



Report

Capacity Building Workshop on State Health Accounts

31st Jan to 3rd Feb 2017

NIHFW Campus, New Delhi

**National Health Accounts Technical Secretariat
National Health System Resource Centre
Ministry of Health and Family Welfare**

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Acknowledgements

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I am thankful to Dr Sheela Prasad, Economic Advisor, Ministry of Health and Family Welfare (MoHFW), Government of India (GoI); Dr Sanjiv Kumar, Executive Director, NHSRC and Ms Priyanka Saksena, WHO Country Office for India for all their support.

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

I acknowledge the resource person from Public Health Foundation of India (Dr Sandeep) for contributing to sessions on Estimates for Urban Local Bodies.

Dr Charu C Garg

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

National Health Accounts Technical Secretariat (NHATS)

National Health Accounts (NHA) 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 for government to raise resources for health and protect people from catastrophic health expenditures and reduce inequities in health.

Institutionalizing System of Health Accounts in India was envisaged in the National Health Policy (2002), through establishment of NHA Cell in Union Ministry of Health and Family Welfare, Government of India (GoI). This has also been emphasized in the draft National Health Policy 2015.

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. NHATS with this vision has:

1. Established a Steering Committee (represented by high level Officials of the Union 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, 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. The framework is being expanded to capture expenditures by diseases and population groups.
5. Trained (and continue to do so) 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 & health financing policies in India.

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 eleven states of India financed and technically supported by NHSRC, MoHFW. Technical sessions on urban local bodies were supported by PHFI.

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. NHA nodal officers were trained in system of health accounts 2011, NHA guidelines for India and Health Accounts Production Tool (HAPT).

This workshop is third in the series of capacity building workshops. Twenty one participants were trained. Twenty participants represented state health accounts teams of eleven states of India and one staff member of Healthcare Financing division, NHSRC was trained. Each state team included one NHA nodal officer and one or more state government official as part of the team who would support work at the state level. They are expected to anchor the state health accounts work in the state for advocacy, technical support and handholding to the state for conducting state health accounts.

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. The knowledge gained and skills developed from this capacity building workshop will be used to develop State Health Accounts in the states on a regular basis.

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 framework and 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 (morning session of day 1 and day 4) was focused on policy implications of state health accounts, key NHA estimates, roadmap and the need for institutionalization of Health Accounts in India. Senior government officials Economic Advisor, MoHFW; Executive Director, NHSRC and healthcare financing experts from PHFI, WHO attended these sessions in addition to the workshop trainees.

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 officials from Ministry of Health and Family Welfare, WHO Country office of India, Public Health Foundation of India and the NHATS team from NHSRC, New Delhi.

Workshop Proceedings

Day 1 (31st Jan 2017)

Inaugural Session

The speakers present were Dr Sanjiv Kumar, Executive Director, National Health systems Resource Centre (NHSRC); Ms Priyanka Saksena, WHO Country Office for India and Dr Charu C Garg, Advisor Healthcare Financing, NHSRC.

Welcome Address & Importance of NHA in Public Health

Dr Sanjiv Kumar in his welcome address thanked the participants for their presence and enthusiasm for this four day capacity building workshop. 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 useful to understand which interventions need more government spending to be able to reduce household financial burdens.

Workshop Overview

Dr Charu Garg welcomed every one and thanked the ministry for their support. She thanked her team for their efforts. She emphasised the importance of NHA and how institutionalization and bringing of NHA and SHA at frequent intervals help in increasing resource efficiency and how standardization of NHA estimates helps in international comparability. 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.

Introduction to NHA, Institutionalization 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 provide a systematic description of the financial flows related to the consumption of health care goods and services. It is a standard tool to measure health system's performance, 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 Garg said that the health accounts estimates help in answering some 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? 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 informed the participants how NHA data and its analysis can be used for inter-state comparisons and also presented the interstate comparison of 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.

Importance of Health Expenditure for Policy at state level

Ms Priyanka Saksena highlighted the role of WHO in building the concept of NHA. She informed the participants that it is a standard tool to track healthcare expenditures. This information becomes extremely critical for policy makers as decision making authorities for allocation or relocation of scarce resources. She briefly explained the importance of NHA for Policy at state level. She encouraged participants to make the best of this training opportunity and take the health accounts forward in their respective state.

Technical Sessions

Health Financing Context in India & System of Health Account Framework and Steps for Conducting State Health Accounts

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

Dr Rahul explained the health system administration in India at union, state and local body level. He discussed various sources of healthcare financing in India and allocations to health in government budgets. He elaborated various insurance schemes implemented in India like social health insurance, government financed voluntary health insurance and private insurance. He detailed the NHA tri axial framework and its three dimensions. He further emphasized 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.

He 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, set time and spatial boundaries, procure data accordingly and set the functional boundaries to finally have the data that can be used for classification. The next step is to classify 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. He concluded by presenting the expenditures under different sources of financing healthcare from NHA 2013-14.

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 – Dr Maneeta Jain, Consultant Healthcare Financing, NHSRC

Dr Maneeta started her 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.

She 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.

Dr Maneeta 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.

Dr Maneeta also talked about classifying the health expenditure line items into current consumption and capital formation. An exercise with some government budget line items was given to identify if those were within or outside the boundary and whether it was current or capital consumption.

HAPT Module 1: Introduction

Jyotsna Negi presented this session. She demonstrated 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. The participants were asked to complete an exercise to start a new HA study and complete the General Information Module. Full-fledged HAPT training was provided on Day 3.

Data Sources for NHA India:

Government Data sources

Presenter – Mr Tushar Mokashi, Consultant Healthcare Financing, NHSRC.

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 talked about avoiding double counting.

Urban Local Bodies Data sources:

Presenter – Dr Sandeep, Public Health Foundation of India (PHFI).

Dr Sandeep started his presentation by informing the participants that reliable robust data sets with respect to health expenditure by ULBs are always 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 estimates for ULBs as used for all NHA India estimates in 2013-14. All these were provided in the guidelines and states can use them to conduct a survey in future.

Private Data Sources: Household Health expenditures, FIRMS, NGOs

Presenter – Ms Jyotsna, Consultant Healthcare Financing, NHSRC.

Ms Jyotsna Negi began her presentation with defining household expenditure and direct out of pocket expenditure and also explained the difference between the two. She then showed how the national OOP estimates were derived, 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. She also elaborated on data from Firms, NGOs which is procured through a survey conducted by PHFI for the year 2013-14. She informed state level data for all these sources in the coming few years will be provided by NHSRC. However as we progress in doing SHA, the states will be trained to conduct these required surveys or analysis on their own.

Day 2 (1st Feb 2017)

The day started with a quick overview of learning from Day 1 presented by two participating states; Tamil Nadu and Uttarakhand. This was followed by technical presentations.

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 began his presentation by defining healthcare financing schemes (HF) as the structural components of the healthcare financing systems and they are the main types of financing arrangements through which people obtain health services. Revenue is an increase in the funds of a health care financing scheme, through specific contribution mechanisms. Classification under revenues of health care financing schemes provides information on particular types of transaction through which the financing schemes obtain their revenues. He then 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.

Classification and codes (Healthcare Providers)

Presenter – Mr Tushar Mokashi, Consultant Healthcare Financing, NHSRC

Mr Tushar began his presentation by defining Healthcare Providers (HP) as the organisations and actors that provide healthcare as their primary activity or one activity among others. The main objective of the healthcare provider classification is to capture all the organisations and actors involved in the provision of healthcare goods and services and enabling the linkage between the healthcare function (HC) and health care financing (HF). He then 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 Pratheeba J, Consultant Healthcare Financing, NHSRC

Dr Pratheeba J in her presentation explained that classification of functions refers to groups of healthcare goods and services consumed by final users (i.e households) with a specific health purpose. The functional classification (HC) at the first level is divided into 8 categories and aims to distribute health consumption according to the type of need of the consumer. She then 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 – Mr Tushar Mokashi, Consultant Healthcare Financing, NHSRC

Mr Tushar Mokashi defined 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.

Day 3 (2nd Feb 2017)

The day started with a quick overview of learning from day 2 presented by Andhra Pradesh and Madhya Pradesh on boundaries. All the participants discussed the previous day assignment on classifications.

This was followed by technical presentations focused on HAPT training. HAPT software introduction was provided again. The session was led by Ms Jyotsna Negi supported by Dr Rahul Reddy, Mr Tushar Mokashi and Dr Pratheeba. All sessions were followed by giving time to participants to continue working on the data excel sheets of their HA study under instructions and guidance of the resource persons. At the end of the day all Participants were able to complete their HA Study using the 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 Estimates & Presentation of NHATS work plan

This session was conducted by Dr Charu C 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.

An exercise with dummy data was provided to participants to arrive at indicators described. The discussion of this exercise and a quiz was conducted on day 4.

Day 4 (3rd Feb 2017)

The day started with clarification of participant doubts pertaining to mapping and issues related to the HAPT software. A quiz and key indicators exercise was given on day 3 which was discussed by the resource persons. Participants from all the eleven states were asked to present their NHA matrices and key indicators exercise. Most participants performed well in the quiz and also completed their indicators exercise satisfactorily. Then participants were given time to discuss and prepare their state work plan and road map for their state health Accounts.

Concluding session:

SHA - The Way forward

This session was chaired by Dr Sheela Prasad, Economic advisor, MoHFW. Dr. Sheela Prasad, informed the importance of NHA and the type of information it provides and its significance. She encouraged participants to the health accounts forward in their respective state by preparing realistic work plan and follow up with their superiors when they go back. She explained the need for bottom up approach in producing the NHA and role of states in producing State Health Accounts. She asked them to provide valuable inputs from their ground experience and feedback in utilizing the NHA guidelines for India in the process. She thanked NHSRC for conducting the workshop and congratulated the NHATS team for their efforts.

Work Plan Presentations

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 this being 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 timely completion of state reports. The individual state road maps as presented by states are given in Annex 4.



Annexure 1: Agenda

Capacity Building Workshop on State Health Accounts, 31st Jan to 3rd Feb 2017

Venue: New Committee Room, Teaching Block, NIHFV Campus, New Delhi

Time	Session	Speaker/ Presenter
Day 1 (31st January, 2017)		
09:00 - 10:00 am	Registration & HAPT Software Installation	
10:00 - 11:00 am	Inaugural Session	
	Welcome address, objectives of the workshop and Importance of NHA in Public Health	Dr Sanjiv Kumar, Executive Director, NHSRC
	NHA institutionalization and policy relevance	Dr Charu C Garg, Advisor, Healthcare Financing, NHSRC
	Importance of Health Expenditure for Policy at state level	Ms Priyanka Saksena, WHO Country Office for India
11:00 - 11:30 am	Tea Break and group photo	
Technical Sessions		
11:30 - 12:15 pm	Health Financing context in India & System of Health Account Framework and Steps for Conducting State Health Accounts	Dr Rahul Reddy, Senior Consultant, Healthcare Financing, NHSRC
12:15 - 01:00 pm	NHA Healthcare Boundaries for India (including exercises)	Dr Maneeta Jain, Consultant, Healthcare Financing, NHSRC
01:00 - 02:00 pm	Lunch Break	
02:00 - 03:00 pm	Introduction to HAPT, Module -I	Ms Jyotsna Negi, Consultant, Healthcare Financing, NHSRC
03:00 - 03:15 pm	Tea Break	
03:15 - 04:30 pm	Data sources for NHA India (Govt., OOPE, NPISH and Firms)	Mr Tushar Mokashi, Consultant, Healthcare Financing, NHSRC; Ms Jyotsna Negi, Consultant, Healthcare Financing, NHSRC
Day 2 (1st February, 2017)		
09:00 - 09:10 am	Review of day one	Chair (TBD)
09:10 - 11:10 am	Classification and codes (Sources of Financing Schemes and Healthcare financing Schemes) Exercises	Dr Rahul Reddy, NHSRC All resource persons
11:10 - 11:30 am	Tea Break	
11:30 - 01:00 pm	Classification and codes (Healthcare Providers) Exercises	Mr Tushar Mokashi, Consultant, Healthcare Financing, NHSRC
01:00 - 02:00 pm	Lunch	
02:00 - 03:30 pm	Classification and codes (Healthcare Functions)	Dr Pratheeba J, Consultant, Healthcare Financing, NHSRC

	Exercises	
03:30 - 03:45 pm	Tea Break	
3:45 - 5:00 pm	Classification and codes (Factors of Provision) Exercises	Mr Tushar Mokashi, Consultant, Healthcare Financing, NHSRC
Day 3 (2nd February, 2017)		
09:00 - 09:10 am	Review of day two	Chair (TBD)
09:10 - 11:10 am	Health Accounts Production Tool (HAPT) Module 2	Dr Charu C Garg and Ms Jyotsna Negi, NHSRC
11:10 - 11:30 am	Tea Break	
11:30 - 01:00 pm	Health Accounts Production Tool (HAPT) Module 3	Ms Jyotsna Negi, Consultant, Healthcare Financing, NHSRC
01:00 - 02:00 pm	Lunch Break	
02:00 - 04:30 pm	NHA Estimates using HAPT (Group work) Module 4-5 (including tea break)	All Resource Persons (Tea to be served during the session)
04:30 - 05:30 pm	Arriving at Health Financing Indicators from NHA Estimates & Presentation of NHATS work plan	Dr Charu C Garg, Advisor, Healthcare Financing, NHSRC
Day 4 (3rd February, 2017)		
09:00 - 9:10 am	Review of day three	Chair (TBD)
09:10 - 11:00 am	Arriving at Health Financing Indicators from NHA Estimates (Exercise)	Dr Rahul Reddy, Sr Consultant, Healthcare financing, NHSRC; Dr Priya, Intern, Healthcare Financing
11:00 - 11:30 am	Tea Break	
11:30 - 1:00 pm	Quiz	All Participants
01:00 - 02:00 pm	Lunch Break	
02:00 - 3:30 pm	Preparation of work plan	All Participants
3:30 - 03:45 pm	Tea Break	
03:45 - 04:30 pm	Vote of Thanks and Closing of the workshop	Economic Advisor, Ministry of Health and Family Welfare, Government of India; Dr Sanjiv Kumar, Executive Director, NHSRC; Dr Charu C Garg, Advisor, Healthcare Financing, NHSRC

Annexure 2 : List of Workshop Participants :

S.No	Name	Designation	State
1	Mr. Upendra Tiwari	Accountant	Madhya Pradesh
2	Mr. Amardeep Shrivastava	State Account Manager	Madhya Pradesh
3	Mr. Manoj Kumar Safi	State Finance Manager (NHM)SHSB	Bihar
4	Mr. Mahendra Kumar Maurya	State Programe Manager	Uttarakhand
5	Mr. Padmanabhan Satyes Kumar	State Finance Manager	Uttarkhand
6	Mr. Ram Krishan Bhatt	State Account Manager	Uttarakhand
7	Mr. Sushil Kumar Srivastava	Consultant – Finance	Uttar Pradesh
8	Mr. Lav Kumar Bareth	State Account Manager National Health Mission State Health Society	Chhattisgarh
9	Mr. S. Rama Seshu Kumar	Asst. Accounts Officer National Rural Health Mission,	Andhra Pradesh
10	Mr. K S V Rama Krishna	Reg. Audit & Accounts Manager	Andhra Pradesh
11	Mr. Ramswaroop Singh	Joint Director (Finance)	Rajasthan
12	Mr. Manish Kumar Sharma	State Accounts Manager	Rajasthan
13	Ms. M. Parimala Devi	Chief Accounts Officer, SHS,	Tamil Nadu
14	Ms. A R Rajalakshmi	Financial Advisor & Chief Accounts Officer,	Tamil Nadu
15	Mr. N. Srinivasan	Account Office, SHS	Tamil Nadu
16	Mr. Umesh Prasad	State Accounts Manager	Jharkhand
17	Mr. Rajesh V. V.	Sr. Accountant, NHM	Kerala
18	Mr. K. Udaya Simhan	Senior Administrative Assistant, RCH (Finance), NHM	Kerala
19	Mr. V. Vasudevan	Junior Accounts Officer, DH&FWS	Puducherry
20	Mr. J. Devidasan	Dy. Director, DHFWS,	Puducherry
21	Dr. Priya	Intern, NHSRC	Delhi

Annexure 3: List of Resource Persons

S.No.	Name	Designation
1	Dr. Sheela Prasad	Economic Advisor, MoHFW
2	Dr. Sanjiv Kumar	Executive Director, NHSRC
3	Ms. Priyanka Saksena	WHO Country Office for India
4	Dr. Charu C. Garg	Advisor (HCF), NHSRC
5	Dr. K. Rahul Reddy	Senior. Consultant (HCF), NHSRC
6	Mr. Tushar Mokashi	Consultant (HCF), NHSRC
7	Ms. Jyotsna Negi	Consultant (HCF), NHSRC
8	Dr. Pratheebea J.	Consultant (HCF), NHSRC
9	Dr. Maneeta Jain	Consultant, (HCF), NHSRC
10	Dr. Priya	Intern (HCF), NHSRC
11	Dr. Sandeep	Senior. Research Associate, PHFI

Annexure 4: Road Maps as Presented by State Participants

Bihar

- Appointment of Nodal Officer and Core Team Members for SHA (One team lead and 2 team members).
- Formation of Steering Committee (Principal Secretary, Health or any other officer nominated by the PS as Chairman) by 28th Feb 2017.
- Formation of the Expert Group committee (Executive Director as Chairman) by 28th Feb 2017
- Selecting or identifying Technical Partners on NHA by 20th Feb 2017. Training in NHA SHA-11 Producers Guide and Software; Technical Support.
- Identifying the State Government department/other agencies in the state that hold health expenditure data set and procure them in a format relevant to health by 28th Feb 2017.
- Training of SHA Core Team.
- Liaising with NHSRC/State Government official/other institutions
- Reinforced & integrated data collection process – from both public and private sector.
- Producing data using a standard methodology, standard framework and tools.
- Making health financing data routinely available, in a timely way.
- Dissemination and Use results in policy making and monitoring.

Jharkhand

- Establishment of Governance structure for SHA in Jharkhand
 - Establishment of NHA Technical Secretariat at state level.
 - Formation of core team.
 - Drafting road map for institutionalization of NHA within six months.
 - Training of non-trained NTS staff by trained one.
 - Formation of steering committee and expert group.
 - Holding consultation meeting with Expert group.
- Customize the SHA 11 NHA framework for state- definitions, methods, data sources, data collection, management, analysis and outputs.
- Institutionalizing Data Collection - Process of receiving NHA related data at NHATS.
- Institutionalizing Data Analysis - Methodology documents.
- Institutionalizing dissemination and Policy - Production of NHA India report and sub-reports, and process document.
- Revisit and review the process of production of Round 1 NHA data and plan for necessary changes for regular yearly NHA updates.
- Carry out training activities to build and institutionalize non trained one.

Uttar Pradesh

- The concepts and importance of NHA will be presented in brief to Director, SIHFW.
- Formation of Steering Committee
 - Principal Secretary Health Department.

- Principal Secretary Finance Department.
- Mission Director NHM
- Director General of medical health
- Director general of family welfare
- Representative of NHSRC
- Representative of state planning Board
- Nodal officer of Health Account
- Formation of Expert group
 - Mission Director NHM- Chairman
 - Director General of medical health
 - Director general of family welfare
 - Director SIHFW.
 - Finance controller of NHM/DGFW/DGMH
 - General Manager Planning- NHM
 - Senior Advisor – NHM
 - Expert working on NHA
 - Nodal officer, State Health Accounts
- Formation of Implementation team
 - Nodal officer SHA
 - Finance controller NHM/DGFW/DGMH.
 - Joint Director of DGFW
 - Representative from Programme division
- Appointment of Nodal Officer (any of the three)
 - Finance controller NHM/DGFW/DGMH.
 - Senior Manager Finance- NHM
 - Joint director from DHGW/DGMH
- Requirement of funds for office setup, support staff cost, vehicle mobility and other expenditure.
- Data collection from various sources like NHM, DGFW, DGMH, NGO's, Department of Finance, Firms etc.
- Meeting with steering committee twice in a year and meeting with expert group on quarterly basis.
- Training of non- trained team members and technical support from NHSRC.
- Challenges
 - Fixation of responsibility for implementation of SHA in state between NHM, Director General of family planning, Director General of Medical Health.
 - Timely Availability of Data from various sources.
 - Non availability of Fund for SHA.
 - Man power for SHA.
 - Private house hold expenditure.
 - Data from statistical Department.

Chhattisgarh

- Presenting the importance of SHA to Mission Director and Principal Secretary.
- Establishment of core team for SHA.
- Proposal of additional manpower dedicated to SHA.

- Proposal of funds for SHA in upcoming PIP.
- Formation of expert group and working in collaboration with SIHFW and SHRC.
- Establishing data collection and retrieval mechanism.
- Conduction of workshop at state training of non-trained staff with assistance of NHSRC.
- Challenges
 - Manpower
 - Extraction of data
 - Getting the approval of Principal Secretary for establishing SHA at Chhattisgarh.

Puducherry

- Nodal officer has already been appointed for SHA, Puducherry.
- Establishment of SHA team.
- Provide funds for SHA related activities.
- Establishment of state level steering committee & expert group
- Institutionalization of SHA.
- Co-ordinating departments, research institutions, universities for collection and validation of SHA.
- Identify govt. or other agencies in the U.T that hold expenditure data and obtain them in the relevant format.
- Prepare data collection, management and analysis plan for SHA.
- Convene the first meeting of steering committee.
- Hold consultative meeting with expert group.
- Prepare and update health expenditure estimate at regular intervals.
- Constant touch with NHATS for further guidance in forming the SHA and to update and review of classification, methodology for standardisation.
- All the above issues will be taken up with the Government of Puducherry for speedy implementation of SHA.
- Training of HAPT is very much required for secondary level staff from NHSRC.

Rajasthan

- Proposal regarding establishment and formation of SHA Steering Committee and Expert Group Committee has been put up before Principal Secretary Health & Medical, Govt. of Rajasthan.
- Joint Director (Finance)-NHM has been nominated as Nodal Officer of SHA.
- Convene meeting of Steering and Core Committees.
- Prepare the excel sheets in the Health Accounts Production Tool (HAPT) ready format as Health Data received in excel format from FD Rajasthan.
- Organizing the training regarding SHA to representatives of other Department.
- Recommendation for including the SHA expenditure in PIP Proposal for Next year or supplementary PIP of current Year.
- Seeking technical support to other department as SHSRC, SIHFW, Public Health, Planning Department, Insurance Department and IIHMR etc.
- A meeting in the chairmanship of CS will be planned.
- Sharing the experience and requirement of workshop to Secretary MoHFW and MD-NHM.

- Sharing the usefulness of HAPT Software in healthcare analysis with Secretary MH & FW and MD-NHM
- Challenges
 - Sources of Data- from State Budget, & Statistical department, private sector, insurance department etc.
 - Coordination & technical support from other departments and agencies.
 - Lack of training and fund

Uttarakhand

- Appointment of nodal officer for SHA in Uttarakhand by 15th Feb 2017.
- Constitution of the two tier committees, working teams etc. as part of the institutional framework is expected to be concluded by 28th Feb 2017.
- As per expectation of NHA India team, the data for State Govt. expenditure on health for FY 2014-15 would be provided by Uttarakhand latest by 20th Feb 2017. Simultaneously as a pilot run, the same would be classified in the HAPT software by the State.
- Subject to constitution of the various committees and their recommendations, the SHA accounts of state for the FY 2015-16 is expected to be frozen latest by 30th Sep 2017, provided the implementation support and guidelines are received timely from NHA representative (relating to capturing reliable data from the non- governmental segment of SHA).
- Proposed draft for implementation of SHA
 - Establishment of SHA Technical Secretariat at State level: To be decided by the Principal Secretary- Health by 28th Feb 2017.
 - Constitution & training of the Core Team at State level by 15th Mar 2017.
 - Constitution of the Steering Committee and Expert Group as per GoI guideline by 20th Feb 2017.
 - Official communication sent to members of Steering Committee, Expert Group by 22nd Feb 2017.
 - Hold regular consultation meeting with Expert Group in consultation with NHSRC.
- Challenges
 - Availability of limited no. of Staff/ Budget for the purpose;
 - Difficult access to Non- governmental /private sector data.
 - Being an innovative task, degree of Inter-departmental coordination and planning is uncertain especially in the 4th quarter of ongoing FY.
 - Non availability of any base year data to verify the trend of SHA results that would emerge in the first year of implementation.
 - Making an exhaustive list of Data Source and identifying the authentic department / agency from where the same can be obtained.
 - Synchronization of data in flow/ collection with the overall timeline for submission of SHA.
 -

Andhra Pradesh

- Proposal regarding establishment of SHA will put in front of Commissioner of Health & Family Welfare and Principal Secretary, Health.
- State Programme Manager, NHM will be appointed as Nodal Officer for SHA.

- Classification for SHA will be completed in one month time period with the involvement of following departments:
 - Commissioner of Health and Family Welfare
 - Director of Public Health
 - Aids Control Society
 - Director Ayush
 - AP Vaidya Vidhana Parishad
- Challenges:
 - Low man power for collection of data from State Govt. entities.
 - Data from NHSRC
 - Data from private and corporate health sector
 - Data from interior Rural Areas

Kerala

- Establishment of NHA Technical Secretariat
- Formation of a Core Team
- Drafting Road Map for Institutionalization of NHA with timelines;
 - Conduct a meeting of all Departments who provides Health Care in their Budget
- Select Technical Partners on NHA - Training in NHA SHA11 Producers Guide and Software; Technical Support;
 - Training for the technical partners to establish SHA
- Formation and finalization of the Steering Committee and Expert Group
 - This will be done with direction of higher level officers i.e. Addl. Chief Secretary Health, State Mission Director NHM and Director of Health Services.
- A separate wing for the implementation of NHA to be constituted with adequate staff
- Data Collection
 - AG's Office
 - State Finance Department
 - Local Bodies
 - Departments who provide health care expenditure in their budget. eg. Educational Deptt., Animal Husbandry Deptt.
- Hiring of Service
 - Service of persons working in SHSRC and Health Economist from Sree Chitra Institute can be utilized for NHA.
 - Health Inspectors and NGOs working in the health sector can also be utilized.
- Review of SHA
 - Periodical review of data collected to be evaluated at District and State level.
- Challenges for the institutionalisation of NHA at State level
 - Lack of co-ordination among the Departments
 - Insufficiently trained staff
 - Insufficient funds
 - IT support
 - Difficult access to private sector data
 - Non standardization of data reporting by different financing stakeholders

Tamil Nadu

- Current status of SHA in Tamil Nadu:
 - GOTN with the partnership of IIT, Madras has prepared 2013-14 State Health Accounts.
 - A team of Financial Officers of line departments of GOTN – Health has validated the data of Government Health Accounts.
 - SHA reports for GOTN is under preparation under the able guidance of present Chief Secretary of the state (former Health Secretary).
- Action taken on TOR:
 - Proposals are being sent to GOTN from TN-NHM for the formation of Steering Committee and Expert Group Committee.
 - FA & CAO, NHM has been nominated as Nodal Officer for SHA.
 - Proposals seeking funds are being sent to include the expenditure on SHA preparation work in the PIP 2017-18.
- Proposed action:
 - Meetings with Principal Secretary, H&FW and Mission Director, NHM with other Department Officers having Health related Schemes like Treasury, Tribal Welfare Department etc. for Institutionalization.
 - Identify and appoint staff for Collection of data and preparation of SHA 2014-15.
 - Train the staff in SHA guidelines with the support of NHSRC.
- Challenges
 - Data Collection
 - Need cooperation from Finance (budget), other State Govt. departments & Local Bodies.
 - Local bodies Accounts may not be available in required form.
 - Health spending by Central Government Organizations in the state
 - Request NHSRC to provide data from surveys for Private, NGOs & house hold Health Spending.
 - Dedicated staff
 - A full time Finance officer, a Statistical Officer, a data entry Operator need to be allocated for this assignment as it is difficult for the Officers to devote time in addition to the regular work.
 - Training
 - Continuous training to the Line department finance officers.
 - Training for dedicated staff.
 - Create awareness on the importance of ownership & the usefulness of SHA in Policy making.
 - IT support
 - Software & hardware support is required.
 - Funds
 - Funds for Salary, Mobility support, Meeting & Training Expenses and other office expenses to be provided by NHM.

