

Capacity Building Workshop on State Health Accounts - North Eastern States

24th May to 27th May 2016

**European Commission Conference Hall, STNM Complex, Gangtok,
India**

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Acknowledgements

I express my deepest gratitude to everyone who supported the “Capacity Building Workshop on State Health Accounts – North Eastern States.

I am thankful to Dr Sheela Prasad, Economic Adviser and Mr. J. Rajesh Kumar, Director (Bureau of Planning) from the Ministry of Health and Family Welfare (MoHFW), Government of India (GoI), Dr Sanjiv Kumar Executive Director, NHSRC, and Dr Bamin Tada, Director RRC-NE for continued support in conducting this workshop.

I am grateful for the support received from Dr Kumar Bhandari, Secretary Health and Family Welfare and Dr Bimal Rai, Mission Director, NHM, Government of Sikkim, and for their presence and participating in engaging discussions on policy relevance of State Health Accounts estimates for North Eastern States of India.

I am thankful to the National Health Accounts team at NHSRC (Dr Rahul Reddy, Mr Tushar Mokashi, Ms Jyotsna Negi, Mr Manvirender Singh Rawat and Ms Preeti Atwal) for executing this workshop, being the resource persons and also drafting this report.

I acknowledge the resource persons from Public Health Foundation of India (Dr Sandeep Sharma, Dr Montu Bose and Dr Amit Sahoo) for contributing to sessions on Urban Local Bodies, Non Governmental Organizations and firms.

I thank Regional Resource Center Northeast and especially Mr Nabin for facilitating the logistic arrangements and administrative support in Gangtok.

Dr Charu C Garg

Secretary National Health Accounts Technical Secretariat (NHATS) &
Adviser Healthcare Financing, NHSRC

National Health Accounts Technical Secretariat (NHATS)

Health Accounts describes a country's health system from an expenditure perspective, classifying health expenditures according to consumption, provision and financing which is indispensable for tracking trends in health spending and the factors driving it. Conducting NHA at periodic intervals improves planning and allocation of resources to develop strategies that protect people from catastrophic health expenditures and reduce inequities in health.

Institutionalizing the system of Health Accounts for India was envisaged in National Health Policy (2002), through establishment of the NHA Cell in the Ministry of Health and Family Welfare, Government of India (GoI) and has been emphasized in the draft National Health Policy 2015 as well.

Ministry of Health and Family Welfare, GoI in August 2014 entrusted National Health Systems Resource Centre (NHSRC) as the National Health Accounts Technical Secretariat (NHATS) with a mandate to institutionalize Health Accounts in India. The NHATS with a vision of institutionalization of NHA in India:

1. Established a Steering Committee (represented by high level Officials of the Central and State Ministries/ Departments related to Health Expenditures) and an Expert Group (Healthcare Financing and NHA Experts) to steer the process of institutionalizing NHA and generate periodic reports.
2. Established a National Health Accounts Framework adapted to the Indian context mandating a specific classification system for health expenditures in India, comparable to the standardized global NHA framework.
3. Established a country specific Technical Team (i.e. the core NHA Team) that represents all aspects of the health sector to collect data from primary and secondary sources, data validation, analysis, and tabulation using standardized format of NHA tables.
4. Established processes that track all Health Sector Expenditures at three levels: Financing Schemes and Providers and consumption – for both public and private sector in India including the external donors and money channeled through Non-Governmental Organizations or Philanthropic Organizations towards health care. The process has been documented in the “National Health Accounts Guideline for India”, 2016.
5. Shall train individuals and institutions in the National Health Accounts framework and methodology with an objective to build capacity at the State and Central level to support NHATS for generating NHA in India and also state level health accounts.
6. Develop a strong network of institutions and organizations at state level across the country, for periodic conduct of NHA and update health expenditure data at state and national level.
7. Disseminate the framework for NHA in India, periodic NHA reports, addendums to results and methodology, periodic reports on healthcare expenditures in India and health financing policy related issues.

Highlights from the Workshop

The NHATS with a vision to create awareness and build capacity on state health accounts in India is undertaking training workshops for policy makers and nodal officers at State level. This four day capacity building workshop was organized for the eight Northeastern states of India financed and technically supported by NHSRC, MoHFW. Technical support from PHFI for certain areas is gratefully acknowledged.

Policy-makers from the states and state NHA nodal officers engaged in discussions related to policy questions to be answered from state health accounts estimates, data availability and capacity for generating health accounts at state level. The NHA nodal officers were trained in the system of health accounts, NHA guidelines for India and the Health Accounts Production Tool (HAPT).

This workshop is second in the series of capacity building workshops. Nineteen participants were trained in total of sixteen representing state health accounts teams of eight Northeastern States of India. Each state team included one NHA nodal officer and a state government official part of the team to support work at the state level. Three staff members of NHSRC branch office, Regional Resource Centre – North East (RRC-NE), located at Guwahati were trained. These members are expected to anchor the state health accounts work in the region for advocacy, technical support and handholding to the state for conducting state health accounts.

This four-Day Workshop was the first step towards institutionalizing Health Accounts in the northeastern states of India. The modules and sessions were designed to cover various concepts and tools used in Health Accounts. To provide hands on training, the workshop had almost 50% of the time allocated for exercises on data classification and analysis. The participants also developed respective state work plan with milestones and challenges at the end of the workshop. They would take this forward in the states with support of NHATS and RRC-NE. The knowledge gained and skills developed from this capacity building workshop will be used to develop State Health Accounts in the NE states by the end of this year.

The Workshop

Introduction and Objectives

The draft National Health Policy 2015 focuses on progress towards Universal Health Coverage providing a direction for Health Accounts in India. Health Accounts is necessary to develop a baseline on financial investments available across different functions and providers of healthcare. Health Accounts describes a country's health system from an expenditure perspective, classifying health expenditures according to consumption, provision and financing which is indispensable for tracking trends in health spending and the factors driving it. Thus health expenditure estimates from government, private providers and households will form the evidence for any key interventions and improving efficiency of funds allocation and utilization for health programs.

Building capacity at the State level in system of Health Accounts is very critical. Production of good quality health accounts at the state level requires a core team and a network of partners that is well trained in the system of health accounts and has the ability of contextualizing and interpreting state level financing to India.

The objectives of the workshop were:

1. Develop awareness about NHA and its usefulness for policy and planning.
2. Sharing experience from the development of NHA, challenges and way forward for institutionalization.
3. Develop technical capacity to operationalize State Health Accounts team, train the State Health Accounts team in methodologies for estimation adhering to the 'National Health Accounts Guidelines for India' and the standard estimation software (Health Accounts Production Tool).
4. Support preparation of a road map and way forward to develop state health accounts.

Program Overview

The four-day training workshop had two focus areas. Part one (Day 1 and second half of day 4) was focused on key NHA estimates, policy implications of state health accounts (specific to NE states) and its relevance in the context of draft National Health Policy 2015, the need for institutionalization of Health Accounts in India and Health Accounts framework in the macroeconomic context. Senior government officials and healthcare financing experts in addition to the workshop trainees attended these sessions. The “National Health Accounts Guideline for India”, 2016 developed by the NHATS, was released on this occasion. The guideline provides a standard methodology to arrive at health expenditure estimates that are comparable with other countries and across the States. The guideline will be extremely useful to the States for producing their state level health expenditure estimates.

Second part of the workshop focused on technical training on National Health Accounts framework for India, methodologies and tools for the trainees. The trainees were oriented to the methodological approach adopted by NHATS, available data sources, and survey instruments for primary data collection and introduction to Health Accounts Production Tool (HAPT) - for producing state specific Health Accounts estimates. The technical sessions included exercises and group presentations by the participants.

Speakers and resource persons for the workshop included senior officials from Ministry of Health and Family Welfare, Government of Sikkim, Public Health Foundation of India and the NHATS team from NHSRC, New Delhi.

Workshop Proceedings

Day 1 (24th May 2016)

Inaugural Session

The chief guest for the inaugural session was Dr. Kumar Bhandari, Secretary Health and Family Welfare, Government of Sikkim. The other speakers present were Dr Bimal Rai, Mission Director, NHM Sikkim, Dr Sanjiv Kumar, Executive Director National Health systems Resource Centre (NHSRC), Dr Bamin Tada, Director Regional Resource Centre –North East, Shri J Rajesh, Director Bureau of Planning, Ministry of Health and Family Welfare, Government of India and Dr Charu C. Garg, Adviser Healthcare Financing, NHSRC.

Welcome address

Dr Bamin Tada in his welcome address thanked the dignitaries and participants for their presence and enthusiasm for this four day capacity building workshop. He encouraged participants to make the best of the this training opportunity and take the health accounts forward in their respective state. He thanked NHSRC for starting the workshop series from NE region and congratulated the NHATS team for their efforts.

Workshop Overview

Dr Charu Garg welcomed all and thanked the dignitaries on the dais for their support. She thanked her team for putting in all the efforts. Then she detailed the objectives of the workshop and the agenda . Participants were informed that the time for each of the technical sessions in this workshop is divided into theoretical concepts, explained by the resources persons in their respective presentations, followed by a set of exercises to give a hands on experience of conducting health accounts, therefore enhancing the learning experience.

Importance of NHA in Public Health

Dr Sanjiv Kumar in his address to the participants emphasized on importance of health accounts in Public Health. He informed the audience that health expenditures from NHA is critical as it is produced from a scientific and standardised global methodology. It gives a perspective of financing healthcare in a country. NHA estimates are a reflection of the policies and priorities of that particular country. This enables policy makers to stress on immediate public health concerns and advocate for increased funding required for some programs. It also helps in prioritizing allocating resources to health programs. The household spending is reflected and useful to understand which interventions need more government spending to be able to reduce households financial burdens.

Address by Dr Kumar Bhandari, Principal Secretary (Health), Sikkim

Dr Bhandari thanked NHSRC for selecting Gangtok for this workshop. He informed he was glad to extend full support and cooperation from the state government. Dr Bhandari informed that he was aware about importance of health accounts and how far they can go in improving better planning and budgeting. He promised the state NHA and NHATS team full support to conduct health accounts for Sikkim.

Release of the NHA guidelines of India and vote of thanks

Dr Charu Garg requested Dr Bhandari and the dignitaries to release the “National Health Accounts Guideline for India”. These were developed by NHATS after several consultations with Indian and international experts. The hard copy of the guideline was distributed amongst the participants.

Dr Bimal Rai thanked all dignitaries for their presence and the participants for travelling from different states to Gangtok. He also promised all the support from his office for the workshop.

Introduction to NHA and Policy relevance for states

Dr. Charu Garg, in her presentation, focused on the key aspects of NHA and its policy implications at state level. She informed the participants that Health Accounts Health accounts provide a systematic description of the financial flows related to the consumption of health care goods and services. It is a standardized tool to measure health system’s performance, system’s policy, planning and management. She introduced the participants to the tri-axial framework of NHA and briefly talked about the consumption, provider and financing dimensions of the framework.

Talking about the policy relevance of NHA, Dr Charu said that the health accounts estimates help in answering some of the key questions, such as - how large is the health system and its parts in the economy? Who pays for healthcare and how much? How are the resources allocated across providers and services? This information becomes extremely critical for policy makers as decision making authorities for allocation or relocation of scarce resources. She emphasized on the fact that the primary objective of conducting health accounts is to guide equitable and efficient resource allocation to meet the ultimate goal of financial protection.

She also informed the participants how the NHA data and its analysis can be used for inter-state comparisons and also presented the interstate comparison of all northeastern states in terms of public expenditure as a percentage of state gross domestic product and average household out of pocket expenditure on healthcare.

The presentation was followed by a detailed question and answer session.

Technical Sessions

System of Health Account Framework and Steps for Conducting State Health Accounts

Presenter - Dr Rahul Reddy, Senior Consultant Healthcare Financing, NHSRC

Dr Rahul detailed the NHA tri axial framework and its three dimensions. He further said that NHA is a standard for classifying health expenditures according to the three axes of consumption, provision and financing and it provides methodological support in compiling health accounts.

He then discussed the fund flow diagram representing flow of health funds among several healthcare institutions within the health financing system of India. He impressed the need for all the participants to first develop this flow diagram for their respective states. This is the first step in understanding the financing system in the state and one can then easily understand the health accounts framework.

Dr Rahul then talked about the necessary steps to be taken for conducting state health accounts. He explained that the first step is to develop roadmap/ plan for conducting SHA, followed by setting up of steering committee and expert group for guidance, technical support and approvals of estimates. It is also important to have a team of NHA trained professionals who will develop the SHA estimates. The next step is to identify data sets and their sources. It is important at this point to set the time and spatial boundaries and procure the data accordingly and also set the functional boundaries to finally have the data that can be used for classification. The next step is to classify the data into current and capital expenditure as per the NHA guideline for India. The current expenditure line items are then classified into four different categories viz. healthcare financing schemes (HF), revenues of healthcare financing schemes (FS), healthcare providers (HP) and healthcare functions (HC). These classification codes are then mapped using HAPT. NHA tables are developed by cross mapping of two categories. Finally the key financing indicators are developed using the NHA tables, which are presented to the expert group and steering committee for approval. Once approved, the report can be made and the information can be used by policy makers, researchers and academicians.

The presentation was followed by a short exercise where the participants were asked to list down all the financing sources, institutions that manage funds, providers, centrally sponsored schemes and government funded insurance schemes in their respective states. The objective of this exercise was to help the participants identify different sources, institutions, providers, centrally sponsored schemes and insurance schemes in their respective states.

NHA Healthcare Boundaries for India

Presenter – Mr Tushar Mokashi, Consultant Healthcare Financing, NHSRC

Mr Tushar started his presentation with the definition of healthcare as per the System of Health Accounts 2011 framework and spoke about the three types of boundaries viz. Time, spatial and functional boundaries. First there is demarcation of the activities into two categories.

1. Activities related to current consumption of services to promote, develop and maintain health status.
2. Resource generation like capital formation, medical education and training and research dealing with future healthcare provision, which is mentioned separately, but kept outside the boundary of current healthcare expenditure.

He explained in detail the need for setting functional boundaries and the inclusion criteria. All the four criteria were discussed at length (primary purpose health, qualified medical and health knowledge and skills, consumption of final use, transaction of health care goods and services) quoting examples from ministries and departments (other than MoHFW and DoHFW) spending on health of the citizens or their employee.

Mr Tushar informed the participants that for setting the boundaries of Union Government spending on health, the NHATS team had to screen the budget documents of 94 departments from 53 ministries to identify expenditure line items that appear to be health expenditure or health related expenditure. Each expenditure line item was then tested based on the set criteria based on which expenditure line items were either included or removed outside the boundary.

Mr Tushar also talked about classifying the health expenditure line items into current consumption and capital formation.

NHA Classifications and codes for Financing Schemes and Revenues of financing schemes India

Presenter - Dr Rahul Reddy, Senior Consultant Healthcare Financing, NHSRC

Dr Rahul Reddy in his presentation explained each and every classification code for healthcare financing schemes (HF) and revenues of healthcare financing schemes (FS) relevant in Indian context, quoting India specific examples for each classification code. The participants were also asked to refer to the NHA guidelines for India which provides India specific/ relevant classifications and codes.

The presentation was followed by an exercise where the participants were given state government treasury data sheets and were asked to do the HF and FS classification. The exercise was followed by a detailed question and answer session.

Day 2 (25th May 2016)

The day started with a quick overview of learning from Day 1 presented by one of the participants from Tripura, Dr Supratim Bir. This was followed by technical presentations by resource persons.

Classification and codes (Healthcare Providers)

Presenter – Mr Tushar Mokashi, Consultant Healthcare Financing, NHSRC

Dr Tushar Mokashi in his presentation explained each and every classification code for healthcare providers (HP) relevant in Indian context, quoting India specific examples for each classification code. The presentation was followed by an exercise where the participants were given state government treasury data sheets and were asked to do the HP classification. The exercise was followed by a detailed question and answer session where several doubts of the participants were clarified.

Classification and codes (Healthcare Functions)

Presenter - Dr Rahul Reddy, Senior Consultant Healthcare Financing, NHSRC

Dr Rahul Reddy in his presentation explained each and every classification code for healthcare functions (HC) relevant in Indian context, quoting India specific examples for each classification code. The presentation was followed by an exercise where the participants were given state government treasury data sheets and were asked to do the HC classification. The exercise was followed by a detailed question and answer session where several doubts of the participants were clarified.

Classification and codes (Factors of Provision)

Presenter – Dr Amit Sahoo, Research Associate, Public Health Foundation of India

Dr Amit Sahoo began his presentation by defining factors of provision as “the valued inputs used in the process of provision of healthcare”. He further explained that provision involves a mix of factors of production – labor, capital and materials and external services- both health and non-health specific inputs- – to provide healthcare goods and services. To be able to function, providers also have to cover other expenditure on inputs, such as the payment of taxes (*e.g.* VAT). Thus, the factors of healthcare provision account for the total value of the resources, in cash or in kind, used in the provision of healthcare goods and services, and are equal to the amount payable to healthcare providers by the financing schemes for healthcare goods and services consumed during the accounting period. Spending on factors of provision is related to the current spending for the provision of goods and services. Then he talked about each of the classification codes for factors of provision (FP) and gave India specific examples for each of the classification codes.

The presentation was followed by an exercise where the participants were given DDG data sheets (only at the object head level) and were asked to map the data to NHA FP classification codes. The exercise was followed by a detailed question and answer session where several doubts of the participants were clarified.

Government Data sources

Presenters – Mr Tushar Mokashi, Consultant Healthcare Financing, NHSRC and Dr Sandeep Sharma, Senior Research Associate, Public Health Foundation of India (PHFI).

Mr Tushar Mokashi in his presentation described the two main data sources for Government expenditure viz. Details Demand for Grants (DDGs) i.e. the budget documents of state departments and Financial Management Report (FMR) for National Health Mission (NHM) expenditures. The format of each of the two data sheets and coding pattern was explained in detail. The participants were also informed about the level at which the classification is done. Mr Tushar also gave some examples from the state department DDGs that can be removed outside the functional boundary.

Talking about the third level of government i.e. the Rural and Urban Local bodies, Mr Tushar informed the participants about their data sources. The expenditure by Rural Local Bodies is available with the Fourteenth Finance Commission of the Government of India, which give the details on different sources (such own revenues – tax and non tax and revenues, other revenues such as grant in aid from Union and State Government, etc.) through which the RLBs receive funds, but this data source does not provide any desegregation of health expenditure data. Mr Tushar Mokashi also talk about avoiding double counting.

The information regarding data on health expenditure by ULBs is also available with the Fourteenth Finance Commission but does not provide any desegregation of health expenditure data. Unlike the RLBs, ULBs generate huge revenues on their own from tax & non-tax revenues and the information is available with the ULBs. Therefore it is worth conducting a study to estimate the health expenditures by ULBs in India. This study was conducted by PHFI. Dr Sandeep Sharma, Senior Research Associate, PHFI who lead the team that conducted this study, presented the fund flow, survey tools, study design and the all India estimates of health expenditure by ULBs in 2013-14.

Household Health expenditures-Data sources, Boundaries and Classification codes

Presenters – Ms Jyotsna Negi, Consultant Healthcare Financing, NHSRC

Ms Jyotsna Negi began her presentation with defining household out of pocket expenditure and direct out of pocket expenditure and also explained the difference between the two. She then showed the nation OOP estimates, followed by enlisting the prerequisites of conducting the OOP analysis. She then listed the data sources that were used for analysis such as “Morbidity and Health Care Utilisation Surveys (HS)”, “Consumption Expenditure Surveys (CES)” the two major sources of data and other data sources such as data from IMS health, National Family Health Survey (NFHS), District Level Health Survey (DLHS) for filling the data gaps and data

sources such as Census, Consumer Price Index etc. for calculating health financing indicators such as per capita current health expenditure in India, etc.

Ms Jyotsna Negi briefly talked about the boundaries and methodology for estimating OOP on health. She further explained how to arrive at the expenditure line items and then explained how to map the expenditure to NHA classification codes. In order to get state level estimates the national sample for North eastern states does not provide very good data as sample size at disaggregated level is small. It was suggested to the teams to look for unit level NSSO data where state sample information will be available. NHATS could provide support to extract data from these states.

The presentation was followed by an exercise where the participants were given OOP expenditure on health data sheets and were asked to map the data to NHA classification codes. The exercise was followed by a detailed question and answer session.

Health Insurance Expenditure Data sources, Boundaries and Classification codes

Presenter - Dr Rahul Reddy, Senior Consultant Healthcare Financing, NHSRC

Dr Rahul Reddy started his presentation by listing different social health insurance schemes and government funded voluntary health insurance schemes, followed by examples of private voluntary health insurance schemes and community health insurance schemes. He then explained in detail the fundamentals of health insurance as the participants had limited understanding of health insurance and different types of health insurances. He then informed the participants about different data sources and where to look out for these data sets. He later talked about the functional expenditures boundaries, followed by how to arrive at expenditure line items specific to health insurance schemes and mapping the expenditure to the four categories of NHA classification codes. (HF, FS, HC and HP).

The presentation was followed by an exercise where the participants were given health insurance expenditure data sheets and were asked to map the data to NHA classification codes. The exercise was followed by a detailed question and answer session.

Classification and codes of Health Expenditures by NPISH, Enterprises and Firms

Presenters – Dr Montu Bose and Dr Amit Sahoo Research Associate, Public Health Foundation of India (PHFI).

Dr Montu bose started his presentation by informing the participants that reliable robust data sets data with respect to health expenditure by NPISH, Enterprises and Firms are not readily available in India, therefore it was necessary to conduct surveys to collect this information. He further explained the fund flow, survey tools, study design and the all India estimates of health expenditure by NPISH, Enterprises and Firms in 2013-14.

The presentation was followed by an exercise where the participants were given health expenditure data sheets for NPISH, Enterprises and Firms and were asked to map the data to NHA classification codes. The exercise was followed by a detailed question and answer session.

For state level, some data can be extracted from the national level surveys conducted or if resources permit state could conduct their own survey.

Day 3 (25th May 2016)

The day started with a quick overview of learning from day 2 presented by Dr. T.C. Hmingthangi from Mizoram.

On day two, the participants were given a common set of data for each of financing sources (government, household OPE, enterprises, insurance, NGO's) for classification and coding. Day three started with discussion on these exercises from day two. The participants presented their answers and the correct classification was presented by Rahul. NHA Guideline for India classification codes were discussed in depth during this session.

Introduction to Health Accounts Production Tool (HAPT)

Then the rest of the day was dedicated to introducing HAPT software developed by WHO and other partners. and how to arrive at the estimates. The session was conducted by Dr Rahul Reddy as the lead presenter supported by Ms Jyotsna Negi and Mr Tushar Mokashi. The demonstrations included details about starting a new health accounts study, state specific details along with introduction of all the six modules of HAPT, training on the software management, uploading of the classified data source excel sheets and mapping of the line items to their respective classification codes in HAPT.

Uploading data into HAPT and mapping of data

The session on introduction to HAPT was followed by demonstration of uploading HAPT ready excel sheets into the tools. Participants followed the instructions on HAPT by the resource persons and completed all the steps to arrive at NHA matrices. The first step was to upload India specific classification codes into the HAPT. This was followed by uploading excel sheets from different data sources, such as State Government treasury/ budget, State Government National Health Mission expenditures, out-of-pocket expenditure from NSSO survey, health insurance, NPISH and firms. Each of the line items was then mapped. The participants were also taught about allocation of expenditures using HAPT.

NHA Estimates using HAPT

NHA matrices cross mapping to classification categories were then generated using the HAPT. By the end of this session each participant had generated the four essential matrices viz. HFxFS, HPxHF, HCxHF and HCxHP.

Arriving at Health Financing Indicators from NHA Matrices

This session was conducted by Dr Charu Garg. She began with explaining the method of reading a NHA matrix, followed by the method of arriving at key indicators mentioned in the NHA Guideline for India. After estimating the value of each key indicator, Dr Charu explained the importance and policy implication of each of the key indicators.

Participant presentations

Participants from all the eight states were asked to present their NHA matrices and key indicators. The day session was cut short as some state participants had to leave early due to other state commitments.

Concluding session

SHA in North-eastern States - The Way forward

In this session all the state participants presented their road map for conducting SHA and steps for institutionalizing SHA in their respective states. In addition to the road map each state was asked to also talk about the follow up steps for conducting health accounts in their respective states. The next steps common to all states were:

1. To identify members for Steering Committee and Expert Group
2. Set up a SHA team
3. Procure data from relevant sources (including OOP expenditures that will be provided by NHSRC)
4. To Identify agencies for estimating other private health expenditures
5. Setting of boundaries and mapping to NHA Classification codes
6. To generate NHA Tables using HAPT, draw State Health Accounts estimates from the NHA tables and prepare SHA briefs for 2014-15.

The state participants recognized being this the first time in producing SHA, there would be some challenges like availability of government budget data in Excel format, coordination with other departments and agencies for health specific programs and their expenditures. Also the short comings in general understanding of financing and fund flows in the state. Dr Charu Garg assured that NHSRC would provide all the technical support to overcome these challenges to ensure the completion of state reports by end of this year.

Certificates were also distributed in this session.

Day 4 (27th May 2016)

Day 4 was dedicated to clarification of participant doubts pertaining to exercises on mapping and issues related to the HAPT software.

Annex 1: Workshop Agenda

Time	Session	Speaker/ Presenter
Day 1 (24 May 2016)		
08:30 - 09:30 am	Registration & Software Installation	
09:30 - 11:30 am	Inaugural Session	
	Welcome address	Dr Bamin Tada, Director RRC-NE
	Objectives of the Workshop	Dr Charu C Garg, Advisor Healthcare Financing, NHSRC
	Importance of NHA in Public Health	Dr Sanjiv Kumar, Executive Director, NHSRC
	Speech by Chairman	Secretary Health and Family Welfare, Government of Sikkim
	Speech by Chief Guest	Honorable Minister of Health and Family Welfare, Government of Sikkim
	Vote of Thanks	Mission Director, National Health Mission, Government of Sikkim
11:30 - 11:45 am	Tea Break	
11:45 - 12:15 pm	Introduction to NHA and Policy relevance for states	Chair Dr Sanjiv Kumar, NHSRC Dr Charu C Garg, NHSRC
12:15 - 01:00 pm	System of Health Account Framework and Steps for Conducting State Health Accounts	Dr Rahul Reddy, Senior Consultant, Healthcare Financing, NHSRC
01:00 - 02:00 pm	Lunch Break	
02:00 - 03:30 pm	NHA Healthcare Boundaries for India (including exercises)	Mr Tushar Mokashi, Consultant, Healthcare Financing, NHSRC
03:30 - 03:45 pm	Tea Break	
03:45 - 05:00 pm	NHA Classifications and codes for India, Classification and codes (Sources of Financing Schemes & Healthcare financing Schemes)	Dr Rahul Reddy, NHSRC
Day 2 (25 May 2016)		
09:00 - 09:10 am	Review of day one	Chair (TBD)
09:30 - 10:45 am	Classification and codes (Healthcare Providers)	Mr Tushar Mokashi, NHSRC
10:45 - 11:00 am	Tea Break	
11:00 - 12:15 am	Classification and codes (Healthcare Functions)	Dr Rahul Reddy, NHSRC
12:15 - 1:00 pm	Classification and codes (Factors of Provision)	Amit Sahoo, PHFI
01:00 - 02:00 pm	Lunch Break	

2.00-2.15	Government Data sources	Mr Tushar Mokashi, NHSRC
02:15 - 03:00 pm	Household Health expenditures-Data sources, Boundaries and Classification codes (Including Exercises)	Ms. Jyotsna Negi, Consultant, Healthcare Financing, NHSRC
03:00 - 03:30 pm	Health Insurance Expenditure Data sources, Boundaries and Classification codes	Rahul Reddy, NHSRC
03:30 - 03:45 pm	Tea Break	
03:45 - 05:00 pm	Classification and codes of Health Expenditures by NPISH, Enterprises and Firms (Including Exercises)	Sandeep Sharma, Amit Sahoo, Montu, PHFI
Day 3 (26 May 2016)		
8.45 - 09:00 am	Review of day two	Chair (TBD)
09:00 - 09:45 am	Introduction to Health Accounts Production Tool (HAPT)	Dr Rahul Reddy, Mr Tushar Mokashi and Ms Jyotsna Negi, NHSRC
09:45 - 11:00 am	Uploading data into HAPT and mapping of data (Including Exercises)	
11:00 - 11:15 am	Tea Break	
11:15 - 01:00 pm	NHA Estimates using HAPT (Including Exercises)	All Resource Persons
01:00 - 02:00 pm	Lunch Break	
02:00 - 3:00 pm	Arriving at Health Financing Indicators from NHA Matrices (Including Exercises)	Dr. Charu Garg, NHSRC All Resource Persons
3.00-3.15 pm	Tea break	
3.15-4.45 pm	Participant presentations from exercises	Group representatives
4.45-5.15pm	SHA in North-eastern States: The Way forward	Panel Discussion with one state representative, MoHFW and NHSRC
5.15-5.30	Vote of Thanks and Closing of the workshop	Principal Secretary, Mission Director, MoHFW and NHSRC
Day 4 (27th May 2016)		
All Day	Participant mentoring on HAPT, arriving at estimates and indicators	All Resource Person

Annex 2: List of Resource Persons

Sr No.	Name	Designation/ Organization	
1	Dr. Charu C. Garg	Advisor, HCF	charu.garg@nhsrcindia.org
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Annex 3: List of Participants

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