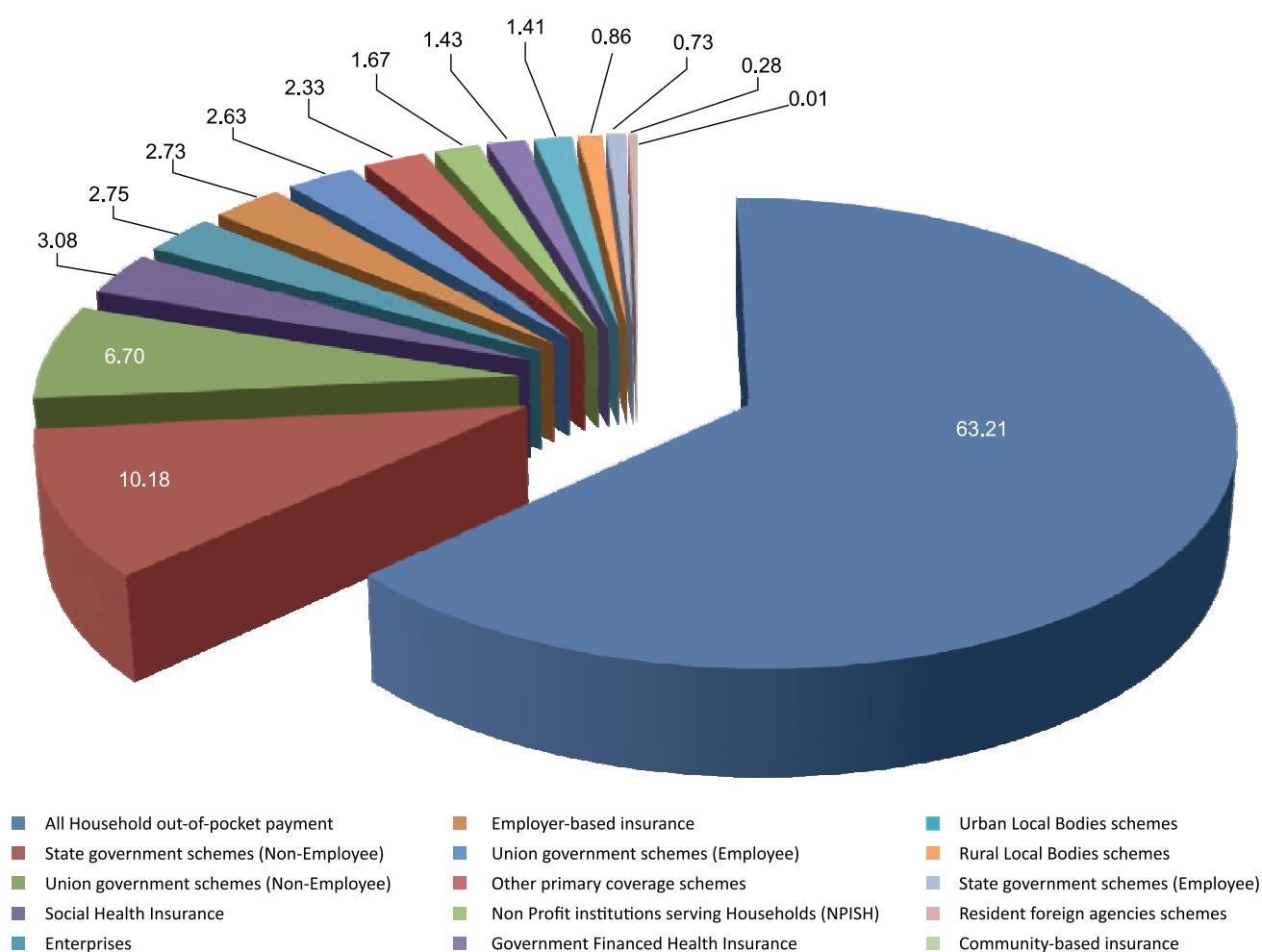
## 1.2 Expenditure Estimates by National Health Accounts Classifications

This section describes the 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 2016-17, (Rs. 539371 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** and **Figure 2** 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 (2016-17) by Financing Schemes (%)**



\* Disclaimer: Due care has been taken to capture all explicit expenditures on health care in the National and State budgets. However, expenditure from Programmes such as MP-LADS, MLA-LADS and certain general grants that may have health component have not been included."

**Table 3: Current Health Expenditures (2016-17) by Healthcare Financing Schemes**

NHACode	Financing schemes	Rs. Crores	%
HF.1.1.1.1	Union Government (Non-Employee)	36155.26	6.70
HF.1.1.1.2	Union Government (Employee) <sup>ss</sup>	14209.89	2.63
HF.1.1.2.1.1	State Government (Non-Employee)	54928.28	10.18
HF.1.1.2.1.2	State Government (Employee) <sup>~~</sup>	3923.05	0.73
HF.1.1.2.2.1	Urban Local Bodies	7591.98	1.41
HF.1.1.2.2.2	Rural Local Bodies	4639.58	0.86
HF.1.2.1	Social health insurance schemes (not incl. 1.2.1.4) <sup>^^^^</sup>	16607.13	3.08
HF.1.2.1.4	Government Financed Health Insurance <sup>##</sup>	7705.15	1.43
HF.2.1.1.1	Employer-Based Insurance (Private Group Health Insurance)	14718.00	2.73
HF.2.1.1.3	Other Primary Coverage Schemes (Private Individual Health insurance)	12584.00	2.33
HF.2.1.2.1	Community-Based Insurance	36.92	0.01
HF.2.2.1	Non Profit Institutions Serving Households (NPISH)	9028.26	1.67
HF.2.2.2	Resident Foreign Agencies Schemes	1497.26	0.28
HF.2.3.1.2	Enterprises	14830.29	2.75
HF.3.3	All Household Out-Of-Pocket Payment	340915.87	63.21
	Total	539370.92	100.00

## 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 the 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 the Ministry of Health and Family Welfare, other Union Ministries & Departments for providing healthcare services to the general population are classified here. It 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).

<sup>ss</sup>Current expenditures on Defence Medical Services (Rs.10485Crores), Railway Health Services (Rs.3183 Crores) and the rest is any reimbursements made by Union Government Departments through CSMA.

<sup>~~</sup>Incl. expenditures on employees through Medical allowance/reimbursements by State Government Departments

<sup>^^^^</sup>Incl. Central Government Health Scheme (CGHS), Ex-servicemen Contributory Health Scheme (ECHS) and Employee State Insurance Scheme (ESIS)

<sup>##</sup>Incl. expenditures on Rashtriya Swasthya Bima Yojana and State specific health insurance schemes

### **HF.1.1.1.2 Union Government Schemes (Employee)**

Expenditure by The 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 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 by 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 on healthcare services to the general population 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 Schemes, due to non-availability of disaggregated financial data their expenditures have been included under Union Government Employee Schemes. Social Health Insurance is 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 2016-17. 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 on Voluntary Insurance. However, these expenditures were always considered part of the Total Government Expenditure 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)<sup>\*\*\*</sup>. 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.

<sup>\*\*\*</sup>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>



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

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

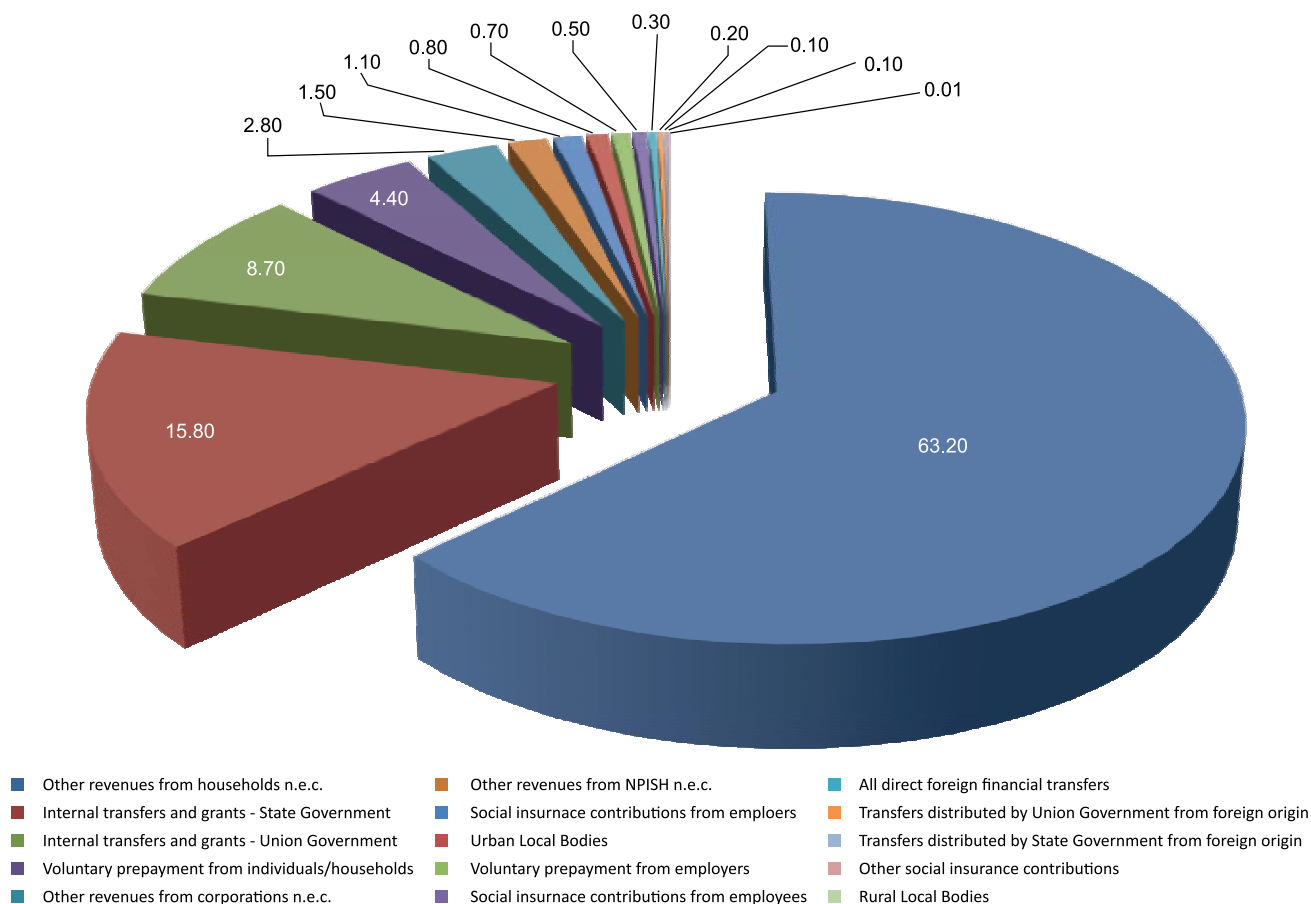
This is a sub category under HF.3 Household out-of-pocket payment. The expenditure in this category is paid by the household/ individuals at the point of receiving healthcare services. These are net of reimbursements of any nature (insurance/philanthropic donations etc.) and include all expenditures 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** and **Figure 3** presents the 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 the Indian context. A detailed description of this classification is provided in the "National Health Accounts Guidelines for India", 2016.



**Figure 3: Current Health Expenditures (2016-17) by Revenues of Healthcare Financing Schemes(%)**



**Table 4: Current Health Expenditures (2016-17) by Revenues of Healthcare Financing Schemes**

NHA Code	Revenues of Financing Schemes	Rs. Crores	%
FS.1.1.1	Internal transfers and grants - Union Government	46896.74	8.69
FS.1.1.2	Internal transfers and grants - State Government	84952.95	15.75
FS.1.1.3.1	Urban Local Bodies	4306.79	0.80
FS.1.1.3.2	Rural Local Bodies	32.10	0.01
FS.2.1	Transfers Distributed by Union Government from foreign origin	1102.19	0.20
FS.2.2	Transfers distributed by State Government from foreign origin	497.46	0.09
FS.3.1	Social Insurance Contributions from Employees	2440.32	0.45
FS.3.2	Social Insurance Contributions from Employers	5772.72	1.07
FS.3.4	Other Social Insurance Contributions	356.98	0.07
FS.5.1	Voluntary Prepayment from Individuals/ Households	23659.42	4.39
FS.5.2	Voluntary Prepayment from Employers	3679.50	0.68
FS.6.1	Other Revenues from Households n.e.c	340915.87	63.21
FS.6.2	Other Revenues from Corporations n.e.c.	15059.28	2.79
FS.6.3	Other Revenues from NPISH n.e.c.	7836.57	1.45
FS.7.1.4	All Direct Foreign Financial Transfers	1862.03	0.35
	<b>Total</b>	<b>539370.92</b>	<b>100.00</b>

## **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 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.

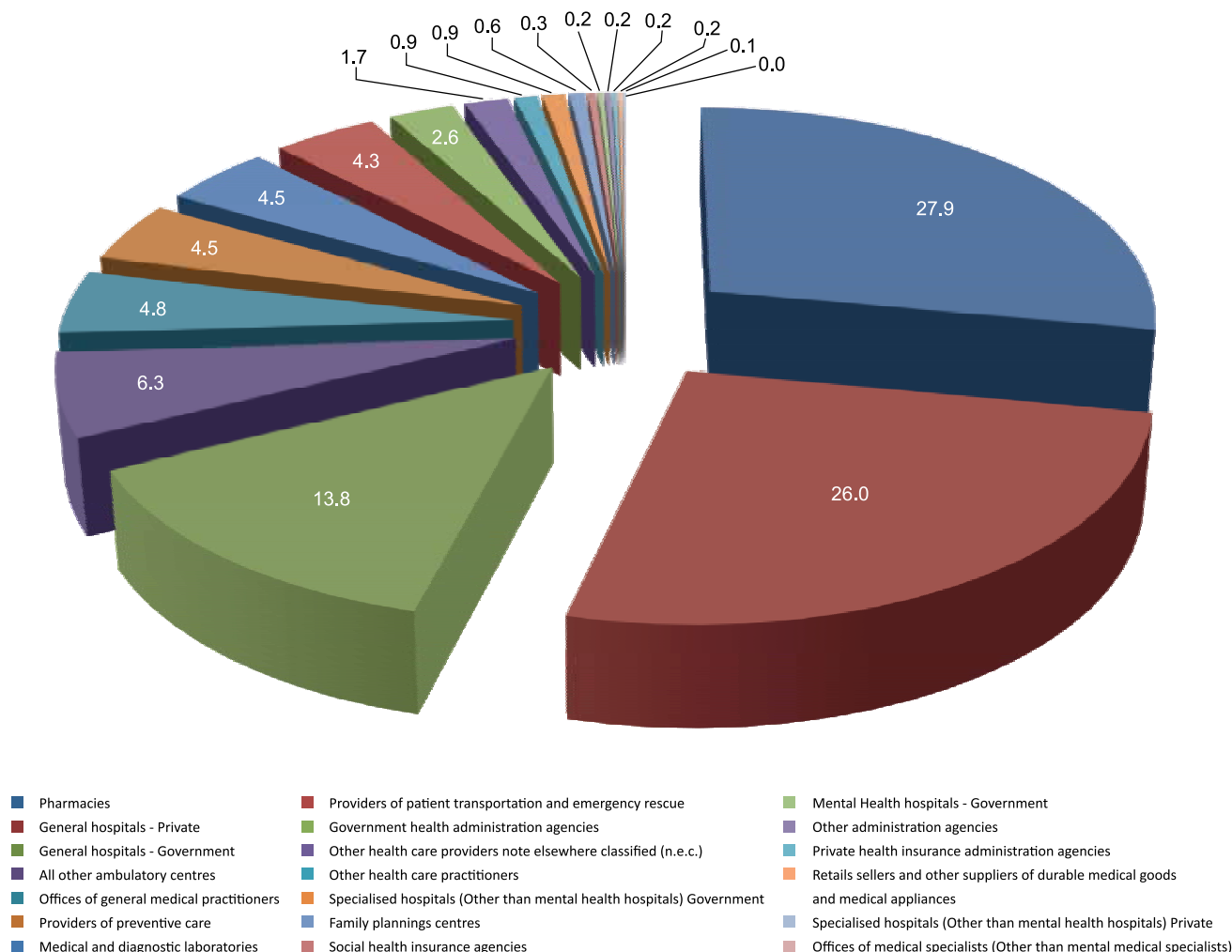
## FS.7 Direct foreign transfers

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** and **Figure 4** presents the distribution of current health care expenditures by providers of healthcare, followed by the description of all healthcare providers relevant in Indian context. Detailed description of Health Provider is given in the “National Health Accounts Guidelines for India”, 2016.

**Figure 4: Current Health Expenditures (2016-17) by Healthcare Providers (%)**



**Table 5: Current Health Expenditures (2016-17) by Healthcare Providers**

NHA Codes	Healthcare Providers	Rs. Crores	%
HP.1.1.1	General Hospitals - Government	74346.22	13.78
HP.1.1.2	General Hospitals - Private	140465.14	26.04
HP.1.2.1	Mental Health Hospitals - Government	1240.63	0.23
HP.1.3.1	Specialized Hospitals - Government	4811.55	0.89
HP.1.3.2	Specialized Hospitals - Private	617.21	0.11
HP.3.1.1	Offices of General Medical Practitioners (Private clinics)	25670.05	4.76
HP.3.1.3	Offices of Medical Specialists (Private Speciality clinics)	1.95	0.00
HP.3.3	Other Healthcare Practitioners <sup>^^</sup> - Government	4833.30	0.90
HP.3.4.1	Family Planning Centres- Government	3358.15	0.62
HP.3.4.9	All Other ambulatory centres <sup>^^^</sup> - Government	33808.75	6.27
HP.4.1	Providers of Patient Transportation and Emergency Rescue	22978.51	4.26
HP.4.2	Medical and Diagnostic Laboratories	24057.93	4.46
HP.5.1	Pharmacies	150570.64	27.92
HP.5.2	Retail sellers and Other suppliers of durable medical goods and medical appliances	825.70	0.15
HP.6	Providers of Preventive care	24188.47	4.48
HP.7.1	Government Health Administration Agencies	14116.76	2.62
HP.7.2	Social Health Insurance Agencies	1836.42	0.34
HP.7.3	Private Health Insurance Administration Agencies	1023.85	0.19
HP.7.9	Other Administration Agencies	1238.05	0.23
HP.10	Other Health Care Providers not elsewhere classified (n.e.c)	9381.63	1.74
	<b>Total</b>	<b>539370.92</b>	<b>100.00</b>

## 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 this 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.

<sup>^^</sup>Expenditures on Sub Centers/ANM, ASHA, Anganwadi Centers etc

<sup>^^^</sup>Expenditures on Primary Health Centers and Dispensaries incl. of AYUSH, CGHS, ESIS, and Railway Polyclinics

### **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 and Nutrition Sanitation Committees (VHNSC).

### **HP.3.4 Ambulatory health care 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 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, H.P.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 the 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 Examples 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.

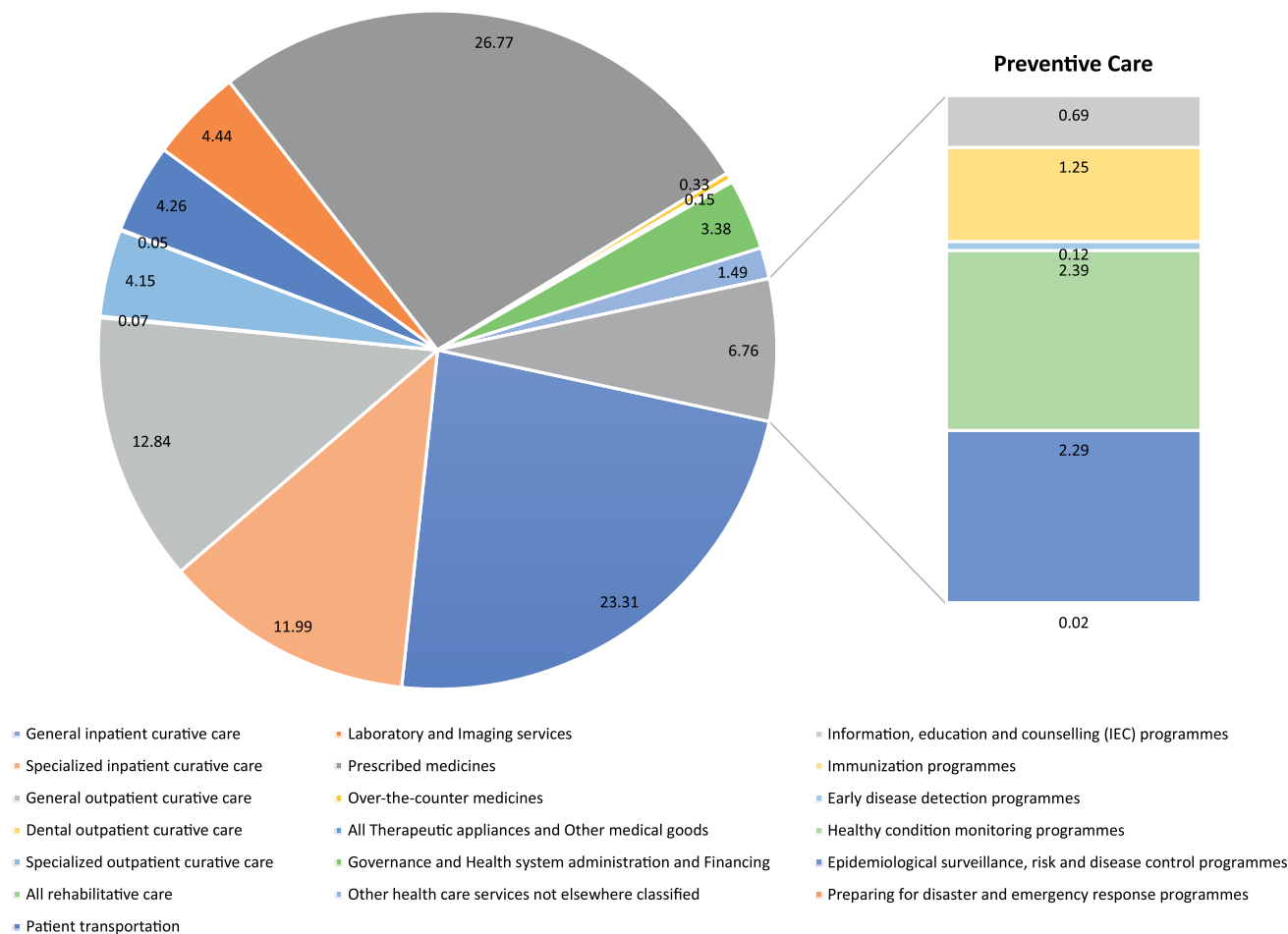
### HP. 10 Other Healthcare Providers not elsewhere classified (n.e.c)

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 the Indian context. The “National Health Accounts Guidelines for India”, 2016 gives detail of these functions.

**Figure 5: Current Health Expenditures(2016-17) by Healthcare Functions(%)**





**Table 6:** Current Health Expenditures(2016-17) by Healthcare Functions

NHA Codes	Healthcare Functions	Rs. Crores	%
HC.1.1.1	General inpatient curative care	125716.61	23.31
HC.1.1.2	Specialized inpatient curative care	64672.41	11.99
HC.1.3.1	General outpatient curative care	69252.56	12.84
HC.1.3.2	Dental outpatient curative care	392.44	0.07
HC.1.3.3	Specialized outpatient curative care	22392.86	4.15
HC.2	All rehabilitative care	259.40	0.05
HC.3	All long-term care	23.18	0.00
HC.4.3	Patient transportation	22978.51	4.26
HC.4.4	Laboratory and Imaging services	23946.98	4.44
HC.5.1.1	Prescribed medicines	144402.37	26.77
HC.5.1.2	Over-the-counter medicines	1798.67	0.33
HC.5.2.4	All Therapeutic appliances and Other medical goods	825.70	0.15
HC.6.1	Information, education and counselling (IEC) programmes	3735.93	0.69
HC.6.2	Immunization programmes	6748.51	1.25
HC.6.3	Early disease detection programmes	663.82	0.12
HC.6.4	Healthy condition monitoring programmes	12885.54	2.39
HC.6.5	Epidemiological surveillance, risk and disease control programmes	12346.91	2.29
HC.6.6	Preparing for disaster and emergency response programmes	100.53	0.02
HC.7.1	Governance and Health system administration	14601.83	2.71
HC.7.2	Administration of health financing	3613.24	0.67
HC.9	Other health care services not elsewhere classified	8012.92	1.49
	<b>Total</b>	<b>539370.92</b>	<b>100.00</b>
HC.RI.1	Total Pharmaceuticals Expenditure (TPE)	198615	36.8
HC.RI.2	Traditional, Complementary and Alternative Medicines (TCAM)	61518	11.4

## 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.



## 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 the 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 of 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, the 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) (a 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 the 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 the 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 2016-17 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, 2014-15 and 2015-16 and 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 (2016-17) by Primary, Secondary and Tertiary Care (%)**

Category	Description of Expenditures Included	Govt.	Pvt.	Combined
Primary	<ul style="list-style-type: none"> <li>Expenditures under preventive care under all healthcare providers.</li> <li>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.</li> <li>Expenditures for general outpatient curative care at all healthcare providers including related diagnostic and pharmaceutical expenditures apportioned from where ever relevant.</li> <li>Expenditures under all pharmaceuticals and other medical non-durable goods, therapeutic appliances and other medical goods purchased directly by the households</li> <li>Expenditures for inpatient curative care at all ambulatory centers including expenditures related to childbirth at Sub Centers.</li> <li>Expenditures under rehabilitative care at offices of general medical practitioners.</li> <li>Expenditures under all long term care and Expenditures under patient transportation</li> </ul>	52.1	41.1	45.2
Secondary	<ul style="list-style-type: none"> <li>Expenditures under general inpatient curative care at hospitals including related diagnostic and pharmaceutical expenditures apportioned from where ever relevant.</li> <li>Expenditures under dental outpatient curative care at all healthcare providers including related diagnostic and pharmaceutical expenditures.</li> <li>Expenditures under specialized outpatient curative care at all providers of ambulatory healthcare</li> <li>Expenditures under all laboratory and imaging services and pharmaceutical expenditures under specialized outpatient curative care as apportioned from where ever relevant.</li> </ul>	23.1	42.4	36.1
Tertiary	<ul style="list-style-type: none"> <li>Expenditures under specialized inpatient curative care at all providers including related diagnostic and pharmaceutical expenditures.</li> <li>Expenditures under specialized outpatient curative care at hospitals</li> <li>Expenditures under rehabilitative care at specialized hospitals other than mental health hospitals</li> </ul>	10.8	15.6	13.9
Governance and supervision	<ul style="list-style-type: none"> <li>All expenditures where both providers and functions are healthcare systems governance and administration of finances</li> </ul>	10.4	0.3	3.3
Not Classified elsewhere	<ul style="list-style-type: none"> <li>Expenditures that could not be classified under any of the above categories categories</li> </ul>	3.6	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.22 and 23 of this report. The expenditures under these for year 2016-17 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, 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 overheads) 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 (2016-17) under different schemes**

Sl.No	Health Insurance Scheme	Rs. Crore
1	Social Health Insurance Schemes	16607
1.1	Central Government Health Scheme (CGHS) (Incl. Capital Expenditure)	3569
1.2	Employee State Insurance Scheme (ESIS) (Incl. Capital Expenditure)	10132
1.3	Ex-Serviceman Contributory Health Scheme (Incl. Capital Expenditure)	2906
2	Government Financed Health Insurance	7705
2.1	Rashtriya Swasthya Bima Yojana (RSBY) (All States Not Specified Else Where)	2729
2.2	Yeshasvini Health Insurance, Karnataka	318
2.3	Aarogyasri Health Insurance, Telangana	840
2.4	Handloom Weaver Health Insurance	4
2.5	Insurance for Information and Broadcasting Workers, West Bengal	3
2.6	NTR Vaidyaseva, Andhra Pradesh	1462
2.7	Chief Minister's Health Insurance Scheme, Chhattisgarh	60
2.8	Goa Mediclaim and Swarnjayanti Aarogya Bima Yojna, Goa	48
2.9	Mukhyamantri Amrutam Yojna, Gujarat	395
2.10	Mukhya Mantri Health Insurance, Himachal Pradesh	4
2.11	Suvarna Arogya Suraksha Trust, Karnataka <sup>****</sup>	285
2.12	Megha Health Insurance, Meghalaya (Incl. RSBY)	22
2.13	Public Health Insurance, Mizoram	14
2.14	Bhagat Puran Singh Health Insurance Punjab	72
2.15	Chief Minister's Health Insurance Tamil Nadu	1177
2.16	Chief Minister Swasthya Bima Yojna Uttarakhand	35
2.17	Biju Krushak Yojana, Odisha	74
2.18	Comprehensive Health Insurance Scheme, Kerala	156
2.19	Other Government Financed Health Insurance <sup>###</sup>	7
3	Private Health Insurance	27339
3.1	Employer-based insurance (Other than enterprises schemes)	14718
3.2	Other primary coverage schemes	12584
3.3	Community-based insurance	37

**All values in the above table are rounded off**

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

<sup>###</sup>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 2016-17 estimates for India takes into account the 'actual expenditures' made during the Financial Year 1st April 2016 to March 31st 2017. 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 the 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 that 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

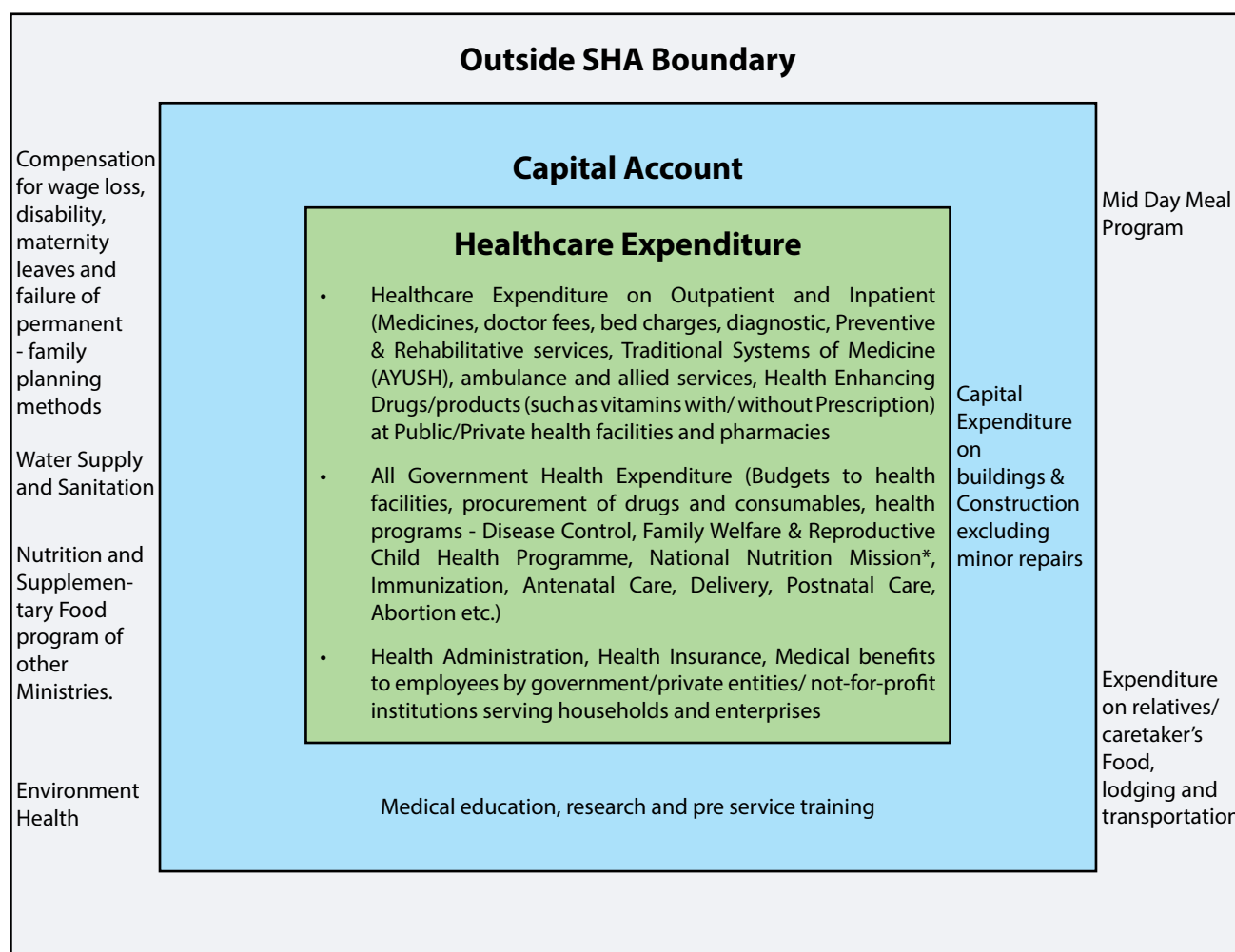


be taken while excluding these expenditures. For instance, if a Department allocates money to provide targeted supplementary nutrition to prevent anaemia, then it should be within the boundary, whereas a supplementary nutrition program whose aim is to provide nutrition education and counselling should 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**



\* Only expenditure related to Health of Mother and Child is included.

## 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, 2018-198 for actual expenditures of FY 2016-17.
- State-wise expenditures under National Health Mission (NHM) - Financial Monitoring Reports (FMR) for 2016-17– Financial Management Group (FMG), National Health Mission, MoHFW,.
- Detailed Demand for Grants -State Department of Health and Family Welfare and all Other State Departments, 2018-19, for actual expenditures of FY 2016-17.
- Office of Controller General of Accounts (CGA) - medical reimbursements to Union Government employees and contributions towards social health insurance for 2016-17.
- Expenditure Statements/ Annual Reports of Municipal Corporations and Office of Municipal Administration at State level for FY 2018-19 or the respective years that present expenditures for FY2016-17.
- 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 2016-17
- Annual Reports of Employees' State Insurance Corporation (ESIC) for FY 2016-17
- Official Communication(s) from Government Financed Health Insurance Schemes and Scheme Websites for details of reimbursements made for FY 2016-17.
- National Sample Survey Office 71st Round Survey Data - Social Consumption: Health, 2014 (January - June), Ministry of Statistics and Program Implementation<sup>\$\$\$</sup>.
- 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 2016-17
- Anonymised health insurance claims from Insurance Information Bureau (IIB), IRDAI for 2016-17
- 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 2016-17.
- Advance Estimates of National Income and Expenditures by CSO for FY 2016-17
- Handbook of Statistics on Indian Economy 2018, RBI
- Population Census of India, 2011, published by Office of the Registrar General & Census Commissioner, India. The population for 2016 is projected using census population estimates-2011by National Health Systems Resource Centre (NHSRC).
- Health Management Information System (HMIS), National Health Mission, MoHFW - utilisation data for 2016-17.

<sup>\$\$\$</sup>NSSO Data were extrapolated to arrive at OOP Expenditure for the year 2016-17. This extrapolation is based on State-wise population growth 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 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 the 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 the 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 HF.1.2.1.4. 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

\*\*\*\* 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>

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.

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 NHA 2013-14 and NHA 2014-15.

## 2.6 Limitations

- A 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 the 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 the 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 where ever 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, 2014-15 and 2015-16. These were obtained through independent surveys for each of the categories in 2013-14.

## Annexure

### National Health Accounts 2016-17 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 2016-17 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 (2016-17) by Healthcare Financing Schemes and Source of Revenues of Healthcare Financing (HFxFS matrix)
- Table A.2: Current Health Expenditure (2016-17) by Healthcare Providers and Healthcare Financing Schemes (HPxHF matrix)
- Table A.3: Current Health Expenditure (2016-17) by Healthcare Functions and Healthcare Financing Schemes (HCxHF matrix )
- Table A.4: Current Health Expenditure (2016-17) by Healthcare Functions and Healthcare Providers (HCxHP matrix)
- Table A.5: Current Health Expenditure (2016-17) by Primary, Secondary and Tertiary Healthcare Categorization (HCxHP matrix).

Table A.1: Current Health Expenditure (2016-17) by Healthcare Financing Schemes and Source of Revenues of Healthcare Financing (HFxFS matrix)

Indian Rupee (INR), Crores	Financing schemes	FS.1 Transfers from government domestic revenue (allocated to health purposes)				FS.2 Transfers distributed by government from foreign origin		FS.3 Social insurance contributions			FS.5 Voluntary prepayment		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		
	Revenues of health care financing schemes	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 employees	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 NPISH n.e.c.	All direct foreign financial transfers	
	NHA Codes	22,656	12,397			1,102											36,155
	HF.1.1.1.1	Union government schemes (Non- Employee)															14,210
	HF.1.1.1.2	Union government schemes (Employee)															54,928
	HF.1.1.2.1.1	State government schemes (Non- Employee)	51,807				395										3,923
	HF.1.1.2.1.2	State government schemes (Employee)	3	3,920													7,592
	HF.1.1.2.2.1	Urban Local Bodies schemes	376	2,909	4,307												4,640
	HF.1.1.2.2.2	Rural Local Bodies schemes	393	4,215		32											16,607
	HF.1.2.1	Social Health Insurance Schemes(not included HF.1.2.1.4)	6,004	2,390				2,440	5,773								7,705
	HF.1.2.1.4	Government Financed Health Insurance	479	6,766			103			357							14,718
	HF.2.1.1.1	Employer-based insurance (Other than enterprises schemes)									11,039	3,680					12,584
	HF.2.1.1.3	Other primary coverage schemes									12,584						37
	HF.2.1.2.1	Community-based insurance															9,025
	HF.2.2.1	NPISH financing schemes (excluding HF.2.2.2)	46	549										229	7,837	365	1,497
	HF.2.2.2	Resident foreign agencies schemes															3
	HF.2.2.2.nec	Unspecified NPISH financing schemes (n.e.c.)	3														14,813
	HF.2.3.1.2	Private enterprises (except health care providers) financing schemes															17
	HF.2.3.1.nec	Other Enterprises (except health care providers) financing schemes															3,40,916
	HF.3.3	All Household out-of-pocket payment															
HF.3 Household OOP																	
ALL HF		46,897	84,953	4,307	32	1,102	497	2,440	5,773	357	23,659	3,680	3,40,916	15,059	7,837	1,862	5,39,371

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**Table A.3: Current Health Expenditure (2016-17) by Healthcare Functions and Healthcare Financing Schemes (HCxHF matrix)**

[illegible]



Indian Rupee (INR), Crore	Health care providers	HP.1 Hospitals								HP.3 Providers of ambulatory health care								HP.4 Providers of ancillary services				HP.6 Providers of preventive care	HP.7 Providers of health care system administration and financing				HP.10 Other health care providers not elsewhere classified (n.e.c.)	All HP
		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	NHA Codes	HC.1	General	General hospitals – Government	Mental health hospitals – Government	Specialised health hospitals (Other than mental health hospitals)	Specialised health hospitals (Other than mental health hospitals) (Private)	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 laboratories	Pharmacies	Retail sellers and Other suppliers of durable medical goods and medical appliances	Providers of preventive care	Government health administration agencies	Social health insurance agencies	Private health insurance agencies	Other administration agencies	Other health care providers not elsewhere classified (n.e.c.)	125,717					
		HC.1.1.1	44,554	77,779	31	1,734	317				296	1,006																
		HC.1.1.2	14,682	46,306	962	2,055	207				183	277												64,672				
		HC.1.3.1	11,655	9,183		889	64	14,611	1	429	15	31,073						965				368,206,854	69,253					
		HC.1.3.2						220				80												392				
		HC.1.3.3	2,676	7,197	241	44	29	10,667	1	301		236												22,393				
		HC.2.nec	10		7	71		171																259				
		HC.3.nec	9		0						7							6						23				
		HC.4.3												22,979										22,979				
		HC.4.4													23,947									23,947				
Preventive care		HC.5.1.1													144,402								144,402					
		HC.5.1.2													1,799								1,799					
		HC.5.2.4														826							826					
		HC.6.1.nec	0							96		25					3,614						3,736					
		HC.6.2	0							116		1			4,370		2,262						6,749					
		HC.6.3	0		18					5		45					596							664				
HC.6.4	527							2,553	2,864	795					6,346							12,886						
HC.6.5.nec	136							1,533		264		111				10,303						12,347						
HC.6.6	4															97						101						

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[illegible]

Table A.5: Current Health Expenditure (2016-17) by Primary, Secondary and Tertiary Healthcare Categorization (HCxHP matrix).

NHA Code	Healthcare Providers	NHA Code Description	HP1.1.1	HP1.1.2	HP1.1.2.1	HP1.3.1	HP1.3.2	HP1.3.1.1	HP3.1.3	HP3.3	HP3.4.1	HP3.4.9	HP4.1	HP4.2	HP5.1	HP5.2	HP6	HP7.1	HP7.2	HP7.3	HP7.9	HP10
			General hospitals-Government	General hospital-Private	Mental Health hospitals-Government	Specialised health hospitals (Other than mental health hospitals)	Specialised health hospitals (Other than mental health hospitals)	Offices of general medical practitioners	Offices of medical specialists (Other than mental 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 agencies	Other administration agencies	Other health care providers not elsewhere classified (n.e.c)
HC.1.1.1		General inpatient curative care	44554	77779	31	1734	317				296	1006	0	0	0	0	0	0	0	0	0	0
HC.1.1.2		Specialised inpatient curative care	14682	46306	962	2055	207				183	277	0	0	0	0	0	0	0	0	0	0
HC.1.3.1		General outpatient	11655	9183		889	64	14611	1	429	15	31073	0	0	0	0	965	0	0	0	0	368
HC.1.3.2		Dental outpatient curative care	92					220				80	0	0	0	0	0	0	0	0	0	0
HC.1.3.3		Specialised outpatient curative care	2676	7197	241	44	29	10667	1	301		236	0	0	0	0	0	0	0	0	0	1001
HC.2. nec		Unspecified rehabilitative care (n.e.c.)	10		7	71		171				0	0	0	0	0	0	0	0	0	0	0
HC.3. nec		Unspecified long-term care	9									7	0	0	0	0	6	0	0	0	0	0
HC.4.3		Patient transportation										0	22979	0	0	0	0	0	0	0	0	0
HC.4.4		Laboratory and Imaging services										0	0	23947	0	0	0	0	0	0	0	0
HC.5.1.1		Prescribed medicines										0	0	0	144402	0	0	0	0	0	0	0
HC.5.1.2		Over-the-counter medicines										0	0	0	1799	0	0	0	0	0	0	0
HC.5.2.4		All Therapeutic appliances and other medical										0	0	0	0	826	0	0	0	0	0	0
HC.6.1nec		Other and unspecified IEC programmes								96		25	0	0	0	0	3614	0	0	0	0	0

NHA Code	Healthcare Providers	NHA Code Description	HP1.1.1	HP1.1.2	HP1.2.1	HP1.3.1	HP1.3.2	HP3.1.1	HP3.1.3	HP3.3	HP3.4.1	HP3.4.9	HP4.1	HP4.2	HP5.1	HP5.2	HP6	HP7.1	HP7.2	HP7.3	HP7.9	HP10
Health care Functions																						
HC.6.2	General hospitals-Government	Immunisation programmes								116		1	0	0	4370	0	2262	0	0	0	0	0
HC.6.3	General hospitals-Government	Early disease detection programmes				18				5		45	0	0	0	0	596	0	0	0	0	0
HC.6.4	General hospitals-Government	Healthy condition monitoring programmes								2353	2864	795	0	0	0	0	6346	0	0	0	0	0
HC.6.5 nec	General hospitals-Government	Unspecified epidemiological surveillance and risk and disease control								1533		264	0	111	0	0	10303	0	0	0	0	0
HC.6.6	General hospitals-Government	Preparing for disaster and emergency response										0	0	0	0	0	97	0	0	0	0	0
HC.7.1 nec	Other governance and health system administration	Other governance and health system administration										0	0	0	0	0	0	14018	0	0	584	0
HC.7.2	Administration of health financing	Administration of health financing										0	0	0	0	0	0	99	1836	1024	654	0
HC.9	Other health care services (n.e.c.)	Other health care services (n.e.c.)										0	0	0	0	0	0	0	0	0	0	8013
All HC												33809	22979	24058	150571	826	24188	14117	1836	1024	1238	9382

Colour Codes	Primary Care	Secondary Care	Tertiary Care	Administration	NEC	Apportioned to PST

## Key Health Financing Indicators for select States

**Table A.6: Key Health Financing Indicators for select States: NHA Estimates 2016-17**

S. No.	State	Total Health Expenditure (THE)			Government Health Expenditure (GHE)					Out of Pocket Expenditure (OOPE)				Population (in crores)	GSDP (in crores)	GGE (in crores)
		In Rs. Crore	Per Capita in Rs.	% GSDP	In Rs. Crore	% THE	% GSDP	% GGE	Per Capita in Rs.	In Rs. Crore	% GSDP	% THE	Per Capita in Rs.			
1	Assam*	8453	2562	3.3	3294	39	1.3	6	998	4547	1.8	53.8	1378	3.3	254478	54865
2	Andhra Pradesh	28981	4600	4.2	7090	24.5	1	5.4	1125	20928	3	72.2	3322	6.3	697508	131359
3	Bihar	26885	2358	6.4	5740	21.3	1.4	4.7	504	20857	4.9	77.6	1830	11.4	422316	121974
4	Chhattisgarh	10214	3648	4	3463	33.9	1.4	6	1237	5711	2.2	55.9	2040	2.8	254722	57635
5	Gujarat	23700	3703	2.1	9145	38.6	0.8	7.2	1429	11399	1	48.1	1781	6.4	1153327	126250
6	Haryana	12238	4533	2.2	3621	29.6	0.7	4.8	1341	6923	1.2	56.6	2564	2.7	556325	75267
7	Himachal Pradesh	3851	5501	3.1	1971	51.2	1.6	6.8	2816	1785	1.4	46.4	2550	0.7	125634	28843
8	Jammu and Kashmir	5138	3952	4.1	1995	38.8	1.6	4.1	1535	3004	2.4	58.5	2311	1.3	125379	48098
9	Jharkhand	8325	2313	3.5	2582	31	1.1	4.6	717	5496	2.3	66	1527	3.6	236250	55864
10	Karnataka	34210	5183	2.8	9168	26.8	0.8	5.7	1389	16815	1.4	49.2	2548	6.6	1209136	160071
11	Kerala	28291	8083	4.5	7522	26.6	1.2	7.4	2149	18967	3	67	5419	3.5	634871	101222
12	Madhya Pradesh	21999	2820	3.4	6324	28.7	1	4.3	811	15166	2.3	68.9	1944	7.8	648849	146826
13	Maharashtra	63046	5210	2.9	14708	23.3	0.7	6.2	1216	35771	1.6	56.7	2956	12.1	2188532	238778
14	Odisha**	18266	4059	4.6	4988	27.3	1.3	5	1108	12582	3.2	68.9	2796	4.5	393808	100708
15	Punjab	17285	5960	4	3421	19.8	0.8	5.7	1180	13362	3.1	77.3	4608	2.9	426988	59642
16	Rajasthan	25592	3412	3.4	8447	33	1.1	5.9	1126	14504	1.9	56.7	1934	7.5	758809	144120
17	Tamil Nadu	36451	4734	2.8	9959	27.3	0.8	5.7	1293	22626	1.7	62.1	2938	7.7	1302639	173905
18	Uttar Pradesh	75634	3469	6.1	16828	22.2	1.3	5.5	772	56609	4.5	74.8	2597	21.8	1248374	306381
19	Uttarakhand	4421	4019	2.3	1595	36.1	0.8	5.3	1450	2748	1.4	62.1	2498	1.1	195125	30226
20	West Bengal	41059	4277	4.7	8697	21.2	1	6	906	30420	3.5	74.1	3169	9.6	872527	145254

**All values in this table are rounded off.**

**Gross Domestic State Product (GSDP):** GSDP at current prices with base year 2011-12 is sourced from Directorate of Economics & Statistics of respective State Governments available at Ministry of Statistics and Programme Implementation- <http://mospi.nic.in/data> – accessed on 4.09.2019.

**General Government Expenditure (GGE):** State wise GGE is sourced from RBI State Finances: a Study of budgets (2019); 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 4.09.2019.

**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 channeled 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** is arrived by dividing total health expenditure by the population for respective state.

\*GSDP for Assam was wrongly reported as 195723 crores in 2015-16 NHA. The correct figure is 227959 crores. As a result share of THE, GHE and OOPE from GSDP for the state are 3.5, 1.3 and 1.9 respectively.

\*\*GHE for Odisha was wrongly reported as 3354 crores in 2015-16 NHA. The correct figure is 4988 crores. Other variables related to GHE of the state remains the same.

**Table A.6** presents key health financing indicators for select States for NHA estimates 2016-17. 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 India<sup>18</sup>

Description	SHA Codes
<b>Government schemes and compulsory contributory health care financing schemes</b>	<b>HF.1</b>
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
<b>Voluntary health care payment schemes</b>	<b>HF.2</b>
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
<b>Household out-of-pocket payment</b>	<b>HF.3</b>
All Household out-of-pocket payment	HF.3.3

<sup>18</sup>Table1 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.

## AnnexeB2:Classification of Revenues of Financing Schemes (FS) for NHA India<sup>19</sup>

Description	Code
<b>Transfers from government domestic revenue (allocated to health purposes)</b>	<b>FS.1</b>
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
<b>Transfers distributed by government from foreign origin</b>	<b>FS.2</b>
Transfers distributed by Union Government from foreign origin	FS.2.1
Transfers distributed by State Government from foreign origin	FS.2.2
<b>Social insurance contributions</b>	<b>FS.3</b>
Social insurance contributions from employees	FS.3.1
Social insurance contributions from employers	FS.3.2
<b>Voluntary prepayment</b>	<b>FS.5</b>
Voluntary prepayment from individuals/households	FS.5.1
Voluntary prepayment from employers	FS.5.2
<b>Other domestic revenues n.e.c.</b>	<b>FS.6</b>
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
<b>Direct foreign transfers</b>	<b>FS.7</b>
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 <sup>20</sup> )	FS.7.2.2

<sup>19</sup>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 SHA 2011 manual.

<sup>20</sup>TA= Technical Assistance



## AnnexeB3: Classification for Healthcare provision (HP) in India<sup>21</sup>

Description	Code
<b>Hospitals</b>	<b>HP.1</b>
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
<b>Providers of ambulatory health care</b>	<b>HP.3</b>
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
<b>Providers of ancillary services</b>	<b>HP.4</b>
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
<b>Retailers and Other providers of medical goods</b>	<b>HP.5</b>
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
<b>Providers of preventive care</b>	<b>HP.6</b>
<b>Providers of health care system administration and financing</b>	<b>HP.7</b>
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

<sup>21</sup>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 India <sup>22</sup>

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

<sup>22</sup>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. <sup>23</sup>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.

<sup>23</sup>A System of Health Accounts 2011 Edition

**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).

**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

**F. No. 2-18041/02/2014-BP**  
**Government of India**  
**Department of Health and Family Welfare**  
**(Bureau of Planning)**

Room No. 502 A, Nirman Bhavan,  
Dated: 08th August, 2014

### (OFFICE MEMORANDUM)

**Subject: Constitution of Steering Committee on National Health Accounts - Reg.**

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 issues 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 Governments, 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- 110 011.	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 - 110 029.	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- 110 011.	Member
7.	Additional Secretary & Financial Adviser Ministry of Health and Family Welfare, Nirman Bhawan New Delhi- 110 011.	Member
8.	Additional Secretary(Health) Ministry of Health and Family Welfare, Nirman Bhawan New Delhi- 110 011.	Member
9.	Additional Director General, Central Statistical Organisation, Sardar Patel Bhawan,Parliament Street, New Delhi- 110 001	Member
10.	Adviser (Health) Planning Commission Government of India Yojana Bhawan, Sansad Marg New Delhi - 110 001	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- 110 001	Member
13.	Chairman, 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- 110 011.	Member
15.	Joint Secretary (Fund Bank) Department of Economic Affairs Ministry of Finance, North Block New Delhi-110 001.	Member
16.	WHO Representative to India Nirman Bhawan, Maulana Azad Road New Delhi - 110 011.	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 (Foreigners Division) Ministry of Home Affairs, NDCC Building, New Delhi-110 001.	Member
19.	Controller of Aid Accounts & Audit Department of Economic Affairs Janpath Bhawan, B Wing, 5th Floor, Janpath,New Delhi - 110 001	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 of 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 - 110 067.	Member Secretary

- The Chairman, if deemed necessary, may form sub-committees and co-opt official and non-official members as needed.
- 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.
- The members are expected to maintain confidentiality of the data, discussed in Steering Committee meetings till the final approval and dissemination of NHA estimates.
- The Expenditure on TA/DA in connection with the meetings 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 entitlement 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.
- The Committee would be serviced by NHSRC NHA Technical Secretariat.
- This issues with the approval of the Secretary (H&FW).



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

To :

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

**Copy for information to:**

- Deputy Secretary (Administration), Dept. of H&FW
- Pay & Accounts Officer, Dept. of H&FW
- Protocol Officer, Dept. of H&FW



(J. Rajesh Kumar)  
Director (BOP)





## List of Members of NHA Expert Group

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







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