



# NATIONAL HEALTH ACCOUNTS ESTIMATES FOR INDIA 2018-19



2022

National Health Accounts Technical Secretariat,  
National Health Systems Resource Centre (NHSRC),  
Ministry of Health and Family Welfare,  
Government of India



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Government of India

## Details Related to Publication

This report provides estimates of healthcare expenditures in India based on the National Health Accounts Guidelines for India, 2016 (with refinements where required) that adheres to the System of Health Accounts 2011 (SHA 2011), a global standard framework for producing health accounts. NHA estimates for India is a result of an institutionalized process wherein, the boundaries, data sources, classification codes, and estimation methodology, all have been standardized in consultation with national and international experts under the guidance of the 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 the NHA team with relevant information. We are glad to clarify and make amends wherever possible in our future publications. The difference in estimates could arise due to the use of various data sources, non-availability of data at a 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 the NHA Guidelines for India 2016 and the 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 changes 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).

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Government of India



### MESSAGE

I commend the efforts put by the team for preparing the estimates of National Health Accounts for 2018-19 (NHA-2018-19). India is committed to universal access to quality healthcare services without anyone having to face financial hardships. As we march forward in our endeavour to achieve Universal Health Coverage (UHC) in our country, National Health Accounts is an important tool to monitor the progress.

NHA 2018-19 is the sixth round of estimates in the series of annual Health Accounts for India. The report is based on the globally accepted framework of 'Systems of Health Accounts, 2011' enabling inter-country comparison.

The NHA 2018-19 estimates show a continuous decline in out-of-pocket expenditure as a share of Total Health Expenditure (THE) from 64.2% to 48.2% between 2013-14 and 2018-19. The Social Security Expenditure on health (including Government-financed health insurance and reimbursement to employees) has also increased as a share of THE from 6% to 9.6%. These findings from the NHA 2018-19 reflects the positive impact of the efforts undertaken by the Government in achieving UHC in the country. Government Health Expenditure as a share of THE has also increased from 28.6% to 40.6% between 2013-14 and 2018-19. This increase in Government spending on health will have implications in the form of a reduction in financial hardship endured by households.

I congratulate the entire team for coming up with the estimates for NHA 2018-19 and wish them the best in their endeavour in providing continued annual Health Accounts Estimates.

  
(Dr Mansukh Mandaviya)

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MINISTER OF STATE FOR  
HEALTH & FAMILY WELFARE  
GOVERNMENT OF INDIA



#### MESSAGE

It gives me immense pleasure to know that National Health Accounts Technical Secretariat (NHATS) has come up with the estimates for National Health Accounts (NHA) 2018-19. 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 important in order to track the trends in health spending and understand its driving factors. The NHA 2018-19 is the sixth in a row of estimates prepared by the National Health Accounts Technical Secretariat (NHATS).

Under the visionary leadership of our Prime Minister Sh. Narendra Modi ji, Health Ministry has moved aggressively towards progression to make subsidiaries under it emerge as powerful tools. NHA is one such effective tool. It generates evidence to leverage the fiscal space for health needed to protect people from catastrophic health expenditures. Allocation of fund for health by Government is in the right direction as the share of primary health care in current government health expenditure increased from 51.1% in 2013-14 to 55.2% in 2018-19.

I applaud the efforts made by NHATS for meticulously preparing these important estimates and continuously working towards presenting estimates at the most disaggregate level possible. These estimates support health system governance and decision-making by not only capturing financial flows but also providing information relevant to designing better and more effective health policies.

I congratulate the team once again and wish them all the best for the next round of National Health Accounts.

(Dr. Bharati Pravin Pawar)

“दो गज की दूरी, मास्क है जरूरी”

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6<sup>th</sup> September, 2022

### Message

As India advances towards achieving the goal of universal health coverage it is imperative to monitor and assess the progress of different health financing indicators. The National Health Accounts estimates based on System of Health Account, 2011 methodology provide a robust estimate of health financing in the country. The key indicators based on these estimates are comparable not only over time but also across different countries.

The National Health Account estimates are a reflection of the existing health system of the country as they provide elaborate information on how the health system is financed and managed and how funds are utilised for different health functions.

National Health Accounts estimates report for 2018-19 is the sixth in the series of annually published national health account estimates reports since 2013-14. Periodic availability of these estimates is useful for monitoring the health system performance.

I applaud the efforts of the National Health Account Technical Secretariat (NHATS) and National Health System Resource Centre (NHSRC) team for consistently improving the National Health Account estimates and bringing out this publication on an annual basis. These estimates will help us in designing policies for an equitable and efficient health system.

(Vinod Paul)



एक कदम स्वच्छता की ओर





राजेश भूषण, आईएएस  
सचिव

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



### **MESSAGE**

National Health Accounts (NHA) report for FY 2018-19 is the sixth round of the annually prepared NHA estimates of the Country. This is based on the framework of System of Health Accounts, 2011. The NHA report provides detailed and dis aggregated information on the overall health expenditure of the country. The continuing decline in the share of out-of-pocket expenditure in the overall health expenditure for 2018-19 as compared to previous years signals significant progress that the country has made in ensuring financial protection to its Citizens in cases of Catastrophic Health expenditure. It also vindicates the substantial efforts made by the Government in the health care sector.

2. To achieve the goal of Universal Health Coverage and targets set by the National Health Policy, 2017, robust planning and efficient utilization of available resources are essential. The periodic reports of NHA estimates aid & facilitate in monitoring the progress towards these goals.

3. I congratulate the National Health Accounts Technical Secretariat team for preparing the NHA report for the FY 2018-19. These estimates would be of use to policymakers, researchers and various stakeholders involved in the health sector. I hope that the exercise of preparing NHA estimates continues with the same academic rigour and dedicated endeavour in the future.

**Date** : 03 August, 2022  
**Place** : New Delhi

**(RAJESH BHUSHAN)**

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अपर सचिव एवं मिशन निदेशक (रा.स्वा.मि.)  
Additional Secretary & Mission Director (NHM)



#### MESSAGE

National Health Accounts (NHA) estimates report provides a kaleidoscopic view of the nature and flow of funds in the health sector of the country. These estimates will act as the basis for effective policy formulation in ensuring efficient and equitable healthcare financing in the country.

The NHA estimates report for the FY 2018-19 is the sixth round of the NHA estimates report for the country. The periodic availability of these reports will enable monitoring of the progress country has made toward ensuring Universal Health Coverage.

I congratulate the National Health Account Technical Secretariat team for preparing the NHA estimates on an annual basis. These estimates will be of use to various stakeholders in the health sector of the country for understanding the nature and structure of healthcare financing in the country.

(Roli Singh)

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### MESSAGE

National Health Accounts (NHA) estimates are an important instrument to measure healthcare financing in the country to devise a strategy that would ensure equity in health across the nation. As India progresses towards ensuring Universal Health Coverage (UHC), the National Health Accounts estimates will play an important role in tracking the progress in healthcare financing, thus enabling the system to act appropriately.

The NHA estimates report for FY 2018-19 is the sixth round of reports detailing the nature and the flow of funds in the health sector of the country. As India continues to make strides toward ensuring UHC, NHA estimates would enable regular monitoring of the health system for sound policymaking.

I appreciate and congratulate the National Health Account Technical Secretariat team for bringing out the estimates of NHA and for consistently working towards improving the NHA estimates over the years. I hope this report will help the policymakers and stakeholders alike in addressing the health system challenges for ensuring an equitable and efficient health system.

  
(Vishal Chauhan)

Date: 04 August, 2022

Place: New Delhi

स्वच्छ भारत - स्वस्थ भारत





इन्द्राणी कौशल, आई.ई.एस.  
**Indrani Kaushal, IES**  
आर्थिक सलाहकार  
Economic Adviser



### Message

National Health Accounts (NHA) estimates Report for FY 2018-19 is the sixth round of whole-of-the-health-sector expenditure estimates report of India based on the globally accepted standard of System of Health Accounts, 2011. The report provides a detailed tracking of the flow of resources into a health system and generates key health indicators which are critical to measuring performance of health systems in terms of equity and efficiency. The detailed and disaggregated expenditure estimates data generated by NHA provides a basis for routine questioning and analysis which are precursor to sound policy making to ensure fair and equitable distribution of resources in the health sector.

I would like to congratulate the National Health Accounts Technical Secretariat team for preparing the NHA estimates report for 2018-19. I am confident that the NHA estimates will prove useful for the policymakers, administrators, researchers, academics and all other stakeholders involved in the health sector.

I acknowledge and thank the members of the National Health Accounts Expert Group for their input and encouragement, and the NHA Cell, Bureau of Planning in the Ministry of Health and Family Welfare for their untiring efforts to bring out these annual estimates.

*Indrani*  
(Indrani Kaushal)





**Maj Gen (Prof) Atul Kotwal, SM, VSM**  
Executive Director



**National Health Systems Resource Centre**  
Technical Support Institution with  
National Health Mission  
Ministry of Health and Family Welfare,  
Government of India



### Message

The National Health Accounts (NHA) Estimates for India, 2018-19 is the sixth in the series of NHA estimates report prepared by the National Health System Resource Centre. It provides detailed information on the flow of funds from different sources and tracks trends in the fund allocation for health in the country for the FY 2018-19.

NHA estimates are a reflection of the existing health system of a country. The estimates help us in understanding the nature of healthcare financing in the country by providing detailed and disaggregated information on sources of financing, schemes that manage funds, healthcare providers and types of healthcare services accessed within a year. They also supplement monitoring of financial flow for effective planning and management of resources.

We hope that these estimates provide important insights to policymakers, academicians, public health advocates and researchers.

I appreciate the officials in the Ministry of Health and Family Welfare and National Health Accounts Technical Secretariat (NHATS) for their efforts to bring out these annual estimates.

  
(Maj Gen (Prof) Atul Kotwal)

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# Acknowledgment

National Health Accounts Technical Secretariat (NHATS) prepared the National Health Accounts (NHA) estimates for 2018-19 with constant guidance and support from NHA Steering Committee and the NHA Expert Group for India. We acknowledge the inputs received from all Government Ministries/Departments, organisations, individual international/national experts, and every stakeholder who contributed to preparing the Health Accounts Estimates. The report was completed and approved under the guidance of Smt. Roli Singh, Additional Secretary and Mission Director (NHM), Ministry of Health and Family Welfare. We would also like to thank Shri. Vikash Sheel, former Additional Secretary and Mission Director (NHM) for his support in finishing this report. We would like to acknowledge the guidance and support of Shri. Vishal Chauhan, Joint Secretary (Policy), Ministry of Health and Family Welfare.

We gratefully acknowledge Dr. Atul Kotwal, ED, NHSRC, for providing the much-needed guidance and support. Specifically, we would like to acknowledge the contribution of Smt. Indrani Kaushal, Economic Advisor, Ministry of Health and Family Welfare, and Shri Dharam Parkash, Deputy Director, Bureau of Planning, Department of Health and Family Welfare, for their involvement in the production of these estimates, Dr. Pritam Datta (National Institute of Public Finance and Policy), and Dr. Nimai Das (Indian Institute of Forest Management) for estimates on enterprises and non-profit institutions. We also acknowledge the support received from RRC North East for helping us in collecting data from North-East India. We would like to thank our colleagues in NHSRC, the administrative and the support staff for their continuous support and cooperation.

We acknowledge the guidance and suggestions from Dr. Indrani Gupta (Institute of Economic Growth), Dr. Mita Chowdhury (National Institute of Public Finance and Policy), Dr. Shaktivel Selvaraj (Public Health Foundation of India), Dr. Montu Bose (TERI School of Advanced Studies), and Dr. Muraleedhran VR (Indian Institute of Technology, Madras). We are thankful to Shri. Rohit Deo Jha Deputy Director and Shri. Adeb Wahab officer on Special Duty from National Health Authority (NHA) for providing PMJAY data. We are also thankful to Smt. Soma Roy Burman (Controller General of Accounts) and Mr. V. P Thomas, Account officer, CGA for providing expenditure data of all Union Ministries in excel format and K.S.J. Reddy, former Head-Health Vertical, Insurance Information Bureau of India for anonymized private health insurance expenditures.

**NHATS-NHSRC**





# Abbreviations

AIDS	Acquired Immunodeficiency Syndrome
ANM	Auxiliary Nurse Midwife
ASHA	Accredited Social Health Activist
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
CSR	Corporate Social Responsibility
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
IIPS	Indian Institute of Population Sciences
IRDAI	Insurance Regulatory and Development Authority of India
Incl.	Including
MPLAD	Members of Parliament Local Area Development
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
NSS	National Sample Survey
NSSO	National Sample Survey Office
OECD	Organization for Economic Co-operation and Development
OOPE	Out of Pocket Expenditure
OTC	Over the Counter
PHFI	Public Health Foundation of India
PMJAY	Pradhan Mantri Jan Aarogya Yojna
PNC	Post-Natal Care
PPP	Public-Private Partnership
PST	Primary, Secondary and Tertiary
RELHS	Retired Employees Liberalized Health Scheme
RLB	Rural Local Body
RMSC	Rajasthan Medical Service Corporation
RSBY	Rashtriya Swasthya Bima Yojana
SHA	System of Health Accounts
TA	Technical Assistance
TB	Tuberculosis
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 the National Health Policy, 2002, and the National Health Accounts Cell (NHA Cell) was established in the Ministry of Health and Family Welfare, the Government of India. The NHA Cell produced health accounts estimates for FY 2001-02 and FY 2004-05. The National Health Systems Resource Centre (NHSRC) was designated the National Health Accounts Technical Secretariat (NHATS) in August 2014 by the 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 a 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 the Steering Committee and Expert Committee is attached as Annexure F.
- ❖ Developed the National Health Accounts Guidelines for India in 2016 adapted to the 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 the 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, FY 2016-17, FY 2017-18 and FY 2018-19. 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 the national and State level for periodic Health Accounts and to update health expenditure data and related standard key indicators.
- ❖ NHATS has the 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 2018-19.

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 the 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 stakeholders' feedback. These updates are results of a thorough examination by the NHA team and the NHA Expert Group in consultation with competent authorities in this regard.

NHA estimates 2018-19 report incorporates refinements from NHA estimates 2013-14, 2014-15, 2015-16, 2016-17 and 2017-18 details 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 2018-19 is the sixth round of estimates for India presented according to the System of Health Accounts 2011 (SHA 2011). NHA team is continuously working towards improving the data availability and methodology used for producing 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. NHA Guidelines for India 2016 and System of Health Accounts 2011 (SHA 2011) including all refinements are mentioned in the methodology section and elsewhere in this report.

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

# Highlights of National Health Accounts Estimates 2018-19

## What are Health Accounts?

Health Accounts describe health expenditures and flow of funds in the country's health system over a financial year of India. It answers important policy questions such as what are the sources of healthcare expenditures, who manages these, who provides health care services, and which services are utilized. 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 expenditures. 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 2018-19, Total Health Expenditure (THE) for India is estimated to be Rs. 5,96,440 crores (3.16% of GDP and Rs. 4,470 per capita). THE constitutes current and capital expenditures incurred by Government and Private Sources including External/Donor funds. Current Health Expenditure (CHE) is Rs. 5,40,246 crores (90.58% of THE) and capital expenditures is Rs. 56,194 crores (9.42% of THE). Capital expenditures are reported for all sources of Government (Union Government is Rs. 18,468 crores; State Government Rs. 37,477 crores; external donors Rs. 249 crores).

Government Health Expenditure (GHE) including capital expenditure is Rs. 2,42,219 crores (40.61% of THE, 1.28% GDP, and Rs.1,815 per capita). This amounts to about 4.81% of General Government Expenditure in 2018-19. Of the GHE, Union Government's share is 34.3% and State Governments' share is 65.7%. Union Government's Expenditure on National Health Mission is Rs. 30,578 crores, Defense Medical Services is Rs. 12,852 crores, Railway Health Services is Rs 4,606 crores, Central Government Health Scheme (CGHS) is Rs. 4,060 crores, and Ex-Servicemen Contributory Health Scheme (ECHS) is Rs. 3,226 crores. Expenditures by all Government Financed Health Insurance Schemes combined are Rs. 12,680 crores.

Household's Out of Pocket Expenditure on health (OOPE) is Rs. 2,87,573 crores (48.21% of THE, 1.52% of GDP, Rs. 2,155 per capita) Private Health Insurance expenditure is Rs. 39,201 crores (6.57% of THE).

## Who contributes to current health expenditures?

Of the Current Health Expenditures (CHE), the Union Government's share is Rs. 63,256 crores (11.71% of CHE) and the State Governments' share is Rs.1,06,056 crores (19.63% of CHE). Local bodies' share is Rs. 5,451 crores (1.01% of CHE), Households' share (including insurance contributions) is about Rs. 3,24,717 crores (60.11% of CHE, OOPe being 53.23% of CHE). Contribution by enterprises (including insurance contributions) is Rs. 29,789 crores (5.51% of CHE) and NGOs is Rs. 8,484 crores (1.57% of CHE). External/donor funding contributes to about Rs. 2,493 crores (0.46% of CHE).

## Who provides health care services?

Current Health Expenditure (CHE) attributed Rs. 93,689 crores to Government Hospitals (17.34% of CHE) and Rs. 1,55,013 crores to Private Hospitals (28.69% of CHE). Expenditures incurred by other Government Providers (incl. PHC, Dispensaries, and Family Planning Centers) is Rs. 41,875 crores (7.75% of CHE), Other Private Providers (incl. private clinics) is Rs. 23,610 crores (4.37% of CHE), Providers of Patient Transport and Emergency Rescue is Rs. 18,909 crores (3.50% of CHE), Medical and Diagnostic laboratories is Rs. 21,162 crores (3.92% of CHE), Pharmacies is Rs. 1,22,077 crores (22.60% of CHE), Other Retailers is Rs 643 crores (0.12% of CHE), Providers of Preventive care is Rs. 28,841 crores (5.34% of CHE). About Rs. 21,612 crores (4.0% of CHE) are attributed to Providers of Health System Administration and Financing and other healthcare providers (not classified elsewhere) is Rs. 12,815 crores (2.37% of CHE).

## What services are consumed?

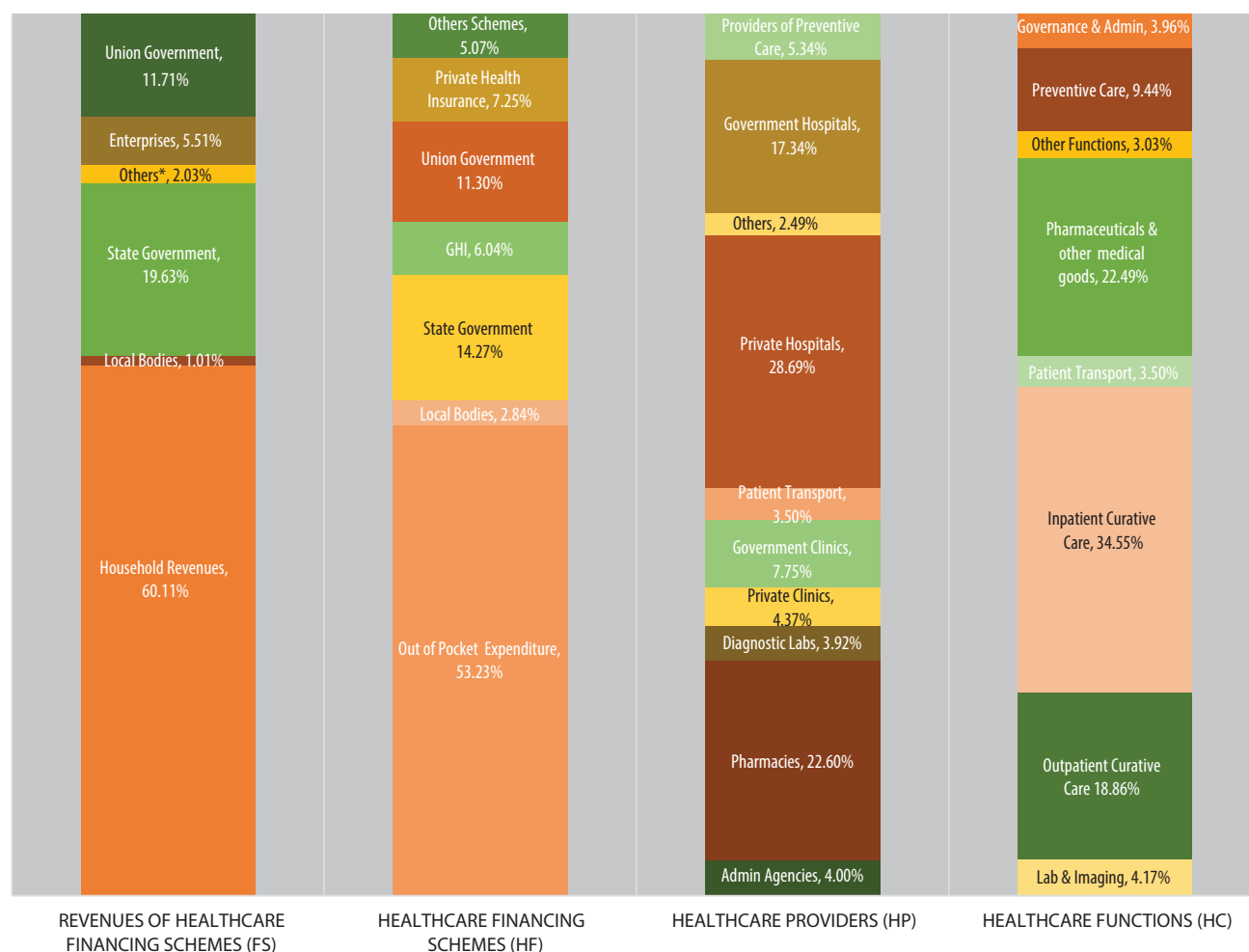
Current health expenditure attributed Rs. 1,86,625 crores to Inpatient Curative Care (34.55% of CHE), Rs. 1,01,902 crores to outpatient curative care (18.86% of CHE), Rs. 4,170 crores to Day Curative Care (0.77% of CHE) Rs. 18,909 crores for patient transportation (3.50% of CHE), Rs. 22,526 crores to Laboratory and Imaging services (4.17% of CHE), Rs. 1,01,928 crores to Prescribed Medicines (18.87% of CHE), Rs. 18,881 crores to Over the Counter (OTC) Medicines (3.49% of CHE). Therapeutic Appliances and Medical Goods of about Rs. 643 crores (0.12% of CHE), Preventive Care of about Rs. 50,991 crores (9.44% of CHE), and others of about Rs. 12,258 crores (2.27% of CHE) also constituted current health expenditure. About Rs. 21,413 crores (3.96% of CHE) are attributed to Governance and Health System and Financing Administration.

Total Pharmaceutical Expenditure is 33.81% of CHE (includes prescribed medicines, over-the-counter drugs, and those provided during an inpatient, outpatient, or any other event involving contact with health care providers). Expenditure on Traditional, Complementary, and Alternative Medicine (TCAM) is 4.28% of CHE.

Current Health Expenditure attributed to Primary Care is of around 47.4%, Secondary Care of 31.7%, Tertiary care of 14.9% and governance and supervision of 4.0%. When disaggregated; government's expenditure on Primary Care is 55.2%, Secondary Care is 30.5% and Tertiary Care is 5.9%. Private expenditure on Primary Care is 36.9%, Secondary Care is 33.3% and Tertiary Care is 26.9%.



**Figure 1: Distribution of Current Health Expenditure (2018-19) according to 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 (0.1% and 0.09%); and NPISH n.e.c. (1.57%) and all direct foreign financial transfers (0.27%). Local bodies fund includes urban (1.0%) and rural local bodies (0.01%)
2. Government Health Insurance Schemes include Social insurance schemes like ESIC, CGHS, ECHS (3.69%) and Government-based voluntary insurance schemes like PMJAY, RSBY, state specific government health insurance schemes etc. (2.35%).
3. Local bodies fund includes urban (1.49%) and rural local bodies (1.35%)
4. Other schemes include: Non-Profit Institutions Serving Households (NPISH) (1.73%), Residents Foreign Agencies Schemes (0.2%), and Enterprise's financing schemes (3.14%).
5. Private Clinics includes ambulatory centres like Offices of general medical practitioners (4.37%); Offices of medical specialists (<0.001%);
6. Government Clinics include ambulatory centres like Sub-Centres/ANM, ASHA, Anganwadi Centres & VHNSCs (1.31%); Primary Health Centres (PHC), Govt. dispensaries including AYUSH, CGHS and ESIS, Railway Polyclinics (6.02%) and Family planning centres (0.42%).
7. Administrative agencies include Govt. health admin (2.57%); Social health insurance (admin) (0.43%); Private health insurance admin (0.8%) and other administration agencies (0.2%)
8. Other providers include Retail sellers and other suppliers of durable medical goods and appliances (0.12%) and other health care providers (2.37%)
9. Pharmaceuticals and other medical goods include prescribed medicines (18.87%), Over-the-counter medicines (3.49%); all therapeutic appliances and other medical goods (0.12%), and All Pharmaceuticals and Other medical non-durable goods (0.01%)
10. Preventive care includes programmes on Information, education and counselling (IEC) (0.69%); Immunization (1.22%); Early disease detection (0.08%); Healthy condition monitoring (4.35%); Epidemiological surveillance, risk and disease control (3.09%); Preparing for disaster and emergency response (0.01%).
11. Other functions include All rehabilitative care (0.05%); All long-term care (0.01%) day curative care (0.77%); home based curative care (0.13%) and other health care services not elsewhere classified (2.07%)

# 1

# National Health Accounts Estimates for India: 2018-19

## 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 is presented here:

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

**Current Health Expenditures (CHE) as a percent of THE:** CHE constitutes only recurrent expenditures for healthcare purposes net all capital expenditures. CHE as a percent of THE indicates 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 percent of THE:** GHE constitutes spending under all schemes funded and managed by Union, State, and Local Governments including quasi-Governmental organizations and donors in case funds are channeled through Government organizations. It has an important bearing on the health system as low Government health expenditures may mean high dependence on household out-of-pocket expenditures.

**Out of Pocket Expenditures (OOPE) as a percent 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 percent of THE:** Social Security Expenditures include finances allocated by the Government towards payment of premiums for Union and State Government financed health insurance schemes (PMJAY, 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 the extent of pooled funds available for specific categories of the population.

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



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

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

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

**Union and State Government Health Expenditure as % of GHE:** The Union Government Health Expenditures includes the funds allocated by different Ministries and Departments of Union Government towards the healthcare of the 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 % 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 the AYUSH system of medicines in the total health expenditure.

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

**Table 1: Key indicators for India from NHA estimates 2018-19 with the last six NHA rounds<sup>1</sup>**

Sl. No.	Indicator	NHA 2018-19	NHA 2017-18	NHA 2016-17	NHA 2015-16	NHA 2014-15	NHA 2013-14	NHA 2004-05
1	Total Health Expenditure (THE) as percent of GDP	3.2	3.3	3.8	3.8	3.9	4	4.2
2	Total Health Expenditure (THE) Per capita (Rs.) at current prices	4,470	4,297	4,381	4,116	3,826	3,638	1,201
3	Total Health Expenditure (THE) Per capita (Rs.) at constant prices <sup>2</sup>	3,314	3,333	3,503	3,405	3,231	3,174	2,066
4	Current Health Expenditures (CHE) as percent of THE	90.6	88.5	92.8	93.7	93.4	93	98.9

Sl. No.	Indicator	NHA 2018-19	NHA 2017-18	NHA 2016-17	NHA 2015-16	NHA 2014-15	NHA 2013-14	NHA 2004-05
5	Government Health Expenditure (GHE) as percent of THE	40.6	40.8	32.4	30.6	29	28.6	22.5
6	Out of Pocket Expenditures (OOPE) as percent of THE	48.2	48.8	58.7	60.6	62.6	64.2	69.4
7	Social Security Expenditure on health as percent of THE	9.6	9	7.3	6.3	5.7	6	4.2
8	Private Health Insurance Expenditures as percent of THE	6.6	5.8	4.7	4.2	3.7	3.4	1.6
9	External/Donor Funding for health as percent of THE	0.4	0.5	0.6	0.7	0.7	0.3	2.3

**Table 2: Key Health Financing Indicators for India as percentage of Current Health Expenditure for NHA estimates 2018-19**

Sl.No.	Indicator	NHA 2018-19	NHA 2017-18
1	Current Health Expenditure (CHE) Per capita (Rs.) *	4,049	3,805
2	Government Health Expenditure (GHE) percent of CHE	34.5	33.2
3	Out of Pocket Expenditures (OOPE) as percent of CHE	53.2	55.1
4	Social Security Expenditure on health as percent of CHE	10.3	10.1
5	Private Health Insurance Expenditures as a percent of CHE	7.3	6.6
6	Household Health Expenditure (incl. insurance contributions) as % of CHE	60.1	61.4
7	External/ Donor Funding for health as percent of CHE	0.5	0.6

\*At current prices

**Table 3: Key Health Financing Indicators for India: NHA Estimates 2018-19**

Sl.No.	Indicator	NHA 2018-19	NHA 2017-18
<b>Total Health Expenditure (THE)</b>			
1	Total Health Expenditure (THE) as % GDP <sup>3</sup>	3.16	3.31

<sup>3</sup> GDP value for FY 2018-19 (Rs. 1,88,99,668 crores) from 2020-21; First Revised Estimates of National Income, Consumption Expenditure, Saving and Capital Formation for 2020-21. Press Information Bureau, Government of India Ministry of Statistics & Program Implementation. 1-February 2022

Sl.No.	Indicator	NHA 2018-19	NHA 2017-18
2	THE per capita (Rs.) <sup>4</sup>	4,470	4,297
3	Current Health Expenditure (CHE) as % of THE	90.6	88.5
4	Capital Health Expenditure as % of THE	9.4	11.5
<b>Government Health Expenditures (GHE)*</b>			
5	Government Health Expenditures (GHE) as % of THE	40.6	40.8
6	GHE as % of GDP	1.28	1.35
7	GHE as % of General Government Expenditure (GGE) <sup>5</sup>	4.81	5.12
8	Per capita Government Health Expenditure (Rs.)	1,815	1,753
9	Current Government Health Expenditure (CGHE) as % of GHE	76.9	71.9
10	Union Government Health Expenditure as % of GHE	34.3	40.8
11	State Government Health Expenditure as % of GHE	65.7	59.2
12	Government based Voluntary Health Insurance as % of GHE	5.2	4.1
<b>Household Health and Out of Pocket Expenditure (OOPE)</b>			
13	Household Health Expenditure (incl. insurance contributions) as % of THE	54.4	54.3
14	OOPE as % of THE	48.2	48.8
15	OOPE as % of GDP	1.52	1.62
16	Per capita OOPE (Rs.)	2,155	2,097
<b>Others</b>			
17	External/ Donor Funding as % of THE	0.4	0.5
18	AYUSH as % of THE	3.9	3.6
19	Pharmaceutical expenditures as % of CHE	33.8	33.4

\* Refer Annexure B for Trend in GHE and other macro economic indicators between years 2017-18 and 2018-19.

## 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 2018-19, (Rs. 5,40,246 crores) into healthcare financing schemes, revenues of health care financing schemes (source of financing), healthcare providers, and healthcare functions.

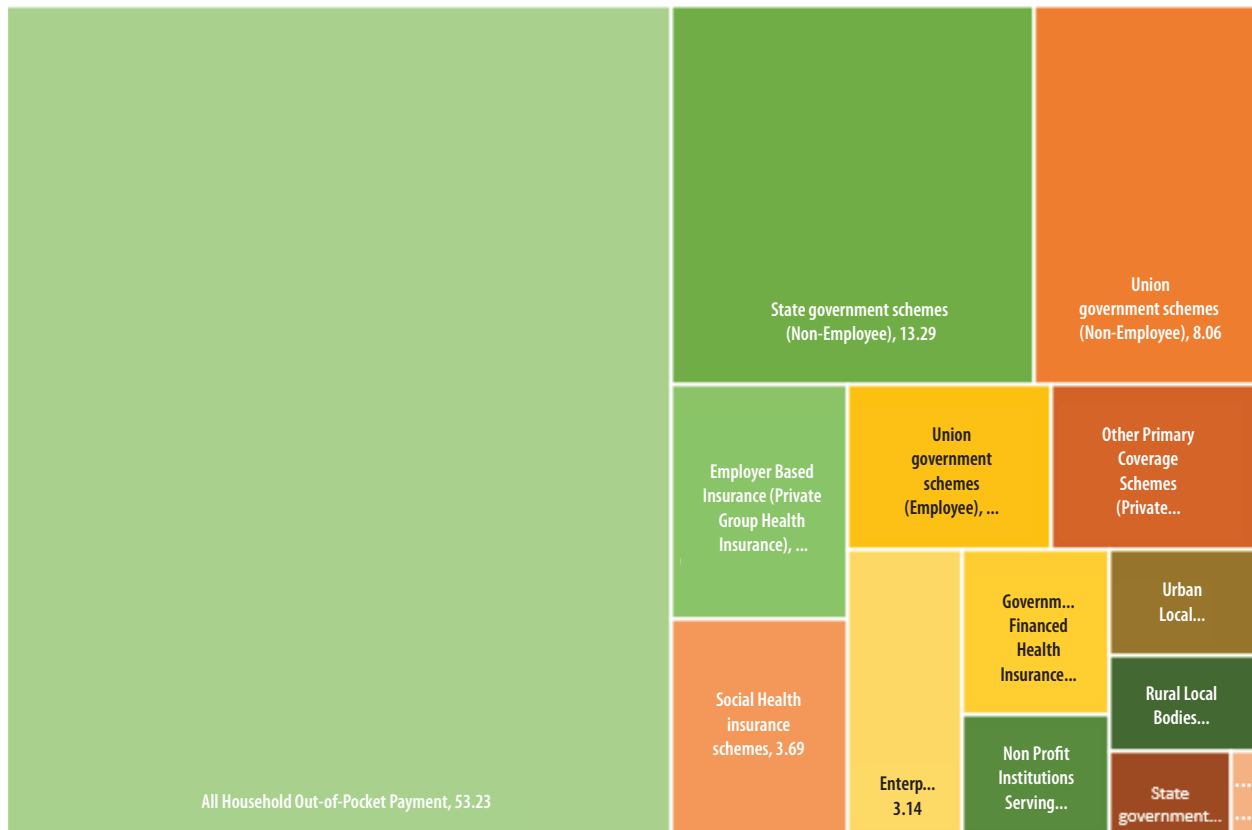
<sup>4</sup> The population for 2018-19. Population projections for India and states, 2011-2036: Report of the technical group on population projections constituted by the National Commission on Population, July 2020. (2020), Population for 2018-19 is 13,34,235('000)

<sup>5</sup> GGE value for FY 2018-19 (Rs 50,40,707 Crores) Receipts and Disbursements of Central and State Governments, Page no. 180, Handbook of Statistics on Indian Economy, 2021, Reserve Bank of India

## 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 the source for the provision of healthcare services to the population. **Table 4** shows the distribution of expenditures by healthcare financing schemes, followed by the description of all financing schemes relevant in the Indian context. A detailed description of these schemes is provided in the “National Health Accounts Guidelines for India”, 2016.

**Figure 2: Current Health Expenditure (2018-19) by Financing Schemes (%)**



- Union government schemes (Non-Employee)
- Union government schemes (Employee)
- State government schemes (Non-Employee)
- State government schemes (Employee)
- Union Local Bodies schemes
- Rural Local Bodies schemes
- Social health insurance schemes
- Government Financed Health Insurance
- Employer-Based Insurance (Private Group Health Insurance)
- Other Primary Coverage Schemes (Private Individual Health insurance)
- Community-Based Insurance
- Non Profit Institutions Serving Households (NPISH)
- Resident Foreign Agencies Schemes
- Enterprises
- All Household Out-of-Pocket Payment

**Table 4: Current Health Expenditure (2018-19) by Healthcare Financing Schemes**

NHA Code	Financing schemes	Rs. Crores*	%
HF.1.1.1.1	Union Government (Non-Employee)	43,540	8.06
HF.1.1.1.2	Union Government (Employee) <sup>6</sup>	17,479	3.24
HF.1.1.2.1.1	State Government (Non-Employee)	71,774	13.29
HF.1.1.2.1.2	State Government (Employee) <sup>7</sup>	5,272	0.98
HF.1.1.2.2.1	Urban Local Bodies	8,076	1.49
HF.1.1.2.2.2	Rural Local Bodies	7,273	1.35
HF.1.2.1	Social health insurance schemes (not incl. 1.2.1.4) <sup>8</sup>	19,944	3.69
HF.1.2.1.4	Government Financed Health Insurance <sup>9</sup>	12,680	2.35
HF.2.1.1.1	Employer-Based Insurance (Private Group Health Insurance)	21,676	4.01
HF.2.1.1.3	Other Primary Coverage Schemes (Private Individual Health insurance)	17,525	3.24
HF.2.1.2.1	Community-Based Insurance	13	0
HF.2.2.1	Non Profit Institutions Serving Households (NPISH)	9,367	1.73
HF.2.2.2	Resident Foreign Agencies Schemes	1,098	0.2
HF.2.3.1.2	Enterprises	16,956	3.14
HF.3.3	All Household Out-of-Pocket Payment	2,87,573	53.23
<b>Total</b>		<b>5,40,246</b>	<b>100</b>

\*Figures are rounded off

### 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:

<sup>6</sup> Current expenditures on Defense Medical Services (Rs.12,817.96 Crores), Railway Health Services (Rs.4,606.05 Crores) and the rest is any reimbursements made by Union Government Departments through CSMA.

<sup>7</sup> Incl. expenditures on employees through Medical allowance/reimbursements by State Government Departments

<sup>8</sup> Incl. Central Government Health Scheme (CGHS), Ex-servicemen Contributory Health Scheme (ECHS) and Employee State Insurance Scheme (ESIS)

<sup>9</sup> Incl. expenditures on PMJAY, RSBY and State specific health insurance schemes

#### **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. Includes expenditures under National Health Mission, National Family Welfare Programs, National AIDS Control Program IEC programs, partnership with NGOs, etc. It also includes expenditures through other Union Ministries and Departments under the Labor Welfare Scheme, Maulana Azad Medical Aid Scheme, National Institute of Sports Science and Sports Medicine, etc. (Refer to NHA Guidelines for India, 2016 for details).

#### **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 the Ministry of Defence, Ministry of Railways, Department of Posts and Department of Atomic Energy, etc. for providing healthcare services to their employees and reimbursements under Central Services Medical Attendance (CSMA) Rules.

#### **HF.1.1.2.1.1 State Government Schemes (Non-Employee)**

Expenditure by the 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 Labor, Art, and Culture, Social Security, Welfare and Nutrition, Welfare of SC/ST and OBC, etc. (Refer to NHA Guidelines for India, 2016 for details)

#### **HF.1.1.2.1.2 State Government Schemes (Employee)**

Expenditure by the 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 programs 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 the Contributory Health Services Scheme (CHSS) of the Department of Atomic Energy and Retired Employees' Liberalized Health Scheme (RELHS) of the Ministry of Railways are Social Health Insurance, due to the 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 2018-19. These are PMJAY, RSBY 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.

## **HF.2 Voluntary Healthcare Payment Schemes**

Expenditure through all the voluntary healthcare payment schemes is classified here. This is divided into three subcategories – 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 is financed by the contributions of employees (households' prepayments), employers (enterprises) in the form of premiums paid to public/ private insurance companies.

### **HF.2.1.1.3 Other Primary Coverage Schemes (Private Individual Health insurance)**

This includes expenditures under the 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 community schemes since 2006 use private/ public insurers for risk pooling and these products are registered as Micro Health Insurance Products under the IRDAI. Expenditures from both these categories are included. These are financed by household prepayments.

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

These are institutions established and operated purely on 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 a subsidized cost. Revenue is from the donations of the 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.

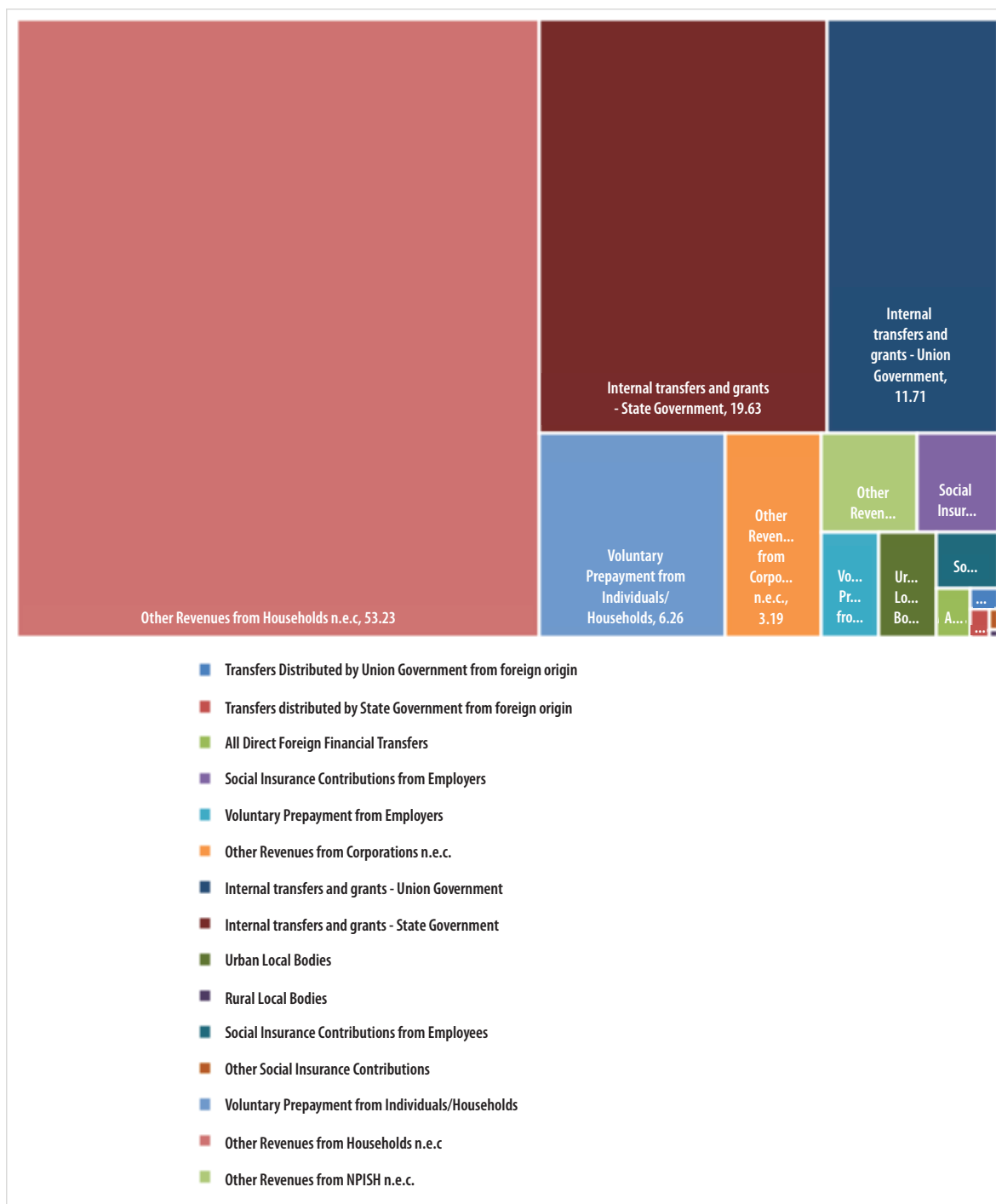
### **HF.3.3 All Household Out-of-Pocket Payment**

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 (e.g., 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 5** presents the distribution of expenditures about 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 these schemes is provided in the “National Health Accounts Guidelines for India”, 2016.

**Figure 3: Current Health Expenditure (2018-19) by Revenues of Healthcare Financing Schemes (%)**





**Table 5: Current Health Expenditure (2018-19) by Revenues of Healthcare Financing Schemes**

NHA Code	Revenues of Financing Schemes	Rs. Crores *	%
FS.1.1.1	Internal transfers and grants - Union Government	63,256	11.71
FS.1.1.2	Internal transfers and grants - State Government	1,06,056	19.63
FS.1.1.3.1	Urban Local Bodies	5,412	1
FS.1.1.3.2	Rural Local Bodies	39	0.01
FS.2.1	Transfers Distributed by Union Government from foreign origin	553	0.1
FS.2.2	Transfers distributed by State Government from foreign origin	457	0.09
FS.3.1	Social Insurance Contributions from Employees	3,181	0.59
FS.3.2	Social Insurance Contributions from Employers	7,152	1.32
FS.3.4	Other Social Insurance Contributions	168	0.03
FS.5.1	Voluntary Prepayment from Individuals/ Households	33,795	6.26
FS.5.2	Voluntary Prepayment from Employers	5,419	1
FS.6.1	Other Revenues from Households n.e.c	2,87,573	53.23
FS.6.2	Other Revenues from Corporations n.e.c.	17,218	3.19
FS.6.3	Other Revenues from NPISH n.e.c.	8,484	1.57
FS.7.1.4	All Direct Foreign Financial Transfers	1,483	0.27
<b>Total</b>		<b>5,40,246</b>	<b>100</b>

\*All values are rounded off

### 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 categorized 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.

### 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 their 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.

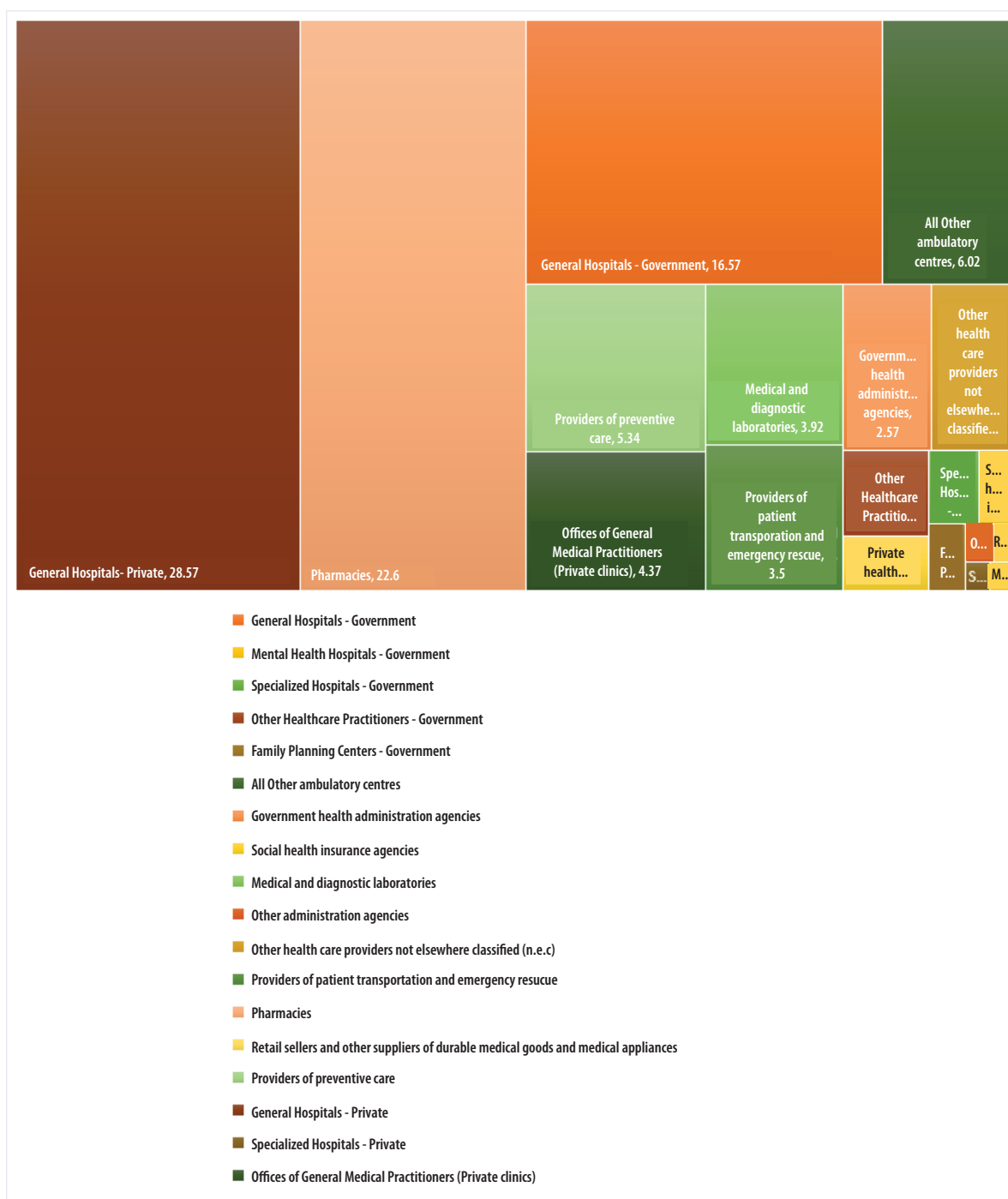
### FS.7 Direct foreign transfers

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 granted 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 other Rs. **Table 6** presents the distribution of current health care expenditures by providers of healthcare, followed by the description of all healthcare providers relevant in the Indian context. A detailed description of these schemes is provided in the "National Health Accounts Guidelines for India", 2016.

**Figure 4: Current Health Expenditure (2018-19) by Healthcare Providers (%)**



**Table 6: Current Health Expenditure (2018-19) by Healthcare Providers**

NHA Codes	Healthcare Providers	Rs. Crores*	%
HP.1.1.1	General Hospitals – Government	89,494	16.57
HP.1.1.2	General Hospitals – Private	1,54,375	28.57
HP.1.2.1	Mental Health Hospitals – Government	602	0.11
HP.1.3.1	Specialized Hospitals – Government	3,593	0.66

NHA Codes	Healthcare Providers	Rs. Crores*	%
HP.1.3.2	Specialized Hospitals – Private	638	0.12
HP.3.1.1	Offices of General Medical Practitioners (Private clinics)	23,608	4.37
HP.3.1.3	Offices of Medical Specialists (Private Specialty clinics)	2	0
HP.3.3	Other Healthcare Practitioners <sup>10</sup> Government	7,100	1.31
HP.3.4.1	Family Planning Centers- Government	2,260	0.42
HP.3.4.9	All Other ambulatory centres <sup>11</sup> Government	32,515	6.02
HP.4.1	Providers of Patient Transportation and Emergency Rescue	18,909	3.5
HP.4.2	Medical and Diagnostic Laboratories	21,162	3.92
HP.5.1	Pharmacies	1,22,077	22.6
HP.5.2	Retail sellers and other suppliers of durable medical goods and medical appliances	643	0.12
HP.6	Providers of Preventive care	28,841	5.34
HP.7.1	Government Health Administration Agencies	13,880	2.57
HP.7.2	Social Health Insurance Agencies	2,330	0.43
HP.7.3	Private Health Insurance Administration Agencies	4,329	0.8
HP.7.9	Other Administration Agencies	1,073	0.2
HP.10	Other Health Care Providers not elsewhere classified (n.e.c)	12,815	2.37
<b>Total</b>		<b>5,40,246</b>	<b>100</b>

\*All values are rounded off

## HP.1 Hospitals

Hospitals are licensed establishments that are primarily engaged in providing inpatient and outpatient health services that include physicians, nursing, diagnostic, and other allied health services. Though outpatient and day care services are provided, the majority of procedures require admission and are delivered only by using specialized facilities, professional knowledge, advanced medical technology, and equipment, which form a significant and integral part of the provisioning 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 Centers (CHC).

### HP.1.1.2 General Hospitals – Private

This includes all establishments like private general hospitals, private nursing homes, etc.

<sup>10</sup> Expenditures on Sub Centers/ANM, ASHA, Anganwadi Centers etc

<sup>11</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 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 a 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 Centers. 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-centers/ANM, ASHA, Village Health and Nutrition Sanitation Committees (VHNSC).

#### **HP.3.4 Ambulatory health care centers**

These centers are classified into HP.3.4.1 Family Planning Centers and HP.3.4.9 All Other Ambulatory Centers [Government run - Primary Health Centers, 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 a 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 pharmacists, chemists, or pharmacy doctors. 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 with 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 center. 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 formulation and administration of Government health policy, health financing, setting and enforcement of standards for medical and paramedical personnel and hospitals, clinics, etc., and regulation and licensing of providers of health services.

#### **HP.7.2 Social Health Insurance Agencies**

Agencies handling the 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 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.

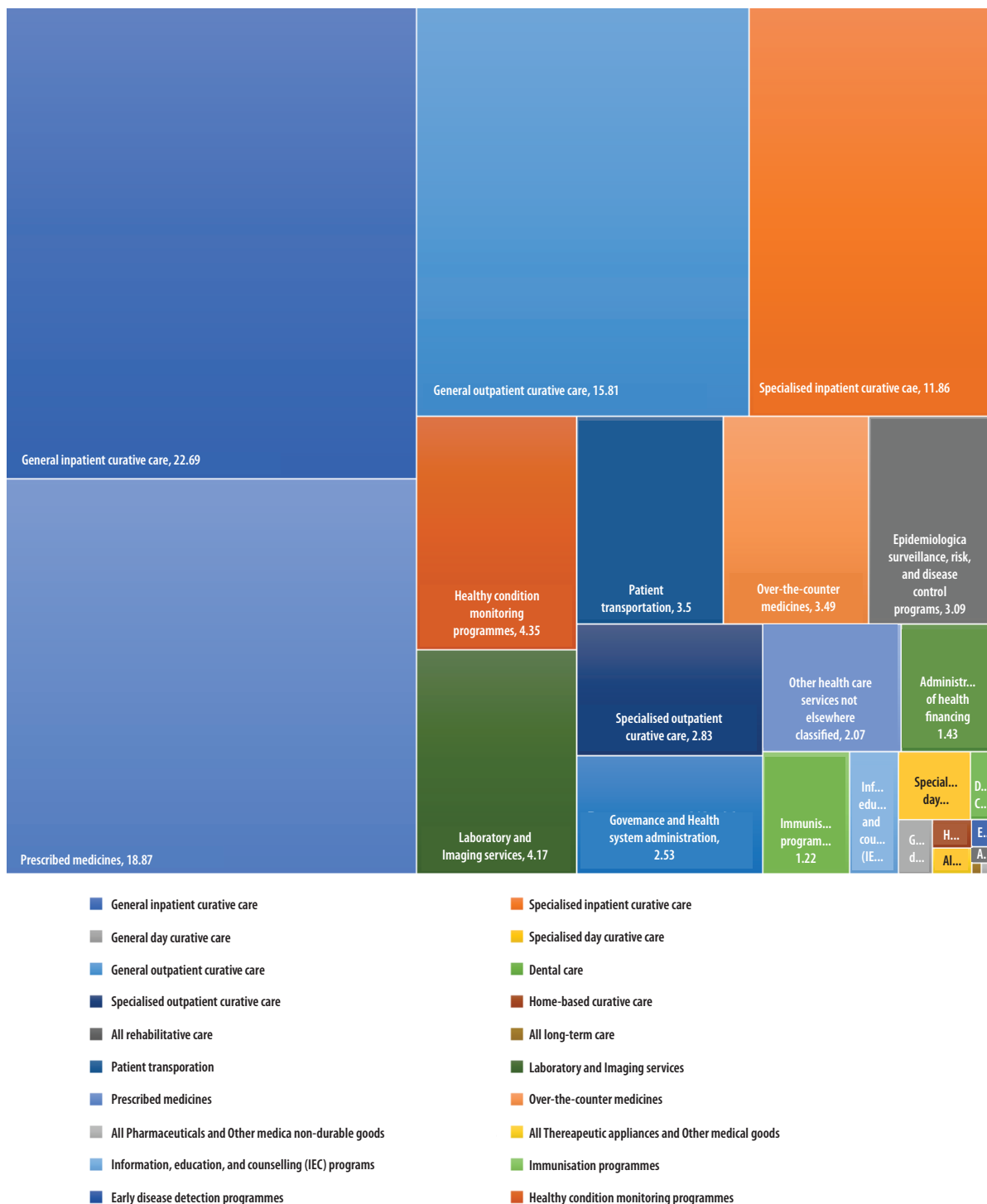
## HP. 10 Other Healthcare Providers not elsewhere classified (n.e.c)

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

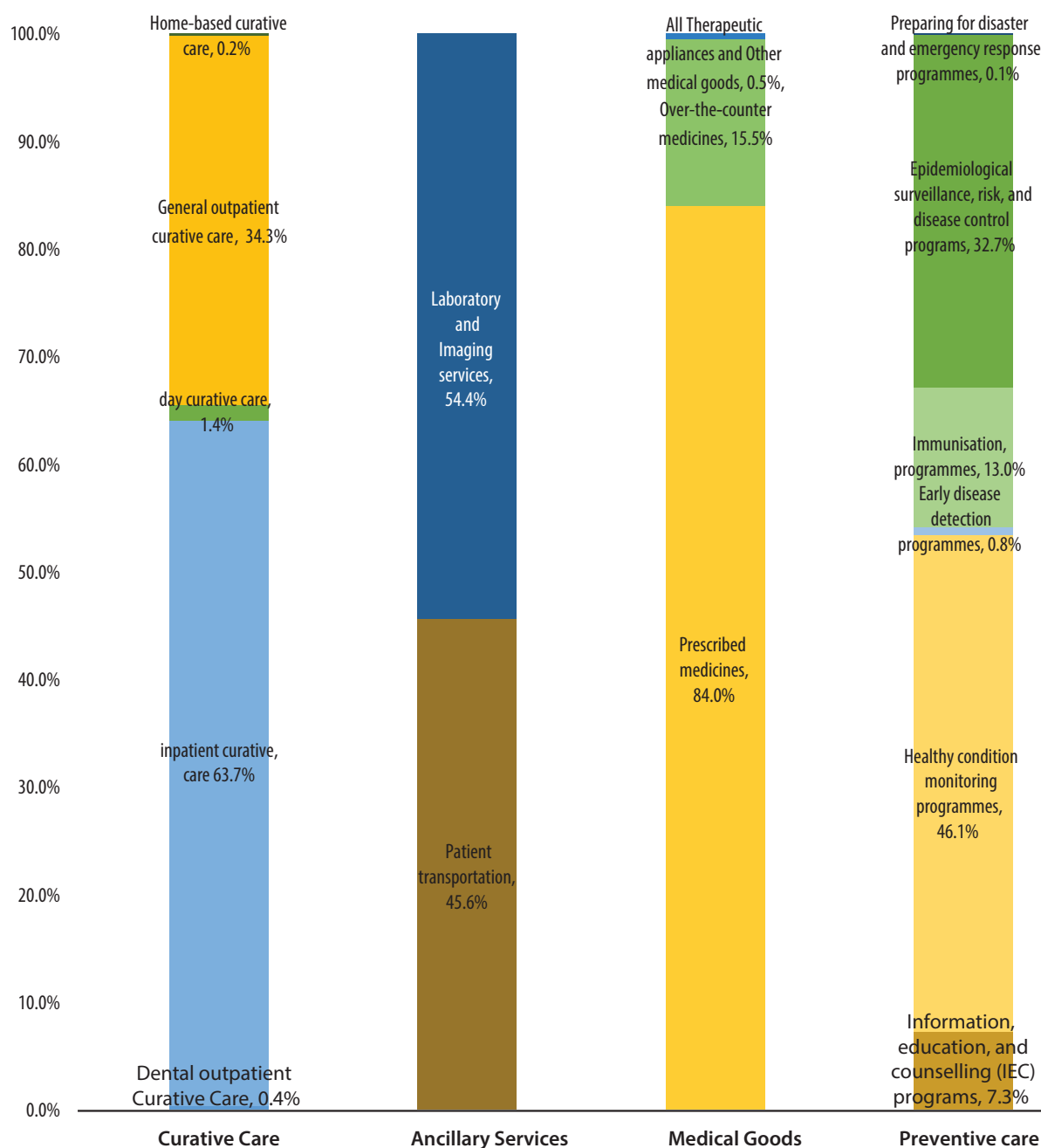
### 1.2.4 Expenditure Estimates by Healthcare Functions

Healthcare functions refer to health care goods and services consumed by final users with a specific health purpose. **Table 7** presents the distribution of current health expenditures by health care functions, followed by the description of all healthcare functions relevant in the Indian context. A detailed description of these schemes is provided in the “National Health Accounts Guidelines for India”, 2016.

**Figure 5: Current Health Expenditure (2018-19) by Healthcare Functions (%)**



**Figure 6: Distribution of Healthcare Functions according to SHA classification (%)**



**Table 7: Current Health Expenditure (2018-19) by Healthcare Functions**

NHA Codes	Healthcare Functions	Rs. Crores*	%
HC.1.1.1	General inpatient curative care	1,22,555	22.69
HC.1.1.2	Specialized inpatient curative care	64,070	11.86
HC.1.2.1	General day curative care	1,120	0.21
HC.1.2.2	Specialized day curative care	3,050	0.56
HC.1.3.1	General outpatient curative care	85,403	15.81
HC.1.3.2	Dental outpatient curative care	1,203	0.22



NHA Codes	Healthcare Functions	Rs. Crores*	%
HC.1.3.3	Specialized outpatient curative care	15,296	2.83
HC.1.4	Home-based curative care	697	0.13
HC.2	All rehabilitative care	288	0.05
HC.3	All long-term care	33	0.01
HC.4.3	Patient transportation	18,909	3.5
HC.4.4	Laboratory and Imaging services	22,526	4.17
HC.5.1.1	Prescribed medicines	1,01,928	18.87
HC.5.1.2	Over-the-counter medicines	18,881	3.49
HC.5.1.4	All Pharmaceuticals and Other medical non-durable goods	43	0.01
HC.5.2.4	All Therapeutic appliances and Other medical goods	643	0.12
HC.6.1	Information, education, and counselling (IEC) programs	3,702	0.69
HC.6.2	Immunization programs	6,618	1.22
HC.6.3	Early disease detection programs	428	0.08
HC.6.4	Healthy condition monitoring programs	23,479	4.35
HC.6.5	Epidemiological surveillance, risk, and disease control programs	16,691	3.09
HC.6.6	Preparing for disaster and emergency response programs	73	0.01
HC.7.1	Governance and Health system administration	13,664	2.53
HC.7.2	Administration of health financing	7,749	1.43
HC.9	Other health care services not elsewhere classified	11,198	2.07
	<b>Total</b>	<b>5,40,246</b>	<b>100</b>
HC.RI.1	Total Pharmaceuticals Expenditure (TPE)	1,82,666	33.81
HC.RI.2	Traditional, Complementary and Alternative Medicines (TCAM)	23,101	4.28

\*All values are rounded off

## 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 a day care, otherwise, it is an outpatient contact. The subcategories under this are HC.1.1.1 General Inpatient curative care, HC.1.1.2 Specialized inpatient curative care, HC.1.2.1 General day care, HC.1.2.2 Specialized day 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, 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 are HC.4.3 (i.e., ambulance service) provided by both Government and private sector. HC.4.4 Laboratory and imaging services are reported collectively and refer to those that are not a part of the treatment package and services that are availed from stand-alone diagnostic centers 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 are 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 medicine comprises all pharmaceuticals, including branded and generic pharmaceutical products, which are provided in response to a prescription issued by a licensed medical practitioner or pharmacist. HC.5.1.2 Over-the-counter drugs (OTC): comprises all pharmaceuticals, including branded and generic pharmaceutical products which may or may not be available without prescription but have been purchased independently. Inclusions in 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 a 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 assume 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 as 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 eyeglasses, and contact lenses, hearing aids, orthopedic 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 programs such as National Disease Control Programs, etc. The subcategories under this are HC.6.1 Information, Education and Counselling (IEC) programs, HC.6.2 Immunization programs, HC.6.3 Early disease detection programs, HC.6.4: Healthy condition monitoring programs, HC.6.5 Epidemiological surveillance, risk and disease control programs, HC.6.6 Preparing for disaster and emergency response programs. Expenditures not classified under any of the above are categorized under HC.6.nec Unspecified preventive care (N.E.C.) (majority of it is non-specified on the 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 the private and public sectors. Expenditures are sourced from health and morbidity surveys, detailed demand for grants of the Ministry of AYUSH/ other Union and State departments.

## 1.3 Expenditure on Capital Formation

Gross fixed capital formation in the health care system is measured by the total value of the fixed assets that health providers have acquired during the accounting period (less the value of the disposals of assets) and that are used repeatedly or continuously for more than one year in the production of health services. In the Indian context, it includes expenditure on infrastructure, buildings, machinery as well as expenditure on medical education, research, and training. As the non-availability of detailed expenditure, the capital expenditure is classified as HK.nec only. The following table provides information about the capital formation by different actors in India.

**Table 8: Capital Formation by Funding Agency**

Funding Agency	Amount (in Rs. Cr.)	%
Union	18,468	32.9
State	37,082	66.0
ULBs	395	0.7
Rest of the world	249	0.4
Total	56,194	100.0

## 1.4 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 2018-19 is presented for Government, private, and combined allocations in **Table 9**. 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, 2015-16, 2016-17 and 2017-18 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).

## 1.5 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<sup>12</sup>. Definitions of these schemes are given on pages no. 22 and 23 of this report. The expenditures under these for the year 2018-19 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

<sup>12</sup> 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 9: Current Health Expenditure (2018-19) by Primary, Secondary and Tertiary Care (%)**

Category	Description of Expenditures Included	Govt.		Pvt.		Combined	
		2018-19	2017-18	2018-19	2017-18	2018-19	2017-18
<b>Primary</b>	<p>Expenditures under preventive care under all healthcare providers.</p> <p>All expenditures at sub-centres, Family planning centres, PHC, dispensaries (CGHS, ESIS, etc., private clinics) except for those incurred for specialized outpatient care and dental care.</p> <p>Expenditures for general outpatient curative care at all healthcare providers including related diagnostic and pharmaceutical expenditures apportioned from wherever relevant.</p> <p>Expenditures under all pharmaceuticals and other medical non-durable goods, therapeutic appliances, and other medical goods purchased directly by the households</p> <p>Expenditures for inpatient curative care at all ambulatory centres including expenditures related to childbirth at sub-centres.</p> <p>Expenditures under rehabilitative care at offices of general medical practitioners.</p> <p>Expenditures under all long-term care and Expenditures under patient transportation</p>	55.2	54.7	36.9	37.6	47.4	47.0
<b>Secondary</b>	<p>Expenditures under general inpatient curative care at hospitals including related diagnostic and pharmaceutical expenditures apportioned from wherever relevant.</p> <p>Expenditures under dental outpatient curative care at all healthcare providers including related diagnostic and pharmaceutical expenditures.</p> <p>Expenditures under specialized outpatient curative care at all providers of ambulatory healthcare</p> <p>Expenditures under all laboratory and imaging services and pharmaceutical expenditures under specialized outpatient curative care as apportioned from wherever relevant.</p>	30.5	31.5	33.3	36.3	31.7	34.0

Category	Description of Expenditures Included	Govt.		Pvt.		Combined	
		2018-19	2017-18	2018-19	2017-18	2018-19	2017-18
<b>Tertiary</b>	Expenditures under specialized inpatient curative care at all providers including related diagnostic and pharmaceutical expenditures. Expenditures under specialized outpatient curative care at hospitals Expenditures under rehabilitative care at specialized hospitals other than mental health hospitals	5.9	6.4	26.9	23.3	14.9	13.7
<b>Governance and supervision</b>	All expenditures where both providers and functions are healthcare systems governance and administration of finances	5.6	5.8	1.8	1.7	4	4
<b>Not Classified elsewhere</b>	Expenditures that could not be classified under any of the above categories	2.8	1.6	1.1	1.1	2.1	1.3

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 Defense 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 has 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 for here. For more details on boundaries for health insurance expenditures, NHA guidelines for India, 2016 may be referred.

**Table 10: Health Insurance Expenditure (2018-19) under different schemes**

Sl. No.	Health Insurance Scheme	Rs. Crore*
<b>1</b>	<b>Social Health Insurance Schemes</b>	
1.1	Central Government Health Scheme (CGHS) (Incl. Capital Expenditure)	4,060
1.2	Employee State Insurance Scheme (ESIS) (Incl. Capital Expenditure)	14,409
1.3	Ex-Serviceman Contributory Health Scheme (incl. Capital Expenditure)	3,326
<b>2</b>	<b>Government Financed Health Insurance</b>	12,680
2.1	Rashtriya Swasthya Bima Yojana (RSBY) (All States Not Specified Else Where)	857
2.2	Yaseshwani Health Insurance Karnataka	100
2.3	Arogyasri Health Insurance Telangana	83
2.4	Handloom Weaver Health Insurance	8
2.5	Insurance for Information and Broadcasting Workers West Bengal	52
2.6	NTR Vaidyaseva Andhra Pradesh	1,459
2.7	Chief Minister's Health Insurance Scheme Chattisgrah	52
2.8	Goa Mediclaim and Svarnjayanti Yojna Goa	42
2.9	MA Yojna Gujarat	870
2.10	Mukhya Mantri Health Insurance Himachal Pradesh	15
2.11	Suvarna Arogya Suraksha Trust Karnataka <sup>13</sup>	900
2.12	Mahatama Jyotiba Phule Jan Arogya Yojana Maharashtra	1,481
2.13	Megha Health Insurance Meghalaya	92
2.14	Public Health Insurance Mizoram	59
2.15	Bhagat Puran Singh Health Insurance Punjab	113
2.16	Chief Minister's Health Insurance Tamil Nadu	1,895
2.17	CM swasthya bima Yojna Uttarakhand	23
2.18	Biju Krushak Yojna Odisha	171
2.19	Comprehensive Health Insurance Scheme Kerala	401
2.20	Pradhan Mantri Jan Arogya Yojana	2,381

Sl. No.	Health Insurance Scheme	Rs. Crore*
2.21	Mukhyamantri Swasthya Bima Yojna, Jharkhand	325
2.22	Manipur Health Protection Scheme	20
2.23	Jan Swasthya Bima Yojna, Rajasthan	1,029
2.24	ANISHI	21
2.25	NIRAMAYA health insurance	1
2.26	Other Government Financed Health Insurance <sup>14</sup>	230
<b>3</b>	<b>Private Health Insurance</b>	<b>39,201</b>
3.1	Employer-based insurance (Other than enterprises schemes)	21,676
3.2	Other primary coverage schemes	17,525
<b>4</b>	<b>Community-based insurance</b>	<b>13</b>

\*All values in the above table are rounded of

<sup>13</sup>Suvarna Aarogya 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>14</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 levels.

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 Expenditure include both current 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 the 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 procedures 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 customizing 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 is 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 2018-19 estimates for India considers the 'actual expenditures made during the Financial Year from 1st April 2018 to March 31st, 2019. Health expenditures made by residents of the country and those incurred by Indian residents who live abroad temporarily or who travel 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 the 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 the 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 estimation of NHA, current health expenditures on the 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 a health professional like self-prescriptions/self-diagnosis which involves over-the-counter medicines are also included as health expenditures.

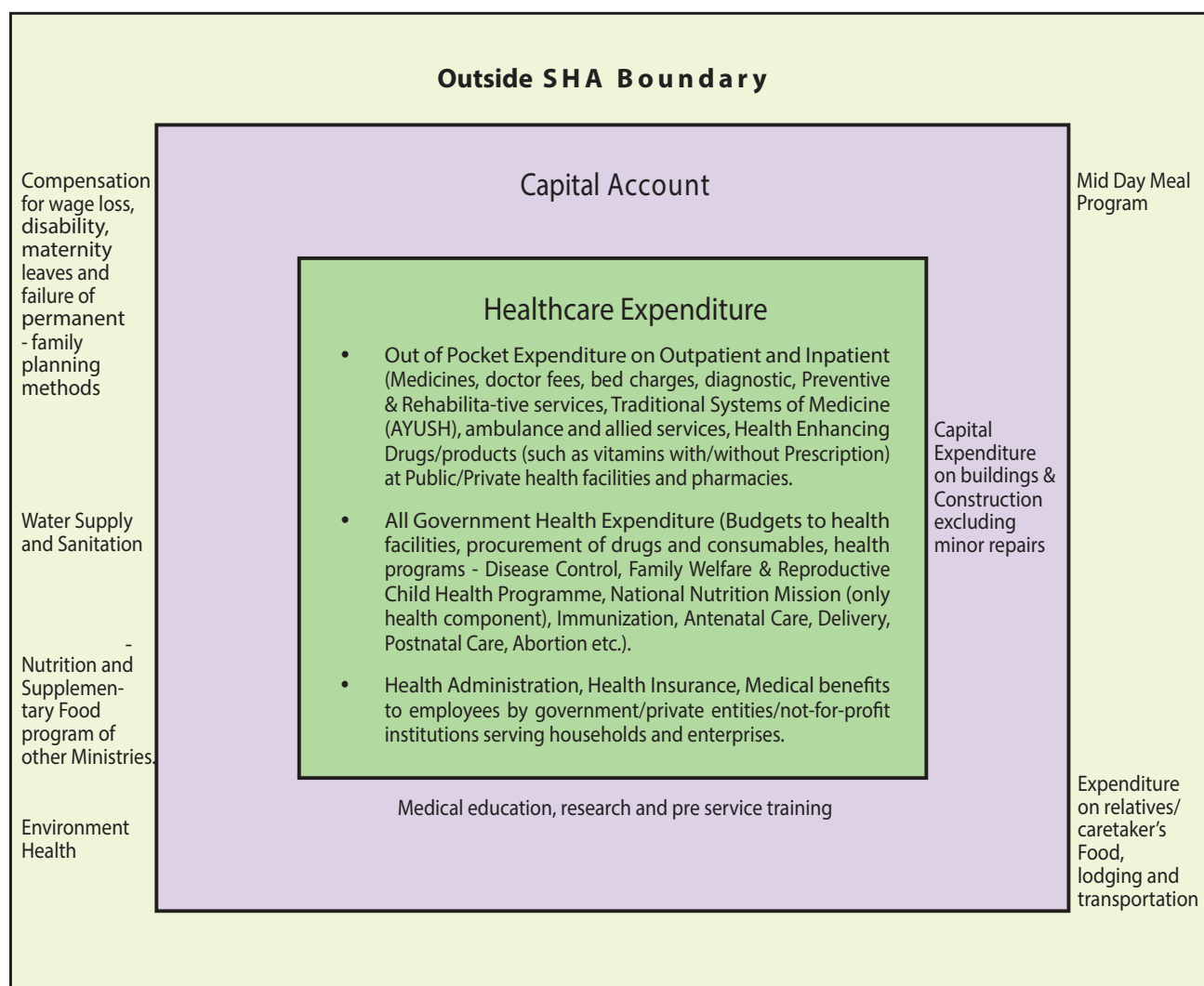
Certain health-related activities are provided by various Government departments other than the Department of Health and Family Welfare. These activities include the provision of long-term social care, enhancing integration of disabled persons, enforcement of standards of food hygiene, provision of drinking water, environmental protection, sanitation, and other multi-sector promotion of healthy lifestyles. Though these activities have a health-enhancing component in them, the primary purpose of implementing these programs is either for the 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 the 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 complement but directly do not impact health.
- ❖ Other miscellaneous expenditures incurred by the relatives or friends who accompany the patient like transport costs, 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 for.

**Figure 7: Description of Healthcare Expenditure Boundaries for India**



## 2.4 Data Sources

To capture healthcare expenditures in both public and private sectors, the 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, 2020-21 for actual expenditures of FY 2018-19.
- ❖ State-wise expenditures under National Health Mission (NHM) - Financial Monitoring Reports (FMR) for 2018-19 – Financial Management Group (FMG), National Health Mission, MoHFW.
- ❖ Detailed Demand for Grants - State Department of Health and Family Welfare and all Other State Departments, 2020-21, for actual expenditures of FY 2018-19.
- ❖ Office of Controller General of Accounts (CGA) - medical reimbursements to Union Government employees and contributions towards social health insurance for 2018-19.
- ❖ Expenditure Statements/ Annual Reports of Municipal Corporations and Office of Municipal Administration at State level for FY 2020-21 or the respective years that present actual expenditures for FY 2018-19.
- ❖ 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 2018-19.
- ❖ Annual Reports of Employees' State Insurance Corporation (ESIC) for FY 2018-19.
- ❖ Official Communication(s) from Government Financed Health Insurance Schemes and Scheme Websites for details of reimbursements made for FY 2018-19.
- ❖ National Sample Survey Office 75th Round Survey Data - Social Consumption: Health, 2017-18, (July 2017- June 2018), Ministry of Statistics and Program Implementation.
- ❖ National Sample Survey Office 68th Round: Consumer Expenditure Survey, 2011-12, Ministry of Statistics and Program Implementation.
- ❖ National Family Health Survey 4th round, IIPS, Mumbai.
- ❖ National Health Authority data base for PMJAY.
- ❖ Annual report of Insurance Regulatory Development Authority of India (IRDAI) for 2018-19.
- ❖ Anonymized health insurance claims from Insurance Information Bureau (IIB), IRDAI for FY 2018-19.
- ❖ Study on Health Expenditures by Indian Enterprises and Non-Government Organizations, for 2013-14, Public Health Foundation of India.
- ❖ Sales data by IQVIA.
- ❖ Health expenditures by Development partners (external funding) - OECD Creditor Reporting System (CRS) Development Assistance Committee database (DAC) for FY 2018-19.
- ❖ Advance Estimates of National Income and Expenditures by CSO for FY 2018-19
- ❖ Handbook of Statistics on Indian Economy 2020, RBI.

- ❖ The population for 2018-19. Population projections for India and states, 2011-2036: Report of the technical group on population projections constituted by the National Commission on Population, July, 2020. (2020).
- ❖ Health Management Information System (HMIS), National Health Mission, MoHFW - utilization data for 2018-19.

## 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 sections (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 2018-19, NHA 2017-18, NHA 2016-17, 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 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 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 including improved interpretations of methodology/descriptions given in SHA 2011 Manual (Revised Edition) Published in 2017<sup>15</sup> 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 can be referred to in the Reports - NHA Estimates for India (2013-14).

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 have been introduced instead of HF 2.1.1.2 Government Based Voluntary Insurance. This reflects only changes in the code and title of the code. The expenditures previously included under HF 2.1.1.2 are now included under HF1.2.1.4. These include expenditure under all health insurance schemes implemented by union and State Governments in 2015-16. These are Rashtriya Swasthya Bima Yojana and other State-specific Government health insurance

<sup>15</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>

schemes that are enumerated under the section on health insurance expenditures of this report. These expenditures in NHA 2013-14 and 2014-15 were classified under the code HF.2.1.1.2 Government Based Voluntary Insurance. However, these expenditures were always considered part of the Total Government Expenditures for all analysis and reporting purposes. For NHA 2015-16 the expenditures of these schemes were classified as HF 1.2.1.4 considering other country experiences of classifying such similar schemes as Government Schemes under appropriate codes of HF.1 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.

### 2.5.3 Refinements in NHA Estimates 2017-18 over NHA Estimates 2016-17

The present NHA round includes some new additions to further refine the classification as well as to improve the estimates. The new additions are presented below.

In the present NHA, the estimates on Out-of-Pocket Expenditure are based on National Sample Survey (NSS) 75th round (2017-18) on health<sup>16</sup>. Till NHA 2016-17 the estimates were based on NSS 71st round (2014). The classification of expenditure has been done as per the NHA guideline, 2016<sup>17</sup> although there are few new additions in the recent round in terms of health care providers. Unlike NSS 71st round the 75th round includes information on health care provided by NGOs which has been clubbed under Private Health care provider. The latest round also gives information on expenditure on immunization for the age group 0 to 5 years for the selected vaccines. To avoid underestimation in vaccination expenditure the NSS data has been supplemented with the vaccine sales data from IQVIA. Since the NSS survey also provides the source of health care providers for vaccination the same information is used in Provider classification. The vaccination expenses coming from sales data have been classified under pharmacy. The latest round also has a new category called informal health care provider which has been classified as HP.10 in the present classification. For the classification of Providers – Childbirth in the government sector, the apportioning key has been developed using the NFHS-4 unit-level data. The out-of pocket expenditure on sterilization has been estimated using the National Family Health Survey (NFHS)- 4 data. This report also used the actual sales data from IQVIA for Vitamins, Minerals, and Supplements.

To classify the CSR data the information given in the CSR portal of the Ministry of Corporate Affairs has been used. This portal provides detailed information on health functions as well as provider for money allocated under CSR.

<sup>16</sup>NSS 75th round (2017-18) on Health is a latest round dealing with the subject. NSS under Ministry of Statistics and Programme Implementation collects Primarily data through nation-wide household surveys. For detail on survey design and sampling methodology please visit <http://www.mospi.nic.in>

<sup>17</sup>National Health Account Guideline for India, 2016, National Health System Resource Centre, Ministry of Health and Family Welfare, Government of India.



## 2.5.4 Refinement in NHA Estimates 2018-19 over NHA Estimates 2017-18

The present NHA round includes new classification to improve the estimates. Under the HC classification under HC 5.1 a new code HC 5.1.4 has been added. The new code All Pharmaceuticals and Other medical non-durable goods represents the sale of generic drugs and other medical non-durable goods in subsidised rate in outlet under the Union Government Scheme of Jan Aushadhi Scheme.

## 2.6 Limitations

- ❖ The list of health care providers and related capital expenditures especially in the private sector is not exhaustive due to the non-availability of disaggregated data. Further, expenditures on health care by Universities/ Academic Institutions/ autonomous bodies on the welfare of students and 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 the 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 the 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 the Indian context for the same have been defined in this report and NHA guidelines for India 2016. However, they have been updated wherever possible according to the SHA 2011 Manual Revised Edition, 2017.
- ❖ NHA estimates 2018-19 for Rural Local Bodies, Non-Government Institutions Serving Households (NPISH), Enterprises/ Firms are extrapolated from NHA estimates 2013-14. These were obtained through independent surveys for each of the categories in 2013-14.

### Note:

The main source of estimates for out-of-pocket expenditure for NHA 2018-19 is the NSS 75th round of 2017-18. The source of estimates for out-of-pocket expenditure in previous NHA estimates including the 2016-17 was the extrapolated figure from NSS 71st round of 2014. It is to be noted that reference period for 71st round was 6 months (January- June 2014) and for 75th round it was one year (July 2017- June 2018). Sample size of 71st round was 65932 households, in 75th round it was 1,13,823 households. The observed change in out-of-pocket expenditure may be attributed to several factors including changes in utilisation pattern between these two rounds<sup>18</sup>.

<sup>18</sup>NSS Report of 71st and 75th round.

# Annexures

## Annexure A

### A.1 National Health Accounts 2018-19 Matrices

Expenditure incurred by different entities in the health system is captured through two-dimensional tables that track the financial flows from financing sources to financing schemes, financing schemes to health care providers and health care functions, and 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 2018-19 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 (2018-19) by Healthcare Financing Schemes and Revenues of Healthcare Financing Schemes (HFxFS matrix)
- ❖ Table A.2: Current Health Expenditure (2018-19) by Providers and Healthcare Financing Schemes (HPxHF matrix)
- ❖ Table A.3: Current Health Expenditure (2018-19) by Healthcare Functions and Healthcare Financing Schemes (HCxHF matrix)
- ❖ Table A.4: Current Health Expenditure (2018-19) by Healthcare Functions and Healthcare Providers (HCxHP matrix)
- ❖ Table A.5: Current Health Expenditure (2018-19) by Primary, Secondary, and Tertiary healthcare Categorization (HCxHP matrix).



**Table A.1: Current Health Expenditure (2018-19) by Financing Schemes and Revenues of Healthcare Financing Schemes(HIFxFS matrix)**

Indian Rupee (INR), crore	Financing schemes	Revenues of health care 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 contribution			FS.5 Voluntary prepayment			FS.6 Other domestic revenues n.e.c.			FS.7 Direct foreign transfers	All FS	
			FS.1.1 Transfers and grants - Union Government		FS.1.1.2 Internal transfers and grants - State Government		FS.1.1.3.1 Urban Local Bodies		FS.1.1.3.2 Rural Local Bodies		FS.2.1 Transfers distributed by Union Government from foreign origin	FS.2.2 Transfers distributed by State Government from foreign origin	FS.3.1 Social insurance contributions from employees	FS.3.2 Social insurance contributions from employers	FS.3.4 Other social insurance contributions	FS.5.1 Voluntary prepayment from individuals/households	FS.5.2 Voluntary prepayment from employers	FS.6.1 Other revenues from households n.e.c.	FS.6.2 Other revenues from corporations n.e.c.			FS.6.3 Other revenues from NPISH n.e.c.
			31,083	11,894	66,974	5,226	5,412	39	553	437	3,181	7,152	168	16,257	17,525	13	261	16,938	1,098			386
HF.1 Government schemes and compulsory contributory health	HF.1.1.1	Union government schemes (Non-Employee)	31,083	11,894					553												43,540	
	HF.1.1.2	Union government schemes (Employee)	17,479																		17,479	
	HF.1.1.2.1	State government schemes (Non-Employee)	4,363	66,974						437											71,774	
	HF.1.1.2.2	State government schemes (Employee)	46	5,226																	5,272	
	HF.1.1.2.2.1	Urban Local Bodies schemes	646	2,018	5,412																8,076	
	HF.1.1.2.2.2	Rural Local Bodies schemes	781	6,453		39															7,273	
	HF.1.2.1	Social health insurance scheme	8,744	13,358						20	3,181	7,152	168								32,623	
	HF.2.1.1	Employer-based insurance (Other than enterprises schemes)														16,257					21,676	
	HF.2.1.3	Other primary coverage schemes													17,525						17,525	
	HF.2.1.2.1	Community-based insurance														13					13	
HF.2.2.1	NPISH financing schemes (excluding HF.2.2.2)	103	132													261		8,484	386	9,367		
HF.2.2.2	Resident foreign agencies schemes																		1,098	1,098		
HF.2.3.1.2	Private enterprises (except health care providers) financing schemes																16,938			16,938		
HF.2.3.1.n.e.c.	Other Enterprises (except health care providers) financing schemes																19			19		
HF.3 Household	HF.3.3 All Household out-of-pocket payment															28,7573				2,87,573		
Total	All HF		63,256	1,06,056	5,412	39		553	458	3,181	7,152	168	33,795	5,419	5,419	28,7573	17,218	8,484	1,483	5,40,246		

**Table A.2: Current Health Expenditure (2018-19) by Healthcare Providers and Health Financing Schemes (HPxHF matrix)**

Indian Rupee (INR), crore	Financing schemes	HF.1 Government schemes and compulsory contributory health care financing schemes										HF.2 Voluntary health care payment schemes						HF3 Household OOP	Total
		HF.1.1.1.1 Union government schemes (Non-Employee)	HF.1.1.1.2 Union government schemes (Employee)	HF.1.1.2.1.1 State government schemes (Non-Employee)	HF.1.1.2.1.2 State government schemes (Employee)	HF.1.1.2.2.1 Urban Local Bodies schemes	HF.1.1.2.2.2 Rural Local Bodies schemes	HF.1.2.1 Social health insurance scheme	HF.2.1.1.1 Employer-based insurance (Other than enterprises schemes)	HF.2.1.1.3 Other primary coverage schemes	HF.2.1.2.1 Community-based insurance	HF.2.2.1 NPISH financing schemes (excluding HF.2.2.2)	HF.2.2.2 Resident foreign agencies schemes	HF.2.3.1.2 Private enterprises (except health care providers) financing schemes	HF.2.3.1.1 Other Enterprises (except health care providers) financing schemes	HF.3.3 All Household out-of-pocket payment			
HP1 Hospitals	HP1.1.1 General hospitals-Government	13,410	11,465	37,069	252	4,455	303	8,458			73	10			13,997	89,494			
	HP1.1.2 General hospitals-Private	127	34	211				12,910		13	3,885		5,670		96,243	1,54,374			
	HP1.2.1 Mental Health hospitals-Government	86		516												602			
	HP1.3.1 Specialised hospitals (Other than mental health hospitals) Government	398		2,889		306	1				0					3,593			
	HP1.3.2 Specialised hospitals (Other than mental health hospitals) Private			99							533		6			638			
	HP2.1.1 Offices of general medical practitioners			0				366			1,111		7,950		14,181	23,608			
	HP2.1.3 Offices of medical specialists (Other than mental medical specialists)												2			2			
	HP3.3 Other health care practitioners	3,414		2,599		0	847								240	7,100			
	HP3.4.1 Family planning centres	308		1,721		14	180				380					2,260			
	HP3.4.9 All Other ambulatory centres	5,673	444	13,140	7	559	4,527	7,293			44				828	32,515			
HP4.1 Providers of patient transportation and emergency rescue	2,062	12	439		7		1			0				16,385	18,909				
HP4.2 Medical and diagnostic laboratories			15							512				20,201	21,162				



**Table A.3: Current Health Expenditure (2018-19) by Healthcare Functions and Health Financing Schemes (HCxHF matrix)**

Indian Rupee (INR), crore	Financing schemes	HF.1 Government schemes and compulsory contributory health care financing schemes										HF.2 Voluntary health care payment schemes						HF.3 Household OOP	Total
		HF.1.1.1.1	HF.1.1.1.2	HF.1.1.2.1.1	HF.1.1.2.1.2	HF.1.1.2.2.1	HF.1.1.2.2.2	HF.1.2.1	HF.2.1.1.1	HF.2.1.1.3	HF.2.1.2.1	HF.2.2.1	HF.2.2.2	HF.2.3.1.2	HF.2.3.1.n.e.c				
	Health care functions	Union government schemes (Non-Employee)	Union government schemes (Employee)	State government schemes (Non-Employee)	State government schemes (Employee)	Urban Local Bodies schemes	Rural Local Bodies schemes	Social health insurance scheme	Employer-based insurance (Other than enterprises schemes)	Other primary coverage schemes	Community-based insurance	NPISH financing schemes (excluding HF.2.2.2)	Resident foreign agencies schemes	Private enterprises (except health care providers) financing schemes	Other Enterprises (except health care providers) financing schemes	HF.3 Household out-of-pocket payment			
HC.1 Curative care	HC.1.1.1	6,029	8,536	16,687	83	3,274	502	13,479	8,311	7,729	7	3,955	5,671		48,293	1,22,555			
	HC.1.1.2	1,575		4,695	45	877		7,194	6,555	6,309	6	197	1		36,636	64,070			
	HC.1.2.1	749		160		210		0								1,120			
	HC.1.2.2	552		143				5				5	0		2,346	3,050			
	HC.1.3.1	7,102	3,406	28,487	108	903	4,238	8,232	2,614	1,262	0	2,259	7,952		18,839	85,403			
	HC.1.3.2	221		188											794	1,203			
	HC.1.3.3	349		2,384	22			116	2,048	473	10	20	4		9,868	15,296			
	HC.1.4	506		32											159	697			
	HC.2.1	13		3												16			
	HC.2.n.e.c	38		41				0				194				273			
HC.3 Long-term care (health)	HC.3.n.e.c	10		22		1									33				
HC.4 Ancillary services (non-specified by function)	HC.4.1	172											416		588				
	HC.4.2	36		15											50				
	HC.4.3	2,062	12	439		7		1			0		2	16,385	18,909				
	HC.4.4	912		183							573			19	20,201	21,888			
HC.5 Medical goods (non-specified by function)	HC.5.1.1														1,01,928	1,01,928			
	HC.5.1.2														18,881	18,881			
	HC.5.1.4	43													43				
	HC.5.2.4														643	643			

Indian Rupee (INR), crore	Financing schemes	HF.1 Government schemes and compulsory contributory health care financing schemes										HF.2 Voluntary health care payment schemes						HF.3 Household OP	Total
		HF.1.1.1.1	HF.1.1.1.2	HF.1.1.2.1.1	HF.1.1.2.1.2	HF.1.1.2.2.1	HF.1.1.2.2.2	HF.1.2.1	HF.2.1.1.1	HF.2.1.1.3	HF.2.1.2.1	HF.2.2.1	HF.2.2.2	HF.2.3.1.2	HF.2.3.1. n.e.c	HF.3.3			
	Health care functions	Union government schemes (Non-Employee)	Union government schemes (Employee)	State government schemes (Non-Employee)	State government schemes (Employee)	Urban Local Bodies schemes	Rural Local Bodies schemes	Social health insurance scheme	Employer-based insurance (Other than enterprises schemes)	Other primary coverage schemes	Community-based insurance	NPISH financing schemes (excluding HF.2.2.2)	Resident foreign agencies schemes	Private enterprises (except health care providers) financing schemes	Other Enterprises (except health care providers) financing schemes	All Household out-of-pocket payment			
HC 6 Preventive care	HC.6.1.n.e.c	2,238	8	529		4	83					226	15	598		3,702			
	HC.6.2	2,676		929		80	342	0				234	40			6,618			
	HC.6.3	74		35		11	0					308				428			
	HC.6.4	6,408	8	5,214		227	602					560	177			23,479			
	HC.6.5.n.e.c	7,698	610	4,169		1,788	1,269					308	848			16,691			
	HC.6.6	Preparing for disaster and emergency response programme	66		8		0										73		
HC.7 Governance and health system and financing administration	HC.7.1.n.e.c	4,011	1,960	6,804		579	237					66	7			13,664			
	HC.7.2	Administration of health financing		33				3,595	2,168	1,753	0	200				7,749			
HP 9 Other health care services not elsewhere classified (n.e.c)	HC.9		2,938	576	5013	115						261		2,294		1,1198			
	Total	43,540	17,479	71,774	5,272	8,076	7,273	32,623	21,676	17,525	13	9,367	1098	16,938	19	2,87,573	5,40,246		

**Table A.4: Current Health Expenditure (2018-19) by Healthcare Functions and Healthcare Providers (HCxHP matrix)**

Indian Rupee (INR), crore	Health care Providers		Health care functions										HP.3 Providers of ambulatory health care					HP.4 Providers of ancillary services		HP.5 Retailers and other providers of medical goods		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	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	Total							
HC.1 Curative care	General inpatient curative care	42,335	76,590		304					1,409											1,22,555							
	Specialised inpatient curative care	11,877	50,948	420	297																64,070							
	General day curative care	1,110	0	6						4											1,120							
	Specialised day curative care	3,012	8	27						3											3,050							
	General outpatient curative care	23,100	12,425							28,537					1,044	7				1,364	85,403							
	Dental outpatient curative care	224	206							251											1,203							
	Specialised outpatient curative care	2,985	8,064	181	116	18	1	60		108										27	15,296							
	Home-based curative care							0							513	25				159	697							
	Inpatient rehabilitative care	16																			16							
	Unspecified rehabilitative care (n.e.c)	65		1	11					10											273							
	Unspecified long term care (n.e.c)	6								27											33							

Indian Rupee (INR), crore	Health care functions	Health care Providers										All HP											
		HP.1 Hospitals				HP.3 Providers of ambulatory health care							HP.4 Providers of ancillary services		HP.5 Retailers and other providers of medical goods		HP.6 Providers of preventive care				HP.7 Providers of health care system administration and financing		
		HP.1.1.1	HP.1.1.2	HP.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	Total
HC.4 Ancillary services (non-specified by function)	HC.4.1 Laboratory services	172											416										588
	HC.4.2 Imaging services	36											15										50
HC.5 Medical goods (non-specified by function)	HC.4.3 Patient transportation							18,909															18,909
	HC.4.4 Laboratory and Imaging services	1,131									25		20,732										21,888
	HC.5.1.1 Prescribed medicines														1,01,928								1,01,928
	HC.5.1.2 Over-the-counter medicines														18,881								18,881
	HC.5.1.4 All Pharmaceuticals and Other medical non-durable goods														43								43
	HC.5.2.4 All Therapeutic appliances and Other medical goods															643							643
	HC.6.1.n.e.c Other and unspecified IEC programmes (n.e.c)	0								483	25							3,184	11				3,702
	HC.6.2 Immunisation programmes	92	829					215		2,712	643				1,226		901						6,618
	HC.6.3 Early disease detection programmes	12															416						428
	HC.6.4 Healthy conditions monitoring programmes	3,127	5,304		0			1,389		2,934	2,260	954					7,338						23,479

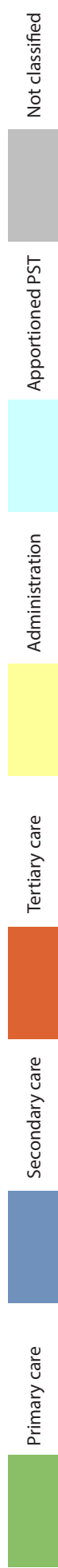
Indian Rupee (INR), crore	Health care Providers	Health care functions		All HP										Total														
		HP.1 Hospitals	HP.3 Providers of ambulatory health care	HP.4 Providers of ancillary services	HP.5 Retailers and other providers of medical goods	HP.6 Providers of preventive care	HP.7 Providers of health care system administration and financing	HP.10 Other health care providers not elsewhere classified	HP.9 Other health care services not elsewhere classified (n.e.c)	HP.7.1 Government health administration agencies	HP.7.2 Social health insurance agencies	HP.7.3 Private health insurance agencies	HP.7.9 Other administrative agencies		HP.10 (n.e.c)													
HC.6.5.n.e.c	Unspecified epidemiological surveillance and risk and disease control programmes (n.e.c)	HP.1.1.1	General hospitals-Government	89,494	1,54,374	602	3,593	638	23,608	2	7,100	2,260	32,515	18,909	21,162	1,22,077	643	28,841	13,880	2,330	4,329	1,064	11,198	12,815	5,40,246			
		HP.1.1.2	General hospitals-Private																									
		HP.1.2.1	Mental Health hospitals-Government																									
		HP.1.3.1	Specialised hospitals (Other than mental health hospitals) Government																									
		HP.1.3.2	Specialised hospitals (Other than mental health hospitals) Private																									
		HP.3.1.1	Offices of general medical practitioners																									
		HP.3.1.3	Offices of medical specialists (Other than mental medical specialists)																									
		HP.3.3	Other health care practitioners	554																								
		HP.3.4.1	Family planning centres																									
		HP.3.4.9	All Other ambulatory centres	519																								
HC.6.6	Preparing for disaster and emergency response programme	HP.7.1	Government health administration agencies																									
		HP.7.2	Social health insurance agencies																									
		HP.7.3	Private health insurance agencies																									
		HP.7.9	Other administrative agencies																									
		HP.6	Providers of preventive care	15,372																								
		HP.5.1	Pharmacies																									
		HP.5.2	Retail sellers and other suppliers of durable medical goods and medical appliances																									
		HP.4.1	Providers of patient transportation and emergency rescue																									
		HP.4.2	Medical and diagnostic laboratories																									
		HC.7.1.n.e.c	Other governance and health system administration (n.e.c)	HP.7.1	Government health administration agencies																							
HP.7.2	Social health insurance agencies																											
HP.7.3	Private health insurance agencies																											
HP.7.9	Other administrative agencies																											
HC.7.2	Administration of health financing	HP.7.1	Government health administration agencies																									
		HP.7.2	Social health insurance agencies																									
HC.9	Other health care services not elsewhere classified (n.e.c)	HP.7.1	Government health administration agencies																									
		HP.7.2	Social health insurance agencies																									
All HP	Total																											



**Table A.5: Current Health Expenditure (2018-19) by Primary, Secondary and Tertiary Healthcare Categorisation (HCxHP matrix)**

Health care functions	Health care providers	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	All HP
	Indian Rupee (INR), CRORE	General hospitals – Government	General hospitals – Private	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 administration agencies	Other administration agencies	Other health care providers not elsewhere classified (n.e.c.)	
HC.1.1.1	General inpatient curative care	42,335	76,590		1,917	304					1,409											1,22,555
HC.1.1.2	Specialised inpatient curative care	11,877	50,948	420	528	297																64,070
HC.1.2.1	General day curative care	1,110			6						4											1,120
HC.1.2.2	Specialised day curative care	3,003	8		27						3					9						3,050
HC.1.3.1	General outpatient curative care	23,100	12,425		949	18	17,601	1	357		28,537				1,044	7					1,364	85,403
HC.1.3.2	Dental outpatient curative care	224	206		40		482				251											1,203
HC.1.3.3	Specialised outpatient curative care	2,985	8,064	181	116	18	3,735	1	60		108										27	15,296
HC.1.4	Home-based curative care															513	25					697
HC.2	Rehabilitative care	81		1	11		185				10											288
HC.3	Unspecified long-term care (n.e.c.)	6								27												33
HC.4.3	Patient transportation																					18,909
HC.4.4	Laboratory and imaging services	1,339											21,162									22,526
HC.5.1.1	Prescribed medicines													101,928								1,01,928
HC.5.1.2	Over-the-counter medicines													18,881								18,881
HC.5.2.4	All Therapeutic appliances and Other medical goods													43	643							43
																						643

Health care functions	Health care providers	HP1.1.1	HP1.1.2	HP1.2.1	HP1.3.1	HP1.3.2	HP2.1.1	HP2.1.3	HP2.3.3	HP2.4.1	HP2.4.2	HP2.5.1	HP2.5.2	HP2.6	HP2.7.1	HP2.7.2	HP2.7.3	HP2.7.9	HP2.10	All HP	
	Indian Rupee (INR), Crore	General hospitals – Government	General hospitals – Private	Mental Health hospitals – Government	Specialised hospitals (Other than mental health hospitals) Government	Specialised 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 administration agencies	Other administration agencies	Other health care providers not elsewhere classified (n.e.c)
HC.6.1.nec	Other and unspecified IEC programmes (n.e.c.)							483							11						3,702
HC.6.2	Immunisation programmes	92	829				215	2,712				1,226		901							6,618
HC.6.3	Early disease detection programmes	12												416							428
HC.6.4	Healthy condition monitoring programmes	3,127	5,304				1,389	2,934						7,338		105				67	23,479
HC.6.5.nec	Unspecified epidemiological surveillance and risk and disease control programmes (n.e.c.)	194						554						15,372		52					16,691
HC.6.6	Preparing for disaster and emergency response programmes														73						73
HC.7.1.nec	Other governance and health system administration (n.e.c.)															13,655			10		13,664
HC.7.2	Administration of health financing															26	2,330	4,329	1,064		7,749
HC.9	Other health care services not elsewhere classified (n.e.c.)																			11,198	11,198
All HC		89,485	1,54,374	602	3,593	638	23,608	7,100						28,850	13,880	2,330	4,329	1,073		12,815	5,40,246



## A.2: Key Health Financing Indicators for the Select States

Table A.6: Key Health Financing Indicators for select States: NHA Estimates 2018-19<sup>19</sup>

S.No	State	Total Health Expenditure (THE)			Government Health Expenditure (GHE)				Out of Pocket Expenditure (OOPE)				Population	GSDP	GGE	
		In crores	% of GSDP	Per Capita in Rs.	% of THE	% of GSDP	% of GGE	Per Capita in Rs.	In crores	% of THE	% of GSDP	% of GGE				Per Capita in Rs.
1	Assam	8,786	2.8	2,584	55.2	1.6	7.1	1,426	4,849	3,228	36.7	1	4.8	949	3,09,336	67,933
2	Andhra Pradesh	25,828	3	4,967	31.7	0.9	5.5	1,576	8,194	16,326	63.2	1.9	11	3,140	8,70,849	1,48,546
3	Bihar	18,199	3.4	1,517	44.5	1.5	5.5	674	8,090	9,731	53.5	1.8	6.7	811	5,27,976	1,45,955
4	Chhattisgarh	8,889	2.8	3,065	46.7	1.3	5.7	1,433	4,155	3,407	38.3	1.1	4.6	1,175	3,18,101	73,315
5	Gujarat	26,812	1.8	3,943	44.4	0.8	7.4	1,751	11,910	10,922	40.7	0.7	6.8	1,606	14,92,156	1,60,852
6	Haryana	13,463	1.9	4,642	36.3	0.7	5.3	1,684	4,884	6,359	47.2	0.9	6.9	2,193	7,04,957	92,462
7	Jammu and Kashmir	3,946	2.5	3,035	51.3	1.3	3.1	1,556	2,023	1,772	44.9	1.1	2.7	1,363	1,60,464	64,504
8	Jharkhand	11,081	3.6	2,995	33.5	1.2	6.1	1,005	3,717	7,086	63.9	2.3	11.6	1,915	3,05,695	60,966
9	Karnataka	32,198	2.2	4,878	33.9	0.7	5.5	1,655	10,926	10,723	33.3	0.7	5.4	1,625	14,90,624	1,98,959
10	Kerala	34,548	4.4	9,871	25.1	1.1	7.4	2,479	8,676	23,702	68.6	3	20.1	6,772	7,90,302	1,17,747
11	Madhya Pradesh	20,725	2.5	2,527	40.8	1	4.9	1,031	8,458	11,550	55.7	1.4	6.8	1,409	8,13,820	1,71,001
12	Maharashtra	66,703	2.6	5,467	26.9	0.7	5.9	1,470	17,934	32,251	48.4	1.3	10.7	2,644	25,79,628	3,02,071

<sup>19</sup>**Gross State Domestic Product (GSDP):** GSDP at current prices is sourced from Directorate of Economics & Statistics of respective State Governments, and for All-India -- Central Statistics Office which presents estimates with base year 2011-12. **General Government Expenditure (GGE):** State wise GGE is sourced from RBI State Finances: a Study of budgets (2021); 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 05.01.2022

**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.

**Government Health Expenditure (GHE)** of a state/ UT includes health expenditure by all government agencies (Union/State (including State Other Departments)/Local Bodies) including quasi-governmental organizations and donors in case funds are channeled through government organizations.

**Out of Pocket Expenditure (OOPE)** Out of Pocket Expenditures are expenditures directly made by households at the point of receiving health care.

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

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

S.No	State	Total Health Expenditure (THE)			Government Health Expenditure (GHE)					Out of Pocket Expenditure (OOPE)					Population	GSDP	GGE
		In crores	% of GSDP	Per Capita in Rs.	% of THE	% of GSDP	% of GGE	Per Capita in Rs.	In crores	% of THE	% of GSDP	% of GGE	Per Capita in Rs.	In crores			
13	Odisha	14,788	3	3,286	40.9	1.2	5.6	1,343	6,043	7,873	53.2	1.6	7.2	1,750	4.5	4,98,286	1,08,838
14	Punjab	14,047	2.7	4,682	29.1	0.8	5.2	1,361	4,082	9,196	65.5	1.8	11.8	3,065	3	5,12,511	77,816
15	Rajasthan	29,905	3.2	3,884	43.7	1.4	7	1,696	13,061	13,438	44.9	1.5	7.2	1,745	7.7	9,21,789	1,86,411
16	Tamil Nadu	32,767	2	4,311	46.9	0.9	6.9	2,022	15,365	14,509	44.3	0.9	6.6	1,909	7.6	16,30,209	2,21,511
17	Uttar Pradesh	78,297	4.9	3,480	24.8	1.2	5.3	863	19,418	55,829	71.3	3.5	15.3	2,481	22.5	15,84,764	3,64,191
18	Uttarakhand	3,774	1.6	3,431	61	1	6	2,093	2,302	1,338	35.5	0.6	3.5	1,216	1.1	2,36,768	38,380
19	West Bengal	45,277	4.1	4,668	25.9	1.1	6.5	1,209	11,729	31,115	68.7	2.8	17.3	3,208	9.7	11,02,283	1,80,092
20	Telangana	15,280	1.8	4,130	40.9	0.7	5.2	1,687	6,242	7,332	48	0.9	6.1	1,982	3.7	8,60,078	1,19,724
21	Himachal Pradesh	4,862	3.3	6,946	51.9	1.7	7.4	3,604	2,523	2,226	45.8	1.5	6.5	3,180	0.7	1,49,442	34,013

**Table A.6** presents key health financing indicators for select States for NHA estimates 2018-19. The indicators for States are important to understand the financing of health systems in the different States. This supports policymakers to identify States where funding can be augmented through alternate sources of financing or advocate for improved resource allocations for specific health schemes.

In 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. The survey used in the estimates includes the 75th round Health and Morbidity Survey by the National Sample Survey Office (July 2017- June 2018) for computing out of pocket expenditures (OOPE) and the survey on Health expenditure (2013-14) by Enterprises and Not for Profit Institutions Serving Households (NPISH/NGO) by Public Health Foundation of India. Expenditures computed from these surveys are used for arriving at health accounts estimates at the National level. However, when computing health accounts estimates/ Indicators at the sub-national level especially for Union Territories, Small States, and the North-Eastern States, the values are not significant due to the small sample size adopted in the survey for these regions.

**Table A.7: Government Health Financing indicators for all the states and UTs with Legislature (2018-19)<sup>20</sup>**

Sl. No.	State	GHE as % of GSDP	GHE as	Per Capita	GHE	Population	GSDP	GGE
			% of GGE	TGHE	in Rs.		In Rs.	In Rs.
		%	%	in Rs.	in Crores			
1	Assam	1.6	7.1	1,426	4,849	3.4	3,09,336	67,933
2	Arunachal Pradesh	4.5	6.2	5,660	1,132	0.2	25,268	18,157
3	Andhra Pradesh	0.9	5.5	1,576	8,194	5.2	8,70,849	1,48,546
4	Bihar	1.5	5.5	674	8,090	12	5,27,976	1,45,955
5	Chhattisgarh	1.3	5.7	1,433	4,155	2.9	3,18,101	73,315
6	Delhi	1.1	19.9	4,001	8,002	2	7,50,962	40,117
7	Goa	1.4	7.6	5,055	1,011	0.2	71,853	13,243
8	Gujarat	0.8	7.4	1,751	11,910	6.8	14,92,156	1,60,852
9	Haryana	0.7	5.3	1,684	4,884	2.9	7,04,957	92,462
10	Himachal Pradesh	1.7	7.4	3,604	2,523	0.7	1,49,442	34,013
11	Jammu and Kashmir	1.3	3.1	1,556	2,023	1.3	1,60,464	64,504
12	Jharkhand	1.2	6.1	1,005	3,717	3.7	3,05,695	60,966
13	Karnataka	0.7	5.5	1,655	10,926	6.6	14,90,624	1,98,959
14	Kerala	1.1	7.4	2,479	8,676	3.5	7,90,302	1,17,747
15	Madhya Pradesh	1	4.9	1,031	8,458	8.2	8,13,820	1,71,001
16	Maharashtra	0.7	5.9	1,470	17,934	12.2	25,79,628	3,02,071
17	Manipur	1.8	4.5	1,710	513	0.3	27,870	11,479
18	Meghalaya	3.5	9.7	3,787	1,136	0.3	32,176	11,673
19	Mizoram	3.4	7.8	7,330	733	0.1	21,879	9,374
20	Nagaland	2.4	5.1	3,180	636	0.2	26,527	12,516
21	Odisha	1.2	5.6	1,343	6,043	4.5	4,98,286	1,08,838
22	Puducherry	1.7	9.2	3,080	616	0.2	36,555	6,700

<sup>20</sup> **Gross Domestic State Product (GSDP):** GSDP at current prices is sourced from Directorate of Economics & Statistics of respective State Governments, and for All-India -- Central Statistics Office which presents estimates with base year 2011-12. **General Government Expenditure (GGE):** State wise GGE is sourced from RBI State Finances: a Study of budgets (2021); 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 05.01.2022

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

**Government Health Expenditure (GHE)** of a state/ UT includes health expenditure by all government agencies (Union/State (including State Other

Departments)/Local Bodies) including quasi-governmental organizations and donors in case funds are channeled through government organizations.

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

Sl. No.	State	GHE as % of GSDP	GHE as	Per Capita	GHE	Population	GSDP	GGE
			% of GGE	TGHE	in Rs.		In Rs.	In Rs.
		%	%	in Rs.	in Crores			
23	Punjab	0.8	5.2	1,361	4,082	3	5,12,511	77,816
24	Rajasthan	1.4	7	1,696	13,061	7.7	9,21,789	1,86,411
25	Sikkim	1.5	6.4	4,150	415	0.1	28,402	6,518
26	Tamil Nadu	0.9	6.9	2,022	15,365	7.6	16,30,209	2,21,511
27	Tripura	1.9	7.1	2,380	952	0.4	49,823	13,370
28	Uttar Pradesh	1.2	5.3	863	19,418	22.5	15,84,764	3,64,191
29	Uttarakhand	1	6	2,093	2,302	1.1	2,36,768	38,380
30	West Bengal	1.1	6.5	1,209	11,729	9.7	11,02,283	1,80,092
31	Telangana	0.7	5.2	1,687	6,242	3.7	8,60,078	1,19,724

**Table A.8: Government Health Financing indicators for all the UTs without legislature (2018-19)**

S.No	UT <sup>21</sup>	Per Capita GHE <sup>22</sup>	GHE	Population
		in Rs.	in Rs.'000	in '000
1	Andaman & Nicobar Islands	8,914	35,38,944	397
2	Chandigarh	4,749	55,99,250	1,179
3	Dadar & Nagar Haveli & Daman & Diu	1,931	18,52,232	959
4	Lakshadweep	10,448	7,10,464	68

<sup>21</sup> the GSDP and GGE figures for the UTs without legislature are not available.

<sup>22</sup> For a particular UT, **Per capita value for GHE** is arrived by dividing total government health expenditure by the population for respective UT. **Government Health Expenditure (GHE)** of a state/ UT includes health expenditure by all government agencies (Union/States (including State Other Departments)/Local Bodies) including quasi-governmental organizations and donors in case funds are channeled through government organizations.

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

## Annexure B

### Trends in Broad Health Financing and Macroeconomic Indicators

Percentage change in key health financing indicators and broad macroeconomic indicators are computed and compared. Between 2017-18 and 2018-19, the percentage change for GDP and GGE are 10% and 12% respectively. For the same time period, the percentage change for both THE and GHE is 5%.

**Table B.1: Trends in broad health financing and macroeconomic indicators**

S. No	Indicators	2017-18 (Rs. in crores)	2018-19 (Rs. in crores)	Percentage Change
1.	Gross Domestic Product (GDP)	1,70,90,042	1,88,99,668	11%
2.	General Government Expenditure (GGE)	45,15,946	50,40,707	12%
3.	Total Health Expenditure (THE)	5,66,644	5,96,440	5%
4.	Government Health Expenditure (GHE)	2,31,104	2,42,219	5%

**Note:**

GDP estimates have been taken from the First Revised Estimates of National Income, Consumption Expenditure, Saving and Capital Formation for 2020-21, provided by MOSPI.

GGE estimates for 2017-18 and 2018-19 are from estimates provided by Handbook of Indian Statistics 2020 and 2021 respectively.

## Annexure C

### Country Comparison for India in Out-of-Pocket Expenditure Per-Capita

As per the Global Health Expenditure Database (GHED) for 2017 India ranks 66 in the list of 189 countries in Out-of-Pocket Expenditure (OOPE) Capita in PPP Int\$.

**Table C.1: Out-of-Pocket Expenditure (OOPE) per Capita in PPP Int\$ (2017)**

Countries	Out-of-Pocket Expenditure (OOPE) per Capita in PPP Int\$ (2017)	Rank
Kiribati	0.27	1
Solomon Islands	3.46	2
Tuvalu	3.49	3
Papua New Guinea	8.61	4
Vanuatu	9.31	5
Mozambique	9.73	6
Micronesia (Federated States of)	9.95	7
Niue	10.12	8
Malawi	14.17	9
Rwanda	14.92	10
Nauru	15.56	11
Burundi	15.79	12
South Sudan	16.21	13
Democratic Republic of the Congo	17.68	14
Timor-Leste	17.70	15
Zambia	18.08	16
Gambia	18.54	17
Madagascar	19.50	18
United Republic of Tanzania	21.39	19
Eritrea	23.46	20
Ethiopia	24.02	21
Mali	30.96	22
Niger	31.34	23
Djibouti	31.67	24
Botswana	31.68	25
Tonga	32.39	26
Uganda	33.22	27
Central African Republic	34.32	28
Benin	34.98	29
Sao Tome and Principe	37.34	30
Kenya	39.01	31
Burkina Faso	39.22	32
Samoa	40.82	33
Lesotho	41.69	34
Chad	43.18	35
Cook Islands	44.37	36
Bhutan	47.30	37



Countries	Out-of-Pocket Expenditure (OOPE) per Capita in PPP Int\$ (2017)	Rank
Congo	48.70	38
Zimbabwe	51.59	39
Haiti	57.00	40
Marshall Islands	59.99	41
Guinea	61.15	42
Eswatini	61.61	43
Côte d'Ivoire	62.61	44
South Africa	64.77	45
Fiji	66.74	46
Liberia	67.11	47
Senegal	68.57	48
Namibia	69.18	49
Ghana	69.49	50
Angola	69.64	51
Bangladesh	74.77	52
Brunei Darussalam	74.94	53
Thailand	79.46	54
Pakistan	79.92	55
Togo	80.32	56
Oman	81.80	57
Mauritania	82.18	58
Sierra Leone	83.69	59
Lao People's Democratic Republic	84.74	60
Cameroon	94.12	61
Cabo Verde Republic of	96.03	62
Nepal	96.59	63
Belize	98.23	64
Jamaica	98.88	65
India	100.05	66
Guinea-Bissau	100.39	67
Comoros	101.99	68
Gabon	104.98	69
Indonesia	116.22	70
Cambodia	130.92	71
Bolivia Plurinational States of	137.10	72
Tajikistan	140.80	73
Mongolia	145.66	74
Guyana	149.55	75
Nigeria	150.53	76
Saint Vincent and the Grenadines	156.22	77
Venezuela (Bolivarian Republic of)	160.75	78
Philippines	161.29	79
Myanmar	162.45	80
Colombia	167.17	81
Nicaragua	169.21	82

Countries	Out-of-Pocket Expenditure (OOPE) per Capita in PPP Int\$ (2017)	Rank
Kyrgyzstan	176.24	83
Dominica	176.90	84
El Salvador	178.03	85
Peru	178.72	86
Uzbekistan	190.12	87
Viet Nam	191.19	88
Honduras	193.70	89
Afghanistan	196.09	90
Croatia	197.85	91
Sudan	201.99	92
Türkiye	202.83	93
Morocco	209.25	94
Sri Lanka	226.19	95
Monaco	227.11	96
Algeria	239.80	97
Jordan	242.96	98
Kazakhstan	250.95	99
China	254.65	100
Suriname	256.73	101
Antigua and Barbuda	257.00	102
Iraq	262.70	103
Guatemala	262.90	104
Cuba	263.92	105
Ecuador	279.88	106
Tunisia	280.72	107
Albania	284.42	108
Belarus	286.33	109
Romania	286.54	110
Qatar	299.09	111
Kuwait	305.91	112
Costa Rica	306.03	113
United Arab Emirates	311.38	114
Seychelles	327.72	115
Palau	334.34	116
Uruguay	334.89	117
Brazil	336.60	118
Malaysia	337.91	119
Maldives	344.56	120
Saint Lucia	346.63	121
Egypt	349.92	122
Republic of Moldova	353.37	123
Bosnia and Herzegovina	359.11	124
Paraguay	364.25	125
Slovenia	369.64	126
Slovakia	381.40	127

Countries	Out-of-Pocket Expenditure (OOPE) per Capita in PPP Int\$ (2017)	Rank
Azerbaijan	382.95	128
Lebanon	411.68	129
Czech Republic	412.53	130
Ukraine	414.76	131
Grenada	416.17	132
Saudi Arabia	424.35	133
Andorra	436.26	134
Dominican Republic	436.54	135
The Republic of North Macedonia	439.23	136
Mexico	449.77	137
Poland	454.77	138
Barbados	473.55	139
France	485.05	140
Georgia	488.48	141
Equatorial Guinea	503.47	142
Iran	508.13	143
New Zealand	526.18	144
Hungary	544.32	145
Serbia	555.16	146
Japan	556.57	147
Estonia	557.70	148
Russian Federation	569.41	149
Bahamas	584.98	150
Mauritius	598.84	151
Panama	613.77	152
Netherlands	619.02	153
Argentina	638.31	154
Luxembourg	639.51	155
Montenegro	659.09	156
Israel	671.14	157
San Marino	680.80	158
Bahrain	688.79	159
Bulgaria	697.12	160
Ireland	703.92	161
Lithuania	709.83	162
Latvia	715.61	163
Turkmenistan	716.49	164
Chile	739.09	165
Trinidad and Tobago	751.87	166
United Kingdom	755.72	167
Saint Kitts and Nevis	757.65	168
Denmark	765.68	169
Germany	770.23	170
Iceland	778.94	171
Spain	790.61	172

Countries	Out-of-Pocket Expenditure (OOPE) per Capita in PPP Int\$ (2017)	Rank
Canada	795.91	173
Sweden	796.70	174
Greece	815.93	175
Finland	826.42	176
Australia	849.19	177
Italy	860.99	178
Portugal	912.12	179
Republic of Korea	954.59	180
Norway	962.26	181
Belgium	970.44	182
Armenia	1,058.95	183
Cyprus	1,124.77	184
United States of America	1,151.94	185
Austria	1,164.27	186
Singapore	1,313.70	187
Malta	1,364.34	188
Switzerland	2,109.74	189

**Note:** GHED database can be accessed at: <https://apps.who.int/nha/database>

## Annexure D

### Classification as per NHA Guidelines 2016

#### D1: Classification of Financing Schemes (HF) for NHA India<sup>23</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/substitute 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

<sup>23</sup> D1 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.

Description	SHA Codes
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

## D2: Classification of Revenues of Financing Schemes (FS) for NHA India<sup>24</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 the 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>

<sup>24</sup>D2 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.

Description	Code
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>25</sup> )	FS.7.2.2

### D3: Classification for Healthcare provision (HP) in India<sup>26</sup>

Description	Code
<b>Description</b>	<b>Code</b>
Hospitals	HP.1
General hospitals	HP.1.1
General hospitals – Government	HP.1.1.1
General hospitals – Private	HP.1.1.2
Mental Health Hospital	HP.1.2
Mental Health hospitals – Government	HP.1.2.1
Mental Health hospitals - Private	HP.1.2.2
Specialized hospitals (Other than mental health hospitals)	HP.1.3
Specialized hospitals (Other than mental health hospitals) Government	HP.1.3.1
Specialized 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

<sup>25</sup> TA= Technical Assistance

<sup>26</sup> D3 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.

Description	Code
<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

#### D4: Classification for functions of health care (HC) in India<sup>27</sup>

Description	Code
<b>Curative care</b>	<b>HC.1</b>
Inpatient curative care	HC.1.1
General inpatient curative care	HC.1.1.1
Specialized inpatient curative care	HC.1.1.2
Day care	HC.1.2
General day care	HC.1.2.1
Specialized day-care	HC.1.2.2
Outpatient curative care	HC.1.3
General outpatient curative care	HC.1.3.1
Dental outpatient curative care	HC.1.3.2
Specialized 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
<b>Rehabilitative care</b>	<b>HC.2</b>
All rehabilitative care	HC.2.nec
<b>Long-term care (health)</b>	<b>HC.3</b>
All long-term care	HC.3.nec
<b>Ancillary services (non-specified by function)</b>	<b>HC.4</b>

<sup>27</sup>D4 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.



Description	Code
Patient transportation	HC.4.3
Laboratory and Imaging services	HC.4.4
<b>Medical goods (non-specified by function)</b>	<b>HC.5</b>
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
<b>Preventive care</b>	<b>HC.6</b>
Information, education, and counselling (IEC) programs	HC.6.1
Information, education, and counselling (IEC) programs not elsewhere classified (n.e.c.)	HC.6.1.nec
Immunisation programmes	HC.6.2
Early disease detection programs	HC.6.3
Healthy condition monitoring programs	HC.6.4
Epidemiological surveillance and risk and disease control programs	HC.6.5
Epidemiological surveillance and risk and disease control programs not elsewhere classified (n.e.c.)	HC.6.5.nec
Preparing for disaster and emergency response programs	HC.6.6
<b>Governance, and health system and financing administration</b>	<b>HC.7</b>
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

## Annexure E

### Glossary

**Ambulatory Healthcare Centers:** 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. 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 training), major repair work, etc.

**Current Health Expenditure:** It is defined as the final consumption expenditure of resident units on healthcare goods and services net capital expenditures.<sup>28</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 an 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 channeled through Government organizations.

**Government Transfers:** It includes funds allocated from Government domestic revenues for health purposes. The 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 one year.

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

**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.

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<sup>28</sup>A System of Health Accounts 2011 Edition

**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/licenses of national pharmaceutical supervision. Illustrative examples include dispensing chemists, community pharmacies, independent pharmacies in supermarkets, pharmacies in hospitals that mainly serve outpatients, and sometimes also in patients 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 retail Rs. 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 the national level they are extensively used. In the Indian context, this relates to the AYUSH system – Ayurveda Yoga Naturopathy Unani Siddha and Homeopathy, in both the private and public sector.

## Annexure F

### Office Memorandum for constitution of Steering Committee on NHA

*F. No. Z-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-110 001	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-110 002	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 NIHFW Campus, Baba Ganganath Marg, Munirka, New Delhi - 110 067	Member Secretary

1. The Chairman, if deemed necessary, may form sub-committees and co-opt official and non-official members as needed.
2. 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.
3. The members are expected to maintain confidentiality of the data, discussed in Steering Committee meetings till the final approval and dissemination of NHA estimates.
4. 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.
5. The Committee would be serviced by NHSRC NHA Technical Secretariat.
6. 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:**

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



(J. Rajesh Kumar)  
Director (BOP)  
List of Members of NHA Expert Group

# 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 71 <sup>st</sup> 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 SYSTEMS RESOURCE CENTRE