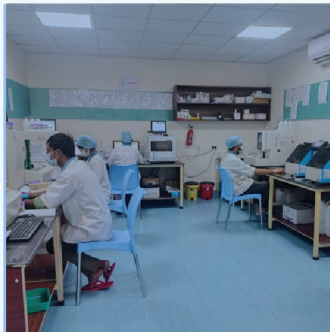




स्वास्थ्य एवं
परिवार कल्याण मंत्रालय
MINISTRY OF
HEALTH AND
FAMILY WELFARE
सत्यमेव जयते



NATIONAL HEALTH ACCOUNTS ESTIMATES FOR INDIA 2022-23



2026

NATIONAL HEALTH ACCOUNTS TECHNICAL SECRETARIAT
NATIONAL HEALTH SYSTEMS RESOURCE CENTRE
MINISTRY OF HEALTH & FAMILY WELFARE,
GOVERNMENT OF INDIA



स्वास्थ्य एवं
परिवार कल्याण मंत्रालय
MINISTRY OF
HEALTH AND
FAMILY WELFARE
सत्यमेव जयते



NATIONAL HEALTH ACCOUNTS ESTIMATES

FOR INDIA 2022-23

NATIONAL HEALTH ACCOUNTS TECHNICAL SECRETARIAT
NATIONAL HEALTH SYSTEMS RESOURCE CENTRE
MINISTRY OF HEALTH & FAMILY WELFARE,
GOVERNMENT OF INDIA

2026

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 adhere to the System of Health Accounts 2011 (SHA 2011), a global standard framework for producing health accounts. National Health Accounts (NHA) estimates for India is a result of an institutionalised process wherein the boundaries, data sources, classification codes, and estimation methodology have all been standardised in consultation with national and international experts under the guidance of 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 a mismatch between definitions/ interpretations used as per the SHA 2011. This report does not present the policy implications of healthcare expenditures. Policymakers, 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 keep themselves updated with changes in estimates due to improvements. Reports are available at www.nhsrindia.org or www.mohfw.gov.in.

Published by: National Health Systems Resource Centre (NHSRC), Ministry of Health and Family Welfare, 2026.

Citation: National Health Systems Resource Centre (2026). National Health Accounts Estimates for India (2022-23). New Delhi: Ministry of Health and Family Welfare, Government of India.

National Health Accounts Secretariat

Smt Punya Salila Srivastava

Secretary, Department of Health and Family Welfare,
Ministry of Health and Family Welfare
Chairman - National Health Accounts Steering Committee

Smt Aradhana Patnaik

Additional Secretary & Mission Director (NHM),
Ministry of Health and Family Welfare
Member- National Health Accounts Steering Committee

Smt Indrani Kaushal

Sr. Economic Advisor, Department of Health and Family Welfare,
Ministry of Health and Family Welfare
Chairperson - National Health Accounts Expert Group

Shri Pushpendra Rajput

Joint Secretary
Ministry of Health and Family Welfare

Prof (Dr) Pragya Sharma

Executive Director, National Health Systems Resource Centre (NHSRC)
Member Secretary - National Health Accounts Steering Committee

National Health Accounts Technical Team

Dr Sandeep Sharma

Lead Consultant, Healthcare Financing, NHSRC

Mr E Lokesh Kumar

Senior Consultant, Healthcare Financing, NHSRC

Dr Abhinav Bisht

Consultant, Healthcare Financing, NHSRC

Dr Pallavi Behera (PT)

Consultant, Healthcare Financing, NHSRC

Dr Ruchika Gupta

Consultant, Healthcare Financing, NHSRC

Dr Smriti Shalini

Fellow, Healthcare Financing, NHSRC

Dr Sharanya Sreepad

Fellow, Healthcare Financing, NHSRC

Ms Neha Deshmukh

External Consultant, NHSRC

Ms Poonam

Research Associate, NHA Cell, MoHFW

Mr Amit Kumar

Research Associate, NHA Cell, MoHFW

Mr Vishal Pralhad Gaikwad

External Consultant, NHSRC

Mr Pranav Kumar

External Consultant, NHSRC

TABLE OF CONTENTS

Messages	1
Acknowledgements	16
Abbreviations	17
National Health Accounts Technical Secretariat (NHATS)	20
Introduction to the Report	21
Highlights of National Health Accounts Estimates 2022-23	22
What are Health Accounts?	22
What are the key health expenditure estimates for India?	22
Who contributes to current health expenditures?	23
Who provides health care services?	23
What services are consumed?	23
National Health Accounts Estimates for India: 2022-23	26
1.1 Key Health Financing Indicators	26
1.2 Expenditure Estimates by National Health Accounts Classifications	32
1.2.1 Expenditure Estimates by Healthcare Financing Schemes	32
1.2.2 Expenditure Estimates by Revenues of Healthcare Financing Schemes	37
1.2.3 Expenditure Estimates by Healthcare Providers	41
1.2.4 Expenditure Estimates by Healthcare Functions	46
1.3 Expenditure on Capital Formation	53
1.4 Expenditure Estimates by Primary, Secondary and Tertiary Care	54
1.5 Health Insurance Expenditures	57
National Health Accounts Methodology	60
2.1 System of Health Accounts 2011 Framework (SHA 2011)	60
2.2 Health Accounts Production Tool	60
2.3 Defining Healthcare Expenditures Boundaries for India	61
2.4 Data Sources	64
2.5 Refinements over earlier National Health Accounts Estimates	65
2.5.1 Refinements over NHA Estimates 2004-05 and 2013-14	65
2.5.2 Refinements in NHA Estimates 2015-16 over NHA Estimates 2014-15	66
2.5.3 Refinements in NHA Estimates 2017-18 over NHA Estimates 2016-17	66
2.5.4 Refinements in NHA Estimates 2018-19 over NHA Estimates 2017-18	67

2.5.5 Refinements in NHA Estimates 2019-20 over NHA Estimates 2018-19	67
2.5.6 Refinements in NHA Estimates 2020-21 over NHA Estimates 2019-20	68
2.5.7 Refinements in NHA Estimates 2022-23 over NHA Estimates 2021-22 and 2020-21	68
2.6 Limitations	68
ANNEXURES	70
Annexure A	70
Annexure A.1: National Health Accounts 2022-23 Matrices	70
Annexure A.2: Key Health Financing Indicators for select States	80
Annexure B: Country Comparison for India in Out-of-Pocket Expenditure per capita in PPP (Int \$) for 2022	85
Annexure C: Classification as per NHA Guidelines 2016	92
Appendix D: Glossary	97
Annexure E: Office Memorandum for constitution of Steering Committee on NHA	99
List of Members of the Expert Group	103

LIST OF TABLES

Table 1: Key health financing indicators for India across NHA rounds	28
Table 2: Key health financing indicators for India as a percentage of Current Health Expenditure for NHA estimates 2022-23	29
Table 3: Key health financing indicators for India: NHA Estimates 2022-23	30
Table 4: Current Health Expenditures (2022-23) by Healthcare Financing Schemes	32
Table 5: Current Health Expenditures (2022-23) by Revenues of Healthcare Financing Schemes	37
Table 6: Current Health Expenditures (2022-23) by Healthcare Providers	41
Table 7 : Current Health Expenditures (2022-23) by Healthcare Functions	47
Table 8: Capital formation by funding agency	54
Table 9: Current Health Expenditure (2022-23) by Primary, Secondary and Tertiary Care (%)	55
Table 10: Health Insurance Expenditure (2022-23) under different schemes	57
Table A.1 : Current Health Expenditure (2022-23) by Financing Schemes and Revenues of Healthcare Financing Schemes (HFxFS matrix)	71
Table A.2: Current Health Expenditure (2022-23) by Healthcare Providers and Health Financing Schemes (HPxHF matrix)	72
Table A.3: Current Health Expenditure (2022-23) by Healthcare Functions and Health Financing Schemes (HCxHF matrix)	74
Table A.4: Current Health Expenditure (2022-23) by Healthcare Functions and Healthcare Providers (HCxHP matrix)	76
Table A.5: Current health expenditure (2022-23) by Primary, Secondary and Tertiary healthcare Categorisation (HCxHP matrix)	78
Table A. 6: Key Health Financing Indicators for select States: NHA Estimates 2022-23	80
Table A. 7: Government Health Financing indicators for all the states and UTs with Legislature (2022-23)	82
Table A. 8: Government Health Financing Indicators for all the UTs without legislature (2022-23)	84
Table B. 1: Out-of-Pocket Expenditure (OOPE) per capita in PPP Int \$ (2022)	85
Table C. 1: Classification of Financing Schemes (HF) for NHA India	92
Table C. 2: Classification of Revenues of Financing Schemes (FS) for NHA	93
Table C. 3: Classification for Healthcare provision (HP) in India	94
Table C. 4: Classification for functions of health care (HC) in India	95

LIST OF FIGURES

Figure 1: Distribution of Current Health Expenditure (2022-23) according to Healthcare Financing Schemes, Revenues of Healthcare Financing Schemes, Healthcare Providers and Healthcare Functions (%)	24
Figure 2: Current Health Expenditure (2022-23) by Financing Schemes (%)	34
Figure 3 : Current Health Expenditure (2022-23) by Revenues of Healthcare Financing Schemes (%)	39
Figure 4: Current Health Expenditure (2022-23) by Healthcare Providers (%)	43
Figure 5: Current Health Expenditure (2022-23) by Healthcare Functions (%)	49
Figure 6: Distribution of Healthcare Functions according to SHA classification (%)	50
Figure 7: Description of Healthcare Expenditure Boundaries for India	63

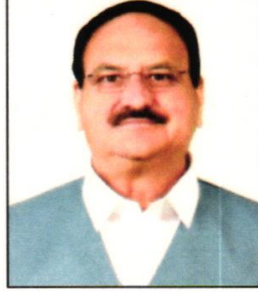


जगत प्रकाश नड्डा
JAGAT PRAKASH NADDA



मंत्री
स्वास्थ्य एवं परिवार कल्याण
व रसायन एवं उर्वरक
भारत सरकार

Minister
Health & Family Welfare
and Chemicals & Fertilizers
Government of India



MESSAGE

I am delighted to note that National Health Systems Resource Centre is bringing out the National Health Accounts (NHA) Estimates for 2022-23, marking the tenth round of this important exercise. These estimates have been developed in accordance with the World Health Organization's System of Health Accounts (SHA) 2011 framework, ensuring methodological rigour and international comparability. Categorized by sources of funds, financing arrangements and healthcare providers, the NHA estimates present a comprehensive and structured overview of financial flows within India's health system. By systematically tracking the mobilisation, allocation and utilisation of resources, NHA estimates provide critical insights that support evidence-based policymaking and informed decision-making to improve health outcomes.

I extend my warmest appreciation to the entire team for bringing out these estimates and wish them continued success in delivering reliable and timely evidence to facilitate informed health policy formulation.

(Jagat Prakash Nadda)



प्रतापराव जाधव
PRATAPRAO JADHAV



राज्य मंत्री (स्वतंत्र प्रभार)
आयुष मंत्रालय
व
राज्य मंत्री
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
भारत सरकार
MINISTER OF STATE
(INDEPENDENT CHARGE) OF
MINISTRY OF AYUSH AND
MINISTER OF STATE OF
MINISTRY OF HEALTH & FAMILY WELFARE
GOVERNMENT OF INDIA

MESSAGE

I am pleased to announce that the National Health Accounts Technical Secretariat (NHATS) has released the National Health Accounts (NHA) for 2022–23, marking the tenth consecutive report in this valuable series, which began with the first estimates in 2013–14. The Health Accounts continue to provide a comprehensive picture of India's health system from an expenditure perspective.

The trends reflected in this year's estimates reaffirm the Government's role in building an inclusive and resilient healthcare system in the country that ensures Universal Health Coverage (UHC) for every citizen. The steady increase in government health spending over the years, including higher social security expenditure, demonstrates the Government's resolve to provide financial protection against the cost of healthcare.

The Government of India, under the visionary leadership of Hon'ble Prime Minister Shri Narendra Modi ji and able guidance of Hon'ble Union Minister of Health and Family Welfare, Shri Jagat Prakash Nadda ji, is committed to meet the health needs of the people of India. Availability of NHA Estimates on a regular basis will help monitor progress towards achieving goals and allow evidence-based policy making, both at the national and state level.

I extend my best wishes to the team for the continued success of future rounds of the National Health Accounts.

सर्वे भवन्तु सुखिनः। सर्वे सन्तु निरामयाः।

(Prataprao Jadhav)



अनुप्रिया पटेल
ANUPRIYA PATEL



MESSAGE

राज्य मंत्री
स्वास्थ्य एवं परिवार कल्याण
व रसायन एवं उर्वरक
भारत सरकार

MINISTER OF STATE
HEALTH & FAMILY WELFARE
AND CHEMICALS & FERTILISERS
GOVERNMENT OF INDIA




I am delighted to announce the release of the National Health Accounts (NHA) estimates for 2022-23, prepared by the National Health Accounts Technical Secretariat (NHATS). This marks the tenth edition in this crucial annual series, which began with the estimates for 2013-14. The NHA continues to serve as a vital tool, offering comprehensive insights into the sources, scale, and patterns of health expenditure across various entities within India's health system.

Intertemporal comparison based on NHA estimates suggests that there has been a significant reduction in out-of-pocket expenditure in the country. In 2014-15, OOPE as a share of THE stood at 62.6%, which reduced to 43.4% in 2022-23. The trend indicates that health services have become accessible with a lower economic burden for households.

Under Hon'ble Prime Minister Shri Narendra Modi ji' s futuristic leadership, these figures also reflect the Government's steadfast commitment to strengthening India's health sector.

I appreciate the team's unwavering efforts to maintain high standards of accuracy and academic rigour in producing these estimates. I extend my best wishes to the entire team for future rounds of the National Health Accounts.


(Anupriya Patel)

May 6, 2026
New Delhi

प्रो. (डॉ.) एम. श्रीनिवास
सदस्य
Prof. (Dr.) M. Srinivas
MEMBER



भारत सरकार
नीति आयोग
संसद मार्ग, नई दिल्ली – 110001
Government of India
NATIONAL INSTITUTION FOR TRANSFORMING INDIA
NITI Aayog
Sansad Marg, New Delhi – 110001
Tele.: 23096809, 23096820
E-mail: member.health@gov.in



May 6, 2026

MESSAGE

It gives me great pride to share that the National Health Accounts (NHA) estimates for 2022–23 have now been released, marking the tenth year of this critical annual exercise since it began in 2013–14. The NHA continues to play a vital role in helping us understand how funds flow through our health sector, using the globally accepted System of Health Accounts (SHA), 2011. This helps us not only compare with other countries but also track our own progress over the years. The 2022–23 estimates now provide a path to decade-long trend analysis and will enable us to track and compare health financing patterns.

The trend based on NHA estimates clearly suggests that the increase in the share of Government Health Expenditure (GHE) in Total Health Expenditure (THE) highlights the increased prioritisation of the health sector by the government. This increase in GHE is directly related to a reduction in OOPE in the country. Increase in GHE has been instrumental in reducing the financial hardship faced by households.

I commend the dedicated efforts of the NHA team for consistently preparing these estimates. The ten rounds of NHA have built robust evidence based on health financing patterns of the government and households.

I appreciate the entire team for their commitment and look forward to the timely release of future rounds of the NHA estimates.

(M Srinivas)



पुण्य सलिला श्रीवास्तव, भा.प्र.से.
सचिव

PUNYA SALILA SRIVASTAVA, IAS
Secretary



सत्यमेव जयते



भारत सरकार
स्वास्थ्य एवं परिवार कल्याण विभाग
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
Government of India
Department of Health and Family Welfare
Ministry of Health and Family Welfare



Message

As envisaged by the National Health Policy 2017, the National Health Accounts Technical Secretariat (NHATS) is working towards regularly reporting the health expenditures of India through robust and systematic National Health Accounts (NHA) Estimates. The 2022–23 NHA estimates mark the tenth round in this series of annual reports. Using the globally followed method, the NHATS team continues to deliver detailed and disaggregated data that help track how funds flow through our health system.

Our country continues to make steady progress in health financing, with a strong focus on providing better financial protection for people. We have maintained this positive trend as Government Health Expenditure (GHE) has consistently increased while Out-of-Pocket Expenditure (OOPE) has steadily declined over time. Per capita GHE of ₹2,786 was higher than the per capita OOPE of ₹2,767 in 2022-23 estimates. The evidence generated by NHA estimates indicates an important role played by the Government in strengthening the health systems of the country.

I commend the National Health Account Technical Secretariat team and the Bureau of Planning Division in the Ministry, for their sustained efforts in producing these estimates since their inception. I encourage them to continue publishing regular annual NHA estimates with the same commitment, diligence, and academic rigour.

Dated 8th May, 2026

Punya Salila
(Punya Salila Srivastava)

#StopObesity

टीबी हारेगा देश जीतेगा / TB Harega Desh Jeetega

Room No. 11102, 'C' Wing, Kartavya Bhawan-1, New Delhi-110001
Tele.: (O) 011-24013601, 24013602, E-mail: secyhf@nic.in



आराधना पटनायक, भा.प्र.से.
अपर सचिव एवं मिशन निदेशक (रा.स्वा.मि.)
Aradhana Patnaik, IAS
Additional Secretary & Mission Director (NHM)



भारत सरकार
स्वास्थ्य एवं परिवार कल्याण विभाग
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
Government of India
Department of Health and Family Welfare
Ministry of Health and Family Welfare

MESSAGE

The National Health Accounts (NHA) estimates provide a kaleidoscopic view of the sources and patterns of financial flows within the country's health sector. These estimates serve as a critical foundation for effective policy formulation, supporting efforts to ensure equitable and efficient healthcare financing nationwide.

The latest NHA estimates highlight the performance of our health system by providing insights into India's healthcare financing. Trends from the NHA show encouraging progress, demonstrating the positive impact of increased government investment in health. The share of Out-of-Pocket expenditure in total health expenditure, which captures funding made by households relative to government, and other sources, has declined significantly from 62.6% to 43.4% between 2014-15 and 2022-23. This decline in OOPE is a positive step towards making healthcare more accessible and affordable for the population.

I sincerely commend the efforts of the NHATS team, NHSRC, and Bureau of Planning (BoP) at MoHFW for their dedication to producing the latest National Health Accounts estimates. I wish them all the best in their continued work to improve the quality and utility of these estimates further in the years ahead.

Dated: 04th May, 2026


(Aradhana Patnaik)

#StopObesity

टीबी हारेगा देश जीतेगा / TB Harega Desh Jeetega



SIBIN C, IAS
JOINT SECRETARY
Tele: 24013629 - 30
E-mail: jssc-mohfw@gov.in



भारत सरकार
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
कर्तव्य भवन-1, नई दिल्ली-110001
Government of India
Ministry of Health & Family Welfare
Kartavya Bhawan-1, New Delhi-110001



Message

The National Health Accounts (NHA) estimates continue to provide us with reliable health financing data that help us track health spending and form a strong foundation for evidence-based policy making. The NHA 2022–23 marks the tenth round of these annual estimates prepared by the National Health Accounts Technical Secretariat (NHATS). As a key instrument for assessing the status and trends in health financing, the NHA estimates play a vital role in guiding policy priorities and directing investments. They are indispensable for strengthening the healthcare system and advancing equitable, efficient, and sustainable health service delivery for the population.

Over the years, India's health financing structure has demonstrated notable progress, marked by a clear increase in government health expenditure and a steady decline in out-of-pocket spending by households. This encouraging inverse trend has become even more evident over time. Between 2014–15 and 2022–23, the share of out-of-pocket expenditure (OOPE) in Total Health Expenditure (THE) fell by nearly 19.2 percentage points, from 62.6% to 43.4%. At the same time, the share of Government Health Expenditure (GHE) in THE increased by 14.7 percentage points, from 29% in 2014–15 to 43.7% in 2022–23. These shifts reflect a strengthening role of public financing in the health system and indicate that policy efforts are moving in the right direction—towards a more affordable, equitable, and accessible healthcare system for all.

I compliment the members of the National Health Accounts Technical team at NHSRC and the Bureau of Planning (BoP) at MoHFW for bringing out these annual estimates with such diligence.

I wish them continued success as they strive to deliver more detailed and disaggregated data in the years ahead. These estimates will continue to play a key role in strengthening evidence-based health policymaking in our country.


(Sibin C.)

Dated: 5th May, 2026



Dr. (Prof) Pragya Sharma

MBBS, MD (Community Medicine), MBA
FIPHA
Executive Director



National Health Systems Resource Centre

राष्ट्रीय स्वास्थ्य प्रणाली संसाधन केंद्र
Ministry of Health and Family Welfare
Government of India



Message

National Health Accounts (NHA) provide information on the functioning of the health system, which is very important for evidence-based policy making. With a motive to prepare quality and comparable estimates, the National Health Accounts Technical Secretariat (NHATS) at the National Health Systems Resource Centre (NHSRC) prepares National Health Accounts (NHA) Estimates for India. The NHA 2022–23 report marks the tenth in the series of annual NHA estimates.

The estimates are developed using the System of Health Accounts 2011 (SHA 2011) and National Health Accounts Guidelines-2016. SHA 2011 is an internationally accepted framework that ensures comparability across nations and enables tracking and monitoring health expenditure. The decadal trend based on the present report shows a substitution of out-of-pocket expenditure with government spending.

I thank the NHA Expert Group and the Bureau of Planning for their valuable collaboration and continued support. I also commend the dedicated efforts of the NHATS team in producing these estimates year after year. These estimates will make a significant contribution to strengthening evidence-based policymaking in the years ahead.

8th May 2026


Dr (Prof) Pragya Sharma

Acknowledgements

The National Health Accounts Technical Secretariat (NHATS) prepared the National Health Accounts (NHA) estimates for 2022–23 under the guidance and support of the NHA Steering Committee and the NHA Expert Group for India. We sincerely acknowledge the contributions of all Government Ministries/Departments, organisations, international and national experts, and stakeholders whose inputs were invaluable in developing the Health Accounts Estimates.

We would like to acknowledge Smt Indrani Kaushal, Senior Economic Advisor, Shri Kumar Sundaram, Former Director, Bureau of Planning, Shri Dharam Prakash, Former Deputy Director, Bureau of Planning and Shri Neeraj Kumar, Senior Statistical Officer, Bureau of Planning, for their involvement in producing these estimates.

We would also like to thank Smt Shikha Singh, Deputy Director, Bureau of Planning, Shri Tanveer Ahmad Khan, Deputy Director, Bureau of Planning, Shri Manish Kumar, Assistant Director, Bureau of Planning, and Shri Hemant Pareek, Assistant Director, Bureau of Planning for their continuous support.

We gratefully acknowledge the valuable guidance and suggestions from the Expert Group, as well as the support of Shri S.S. Dubey, Controller General of Accounts, Ministry of Finance, for providing expenditure data of all Union Ministries in Excel format. We also extend our appreciation to Dr Anju P, Dr Amit Ratan Magare, and Ms Madhurima Kundu for their contributions to the preparation of this report.

We extend our sincere thanks to our colleagues at NHSRC, as well as the administrative and support staff, for their cooperation and support.

Abbreviations

AIDS	Acquired Immunodeficiency Syndrome
ANM	Auxiliary Nurse Midwife
ASHA	Accredited Social Health Activist
ASUSE	Annual Survey of Unincorporated Sector Enterprises
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
CPSE Survey	Central Public Sector Enterprise Survey
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
DMF	District Mineral Fund
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

HCES	Household Consumption Expenditure Survey
HF	Healthcare Financing Schemes
HK	Capital Expenditure
HMO	Health Monitoring Organisation
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 Organisation
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	Organisation for Economic Co-operation and Development
OOPE	Out of Pocket Expenditure
OTC	Over the Counter

PE Survey	Public Enterprises Survey
PHFI	Public Health Foundation of India
PMJAY	Pradhan Mantri Jan Aarogya Yojna
PMCARES	Prime Minister's Citizen Assistance and Relief in Emergency Situations Fund
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)

Institutionalising 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. 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 institutionalise 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 institutionalised health accounts.

The work and plans of NHATS since its establishment:

- Established NHA core technical team that collects data from primary and secondary sources, conducts data validation, analysis, tabulation using a standardised 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 institutionalising NHA and generate periodic reports. The constitution of the Steering Committee and Expert Committee is attached as Annexure E.
- Developed the National Health Accounts Guidelines for India in 2016, adapted to the Indian health system context, adhering to the SHA 2011 framework and comparable to the global NHA framework. These are revised from time to 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, FY 2018-19, FY 2019-20, FY 2020-21, FY 2021-22 and FY 2022-23. Will continue to produce annual estimates for use by policy makers, researchers, and academicians in India and for reporting to the World Health Organization and Organization for Economic Cooperation and Development for standard international comparisons.
- Developed a network of State Health Accounts Teams, institutions, and organisations at the National and State level for compilation of health accounts and to update health expenditure data and related standard key indicators.
- NHATS has the mandate to support States to institutionalise State Health Accounts and produce regular estimates.

Introduction to the Report

This report presents National Health Accounts (NHA) Estimates for India for the financial year 2022-23.

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

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

NHA estimates 2022-23 report incorporates refinements over NHA estimates 2013-14, 2014-15, 2015-16, 2016-17, 2017-18, 2018-19, 2019-20, 2020-21, and 2021-22, details of which are mentioned in the methodology and relevant sections. Accordingly, wherever necessary, the revised estimates for earlier NHAs are presented to ensure comparability.

NHA estimates 2022-23 is the tenth round of estimates for India presented according to the System of Health Accounts 2011 (SHA 2011). The NHA team is working towards improving the data and methodology used for preparing estimates.

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

Highlights of National Health Accounts Estimates 2022-23

What are Health Accounts?

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

What are the key health expenditure estimates for India?

For the year 2022-23, Total Health Expenditure (THE) for India is estimated at Rs 8,81,359 crores (3.37% of GDP¹ and Rs 6,373 per capita). THE constitutes current and capital expenditures incurred by Government and Private Sources, including External/Donor funds. Current Health Expenditure (CHE) is Rs 7,66,814 crores (87.00 % of THE), and capital expenditures are Rs 1,14,545 crores (13.00% of THE). Capital expenditures are reported for government and other sources (Union Government: Rs 50,024 crores, State Government: Rs 62,146 crores, Corporations: Rs 903 crores, Rest of the world: Rs 1,472 crores).

Government Health Expenditure (GHE), including capital expenditure, is Rs 3,85,332 crores (43.72% of THE, 1.48% GDP², and Rs 2,786 per capita). The Union government's share in GHE is about 36.3%, while the share of State Governments is about 63.7%. This amounts to about 4.89% of General Government Expenditure in 2022-23. The Union Government's Expenditure on Centrally Sponsored Schemes of the Health Department is Rs 40,640 crores, Defence Medical Services is Rs 12,834 crores, Railway Health Services is Rs 4,747 crores, Central Government Health Scheme (CGHS) is Rs 7,233 crores, and Ex-Servicemen

1. Based on the new series of GDP estimates with base year 2022-23. The estimate based on the 2011-12 series is provided in Table 1.

2. Based on the new series of GDP estimates with base year 2022-23. The estimate based on the 2011-12 series is provided in Table 3.

Contributory Health Scheme (ECHS) is Rs 6,900 crores. Expenditures by all Government Financed Health Insurance Schemes combined are Rs. 26,266 crores.

Households' Out-of-pocket expenditure on health (OOPE) is Rs 3,82,629 crores (43.41% of THE, 1.47% of GDP³, Rs 2,767 per capita). Private Health Insurance expenditure is Rs 81,012 crores (9.19% of THE).

Who contributes to current health expenditures?

Of the Current Health Expenditures, the Union Government's share is Rs 88,721 crores (11.57% of CHE) and the State Government's share is Rs 1,62,752 crores (21.22% of CHE). Local bodies' share is Rs 8,345 Crores (1.09% of CHE), and Households' share is (including insurance contributions) about Rs 4,32,747 crores (56.44% of CHE, OOPE being 49.90 % of CHE). Contribution by enterprises (including insurance contributions) is Rs 67,808 crores (8.84% of CHE), and NGOs is Rs 3,871 crores (0.51% of CHE). External/donor funding contributes to about Rs 2,570 crores (0.33% of CHE).

Who provides health care services?

Current Health Expenditure attributed to Government Hospitals is Rs 1,28,298 crores (16.73% of CHE), and Private Hospitals is Rs 2,36,410 crores (30.83% of CHE). Expenditure incurred on other Government Providers (incl. PHC, Dispensaries, and Family Planning Centres) is Rs 68,833 crores (8.98% of CHE), Other Private Providers (incl. private clinics) is Rs 31,067 crores (4.05% of CHE), Providers of Patient Transport and Emergency Rescue is Rs 27,440 crores (3.58% of CHE), Medical and Diagnostic laboratories are Rs 27,578 crores (3.60% of CHE), Pharmacies are Rs 1,62,511 crores (21.19% of CHE), Other Retailers are Rs 4,078 crores (0.53% of CHE), Providers of Preventive care are Rs 40,622 crores (5.30% of CHE). About Rs 30,048 crores (3.91% of CHE) are attributed to Providers of Health System Administration and Financing, and other healthcare providers (not classified elsewhere) are Rs 9,929 crores (1.30% of CHE).

What services are consumed?

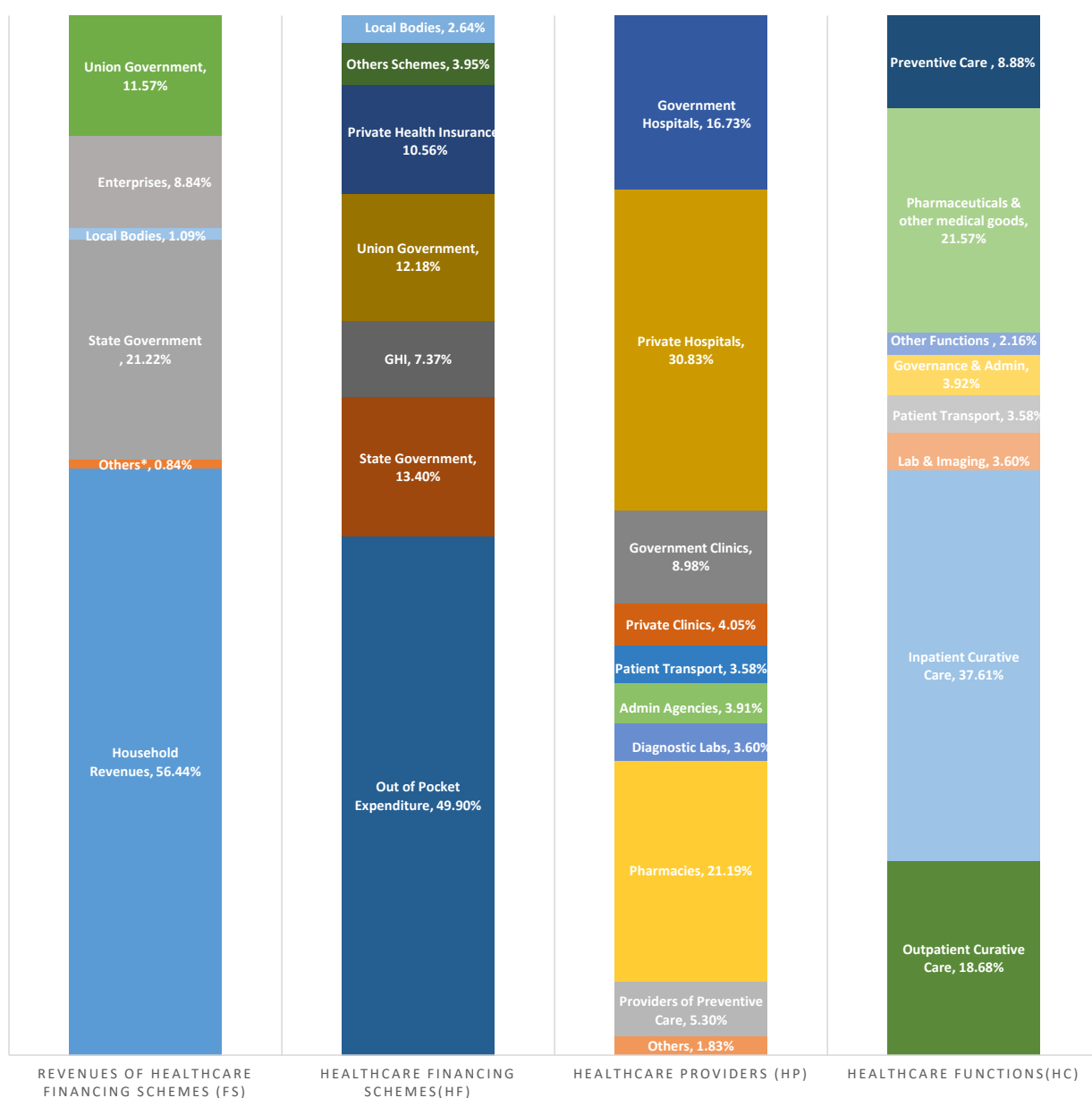
Current health expenditure (CHE) attributed to Inpatient Curative Care is Rs 2,88,407 crores (37.61% of CHE), Day Curative Care is Rs 8,163 crores (1.06% of CHE), Outpatient Curative Care is Rs 1,43,210 crores (18.68% of CHE), Patient Transportation is Rs 27,440 crores (3.58% of CHE), Laboratory and Imaging services is Rs 27,578 crores (3.60% of CHE), Prescribed Medicine is Rs 1,34,572 crores (17.55% of CHE), Over the Counter (OTC) Medicine is Rs 26,670 crores (3.48% of CHE), Therapeutic Appliances and Medical Goods are Rs 4,078 crores (0.53% of CHE), Preventive Care is Rs 68,079 Crores (8.88% of CHE), and others are Rs 8,565 crores (1.11% of CHE). About Rs 30,052 crores (3.92% of CHE) are attributed to Governance and Health System and financing administration.

3. Based on the new series of GDP estimates with base year 2022-23. The estimate based on the 2011-12 series is provided in Table 3.

Total Pharmaceutical Expenditure is 29.6% of CHE (includes prescribed medicines, over-the-counter drugs, and those provided during an inpatient, outpatient, or any other event involving contact with the health system). Expenditure on Traditional, Complementary, and Alternative Medicine (TCAM) is 3.5% of CHE.

Current Health Expenditure attributed to Primary Care is around 46%, Secondary Care is 34%, Tertiary care is 15%, and governance and supervision is 4%. The Government's Current Health Expenditure attributed to Primary Care is 51%, Secondary Care is 28%, and Tertiary Care is 11%.

Figure 1: Distribution of Current Health Expenditure (2022-23) according to Healthcare Financing Schemes, Revenues of Healthcare Financing Schemes, Healthcare Providers and Healthcare Functions (%)



Notes:

1. Other Revenues include Transfers distributed by Union and State Governments from foreign origin (0.05% and 0.02%), and NPISH n.e.c. (0.51%) and all direct foreign financial transfers (0.26%). Local bodies' fund includes urban (1.07%) and rural local bodies (0.02%)
2. Government Health Insurance Schemes include social insurance schemes like ESIC, CGHS, ECHS (3.94%) and Government-based voluntary insurance schemes like PMJAY, RSBY, state-specific government health insurance schemes, etc. (3.43%).
3. Local bodies schemes include urban (1.49%) and rural local bodies (1.15%)
4. Other schemes include Non-Profit Institutions Serving Households (NPISH) (0.92%), Residents Foreign Agencies Schemes (0.14%), and Enterprise financing schemes (2.89%).
5. Private Clinics include ambulatory centres like Offices of general medical practitioners (4.05%); Offices of medical specialists (0.00%);
6. Government Clinics include ambulatory centres like Sub-Centres/ANM, ASHA, Anganwadi Centres & VHNSCs (1.45%); Ambulatory Mental Health and Substance Abuse Centres (Government) (0.00%); Primary Health Centres (PHC), Govt. dispensaries including AYUSH, CGHS and ESIS, Railway Polyclinics (7.31%) and Family planning centres (0.22%).
7. Administrative agencies include Govt health admin (2.37%); Social health insurance (admin) (0.44%); Private health insurance admin (1.06%), and other administration agencies (0.04%)
8. Other providers include Retail sellers and other suppliers of durable medical goods and appliances (0.53%) and other health care providers (1.3%)
9. Pharmaceuticals and other medical goods include prescribed medicines (17.55%), Over-the-counter medicines (3.48%), all therapeutic appliances and other medical goods (0.53%), and All Pharmaceuticals and Other medical non-durable goods (0.01%)
10. Preventive care includes programmes on Information, education, and counselling (IEC) (0.50%); Immunisation (1.14%); Early disease detection (0.16%); Healthy condition monitoring (3.71%); Epidemiological surveillance, risk and disease control (3.32%); Preparing for disaster and emergency response (0.05%).
11. Other functions include all rehabilitative care (0.06%); All long-term care (0.00%), day curative care (1.06%); home-based curative care (0.03%) and other health care services not elsewhere classified (1.01%)

National Health Accounts Estimates for India: 2022-23

1

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 descriptions are 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 of all capital expenditures. CHE as percent of THE indicate the operational expenditures on healthcare that impact the health outcomes of the population in that particular year. The 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 organisations and donors in case funds are channelled through Government organisations. 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 a percent of THE: Social Security Expenditures include expenditure under Union and State Government financed health insurance schemes (PMJAY 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 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 premiums to be covered under a specific health plan. This indicates the extent to which there are voluntary prepayment plans to provide financial protection.

External/ Donor Funding for health as a percent of THE: This constitutes all funding

available to the country by assistance from donors.

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

Household Health Expenditure as a percent 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 income/savings to meet healthcare expenditures.

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

AYUSH as a percent of THE: AYUSH stands for Ayurveda, Yoga, Naturopathy, Unani, Siddha, and Homoeopathy. 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 a percent 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 pharmaceutical expenditures in the current health Expenditure.

Table 1: Key health financing indicators for India across NHA rounds⁴

Sl. No	Indicator	NHA 2013-14	NHA 2014-15	NHA 2015-16	NHA 2016-17	NHA 2017-18	NHA 2018-19	NHA 2019-20	NHA 2020-21	NHA 2021-22	NHA 2022-23
1	Total Health Expenditure (THE) as a percent of GDP	4	3.9	3.8	3.8	3.3	3.2	3.3	3.7	3.8	3.3
1.1	Total Health Expenditure (THE) as a percent of GDP- based on the new series of GDP estimates										3.4
2	Total Health Expenditure (THE) Per capita (Rs.) at current prices	3,638	3,826	4,116	4,381	4,297	4,470	4,863	5,436	6,602	6,373
3	Total Health Expenditure (THE) Per capita (Rs.) at constant prices ⁵	3,174	3,231	3,405	3,503	3,333	3,314	3,516	3,752	4,205	3,831
4	Current Health Expenditures (CHE) as a percent of THE	93	93.4	93.7	92.8	88.5	90.6	90.5	89.7	87.3	87
5	Government Health Expenditure (GHE) as a percent of THE	28.6	29	30.6	32.4	40.8	40.6	41.4	42.8	48.0	43.7
6	Out-of-Pocket Expenditures (OOPE) as a percent of THE	64.2	62.6	60.6	58.7	48.8	48.2	47.1	44.4	39.4	43.4
7	Social Security Expenditure on health as a percent of THE	6	5.7	6.3	7.3	9	9.6	9.3	8.6	8.7	9.9
8	Private Health Insurance Expenditures as a percent of THE	3.4	3.7	4.2	4.7	5.8	6.6	7	7.3	7.4	9.2
9	External/ Donor Funding for health as a percent of THE	0.3	0.7	0.7	0.6	0.5	0.4	0.5	0.7	1.1	0.5

Table 2: Key health financing indicators for India as a percentage of Current Health Expenditure for NHA estimates 2022-23*

Sl. No	Indicator	NHA 2017-18	NHA 2018-19	NHA 2019-20	NHA 2020-21	NHA 2021-22	NHA 2022-23
1	Current Health Expenditure (CHE) Per capita (Rs) at current prices	3,805	4,049	4,402	4,878	5,765	5,545
2	Government Health Expenditure (GHE) as a percent of CHE	33.2	34.5	35.3	36.7	41.1	35.6
3	Out of Pocket Expenditures (OOPE) as a percent of CHE	55.1	53.2	52.0	49.5	45.1	49.9
4	Social Security Expenditure on Health as a percent of CHE	10.1	10.3	10.1	9.4	9.7	11.2
5	Private Health Insurance Expenditures as a percent of CHE	6.6	7.3	7.7	8.1	8.5	10.6
6	Household Health Expenditure (incl. insurance contributions) as a percent of CHE	61.4	60.1	59.2	57.1	50.6	56.4
7	External/ Donor Funding for health as a percent of CHE	0.6	0.5	0.6	0.7	1.0	0.3

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

4. Source: NHA estimates for various years, NHSCR, MoHFW, MoSPI & Registrar General of India

5. GDP Deflators were used to the constant series (2011-12 prices). GDP deflators were calculated from GDP series available at mospi.gov.in

Table 3: Key health financing indicators for India: NHA Estimates 2022-23*

Sl. No	Indicator	NHA 2017-18	NHA 2018-19	NHA 2019-20	NHA 2020-21	NHA 2021-22	NHA 2022-23
1	Total Health Expenditure (THE) as a percent GDP ⁶	3.31	3.16	3.27	3.73	3.83	3.28
1.1	Total Health Expenditure (THE) as a percent GDP-based on the new series of GDP ⁷						3.37
2	THE per capita (Rs.) ⁸ at current prices	4,297	4,470	4,863	5,436	6,602	6,373
3	Current Health Expenditure (CHE) as a percent of THE	88.5	90.6	90.5	89.7	87.3	87.00
4	Capital Health Expenditure as a percent of THE	11.5	9.4	9.5	10.3	12.7	13.00
Government Health Expenditure (GHE)							
5	Government Health Expenditures (GHE) as a percent of THE	40.8	40.6	41.4	42.8	48.0	43.72
6	GHE as a percent of GDP	1.35	1.28	1.35	1.60	1.84	1.43
6.1	GHE as a percent of GDP, based on the new series of GDP						1.48
7	GHE as a percent of General Government Expenditure (GGE) ⁹	5.12	4.81	5.02	4.98	6.12	4.89

6. GDP Value for FY 2022-23 (Rs 2,68,90,473 Crores) From Provisional Estimates of Annual Gross Domestic Product for 2024-25 and Quarterly Estimates of Gross Domestic Product for the Fourth Quarter (January-March) of 2024-25.

7. GDP value for FY 2022-23 (Rs 2,61,17,627 Crores) from Press Note on New Series of GDP Estimates with Base Year 2022-23

8. 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. Population for 2022-23 is 138.3 crores.

9. GGE value for FY 2022-23 is Rs 78,80,522 crores. Receipts and Disbursements of States and Consolidated General Government, Economic Survey 2024-25.

Sl. No	Indicator	NHA 2017-18	NHA 2018-19	NHA 2019-20	NHA 2020-21	NHA 2021-22	NHA 2022-23
8	Per Capita Government Health Expenditure (Rs.) at current prices	1,753	1,815	2,014	2,328	3,169	2,786
9	Current Government Health Expenditure (CGHE) as a percent of GHE	71.9	76.9	77.2	76.8	74.8	70.9
10	Union Government Health Expenditure as a percent of GHE	40.8	34.3	35.8	35.7	41.8	36.3
11	State Government Health Expenditure as a percent of GHE	59.2	65.7	64.2	64.3	58.2	63.7
12	Government-based Voluntary Health Insurance as a percent of GHE	4.1	5.2	5.1	4.3	4.8	6.8
Household Health and Out-of-Pocket Expenditure (OOPE)							
13	Household Health Expenditure (incl. insurance contributions) as a percent of THE	54.3	54.4	53.6	51.2	44.1	49.1
14	OOPE as a percent of THE	48.8	48.2	47.1	44.4	39.4	43.4
15	OOPE as a percent of GDP	1.62	1.52	1.54	1.66	1.51	1.42
15.1	OOPE as a percent of GDP-based on the new series of GDP						1.47
16	Per capita OOPE (Rs.) at current prices	2,097	2,155	2,289	2,415	2,600	2,767
Others							
17	External/Donor funding as a percent of THE	0.5	0.4	0.5	0.7	1.1	0.5
18	AYUSH as a percent of THE	3.6	3.9	3.9	3.8	3.1	3.1
19	Pharmaceutical expenditures as a percent of CHE	33.4	33.8	35.1	29.2	30.8	29.6

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

1.2 Expenditure Estimates by National Health Accounts Classifications

This section describes the distribution of current healthcare 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 the current healthcare expenditures for 2022-23 (Rs 7,66,814 crores) into healthcare financing schemes, revenues of healthcare financing schemes (source of financing), healthcare providers, and healthcare functions.

1.2.1 Expenditure Estimates by Healthcare Financing Schemes

Healthcare financing schemes are the structural components of the healthcare financing systems. They are financing arrangements through which funds flow from 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 to the Indian context. A detailed description of these schemes is provided in the “National Health Accounts Guidelines for India”, 2016.

Table 4: Current Health Expenditures (2022-23) by Healthcare Financing Schemes

NHA Code	Healthcare Financing Schemes	Amount (Rs Crores)*	%
HF.1.1.1.1	Union government schemes (Non-Employee)	73,616	9.60
HF.1.1.1.2	Union government schemes (Employee) ¹⁰	19,770	2.58
HF.1.1.2.1.1	State government schemes (Non-Employee)	93,504	12.20
HF.1.1.2.1.2	State government schemes (Employee) ¹¹	9,210	1.20
HF.1.1.2.2.1	Urban Local Bodies schemes	11,435	1.49

10. Current expenditures on Defense Medical Services (Rs 12,834 Crores), Railway Health Services (Rs. 4,747crores) and the rest is any reimbursements made by Union Government Departments through CSMA.

11. Incl. expenditures on employees through medical allowance/reimbursements by State Government Departments.

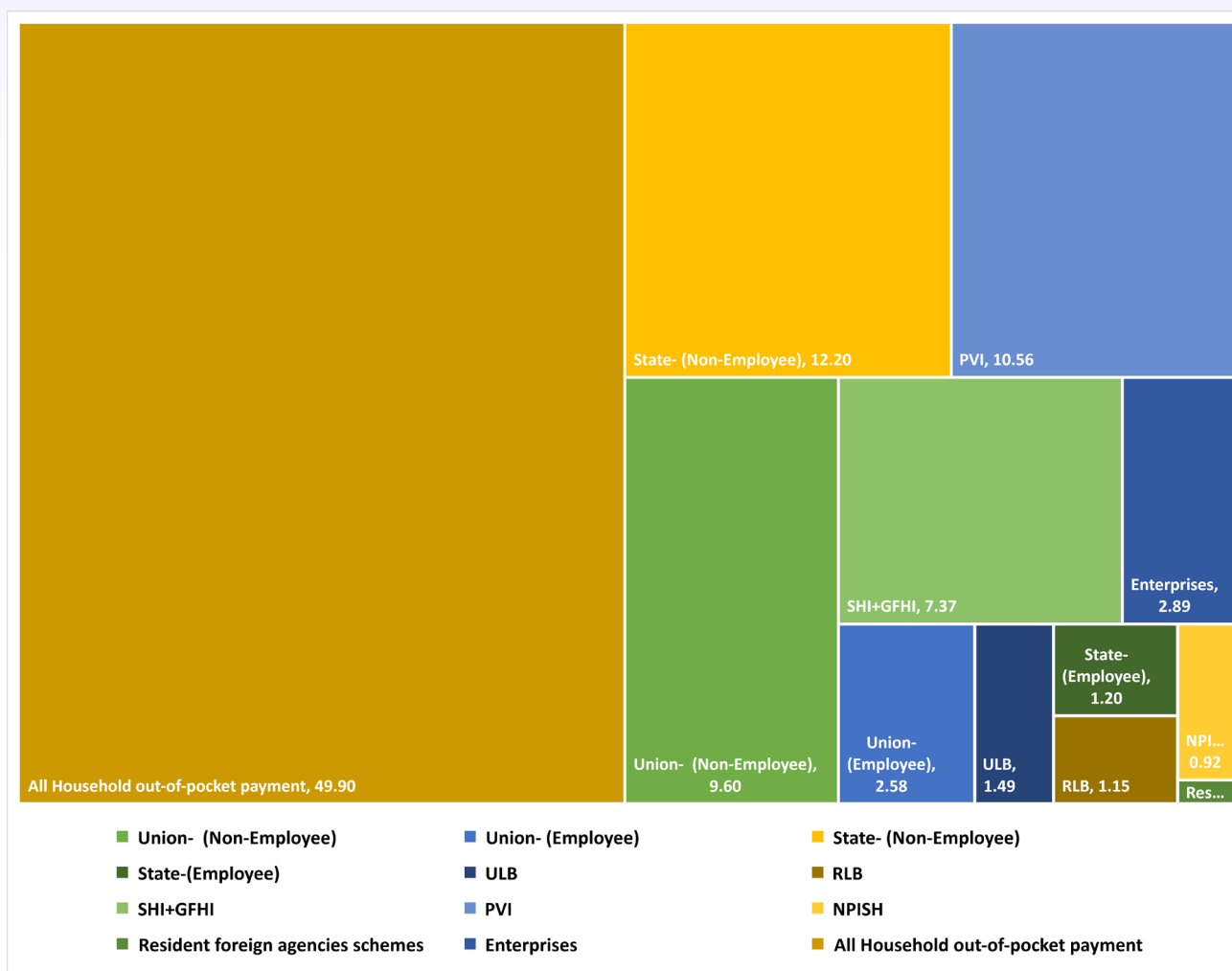
NHA Code	Healthcare Financing Schemes	Amount (Rs Crores)*	%
HF.1.1.2.2.2	Rural Local Bodies schemes	8,844	1.15
HF.1.2.1	Social Health Insurance (not incl 1.2.1.4) ¹²	30,255	3.94
HF.1.2.1.4	Government-Financed Health Insurance ¹³	26,266	3.43
HF.2.1.1.1	Employer-based insurance (Private Group Health Insurance)	46,246	6.03
HF.2.1.1.3	Other primary coverage schemes (Private Individual Health Insurance)	34,766	4.53
HF.2.1.2.1	Community-based insurance	10	0.00
HF.2.2.1	Non-Profit Institutions Serving Households (NPISH)	7,025	0.92
HF.2.2.2	Resident foreign agencies schemes	1,096	0.14
HF.2.3.1.2	Enterprises	22,142	2.89
HF.3.3	All Household out-of-pocket payments	3,82,629	49.90
Total		7,66,814	100

*All values are rounded off

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

13. Include expenditures on PMJAY, RSBY and state-specific health insurance schemes

Figure 2: Current Health Expenditure (2022-23) by Financing Schemes (%)



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 subcategories: 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 fall under HF.1.2 Compulsory Contributory Insurance Scheme. Brief descriptions of all lowest lowest-level classification categories under these are given below:

HF.1.1.1.1 Union Government Schemes (Non-Employee)

Expenditure through the Ministry of Health and Family Welfare, other Union Ministries & Departments for providing healthcare services to the general population are classified here. Includes expenditures under the 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 Labour 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 is 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 is classified here. This includes expenditures under Urban and Rural Health services- Allopathy and Other Systems of Medicine, Public Health, Family Welfare, Health Statistics & Evaluation, etc. It also includes healthcare-related programs by other departments, like by Department of Labour, Art, and Culture, Social Security, Welfare and Nutrition, Welfare of SC/ST and OBC, etc. (Refer 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 employees is 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), and Ex-servicemen Contributory Health Scheme (ECHS) are classified here. Social Health Insurance is financed by the contributions of employees (household's prepayments), employers (enterprises), the 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 the Union

and State Governments. 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 the 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 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/organised 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 healthcare facilities and/ or deliver healthcare services through a single hospital or clinic. Healthcare services are generally provided free or at a subsidised 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 sectors, with their network of health facilities that provide healthcare services to the employees and their dependents, is classified under this. These healthcare facilities are financed through the enterprises themselves. In case they do not have their 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, childbirth, 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 which the schemes draw their revenues. Table 5 presents the distribution of expenditures about revenues of healthcare financing schemes (sources of financing), followed by the description of all revenues of healthcare financing schemes relevant to the Indian context. A detailed description of these schemes is provided in the "National Health Accounts Guidelines for India", 2016.

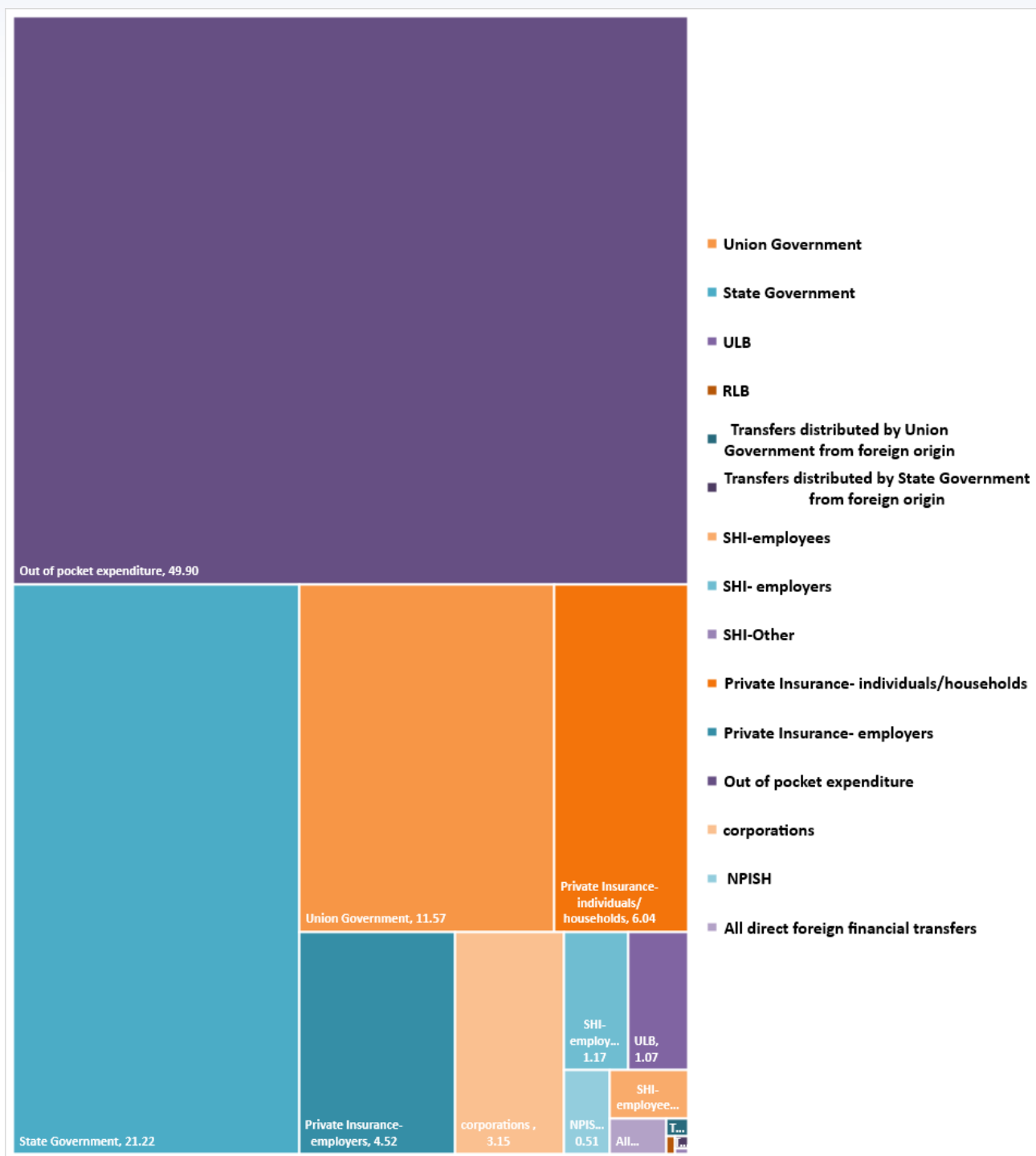
Table 5: Current Health Expenditures (2022-23) by Revenues of Healthcare Financing Schemes

NHA Code	Revenues of Financing Schemes	Amount (Rs Crores)*	%
FS.1.1.1	Internal transfers and grants - Union Government	88,721	11.57
FS.1.1.2	Internal transfers and grants - State Government	1,62,752	21.22
FS.1.1.3.1	Urban Local Bodies	8,190	1.07
FS.1.1.3.2	Rural Local Bodies	155	0.02
FS.2.1	Transfers distributed by the Union Government from foreign origin	410	0.05

NHA Code	Revenues of Financing Schemes	Amount (Rs Crores)*	%
FS.2.2	Transfers distributed by the State Government from foreign origin	163	0.02
FS.3.1	Social insurance contributions from employees	3,718	0.49
FS.3.2	Social insurance contributions from employers	8,991	1.17
FS.3.4	Other social insurance contributions	62	0.01
FS.5.1	Voluntary prepayment from individuals/ households	46,338	6.04
FS.5.2	Voluntary prepayment from employers	34,684	4.52
FS.6.1	Other revenues from households n.e.c.	3,82,629	49.90
FS.6.2	Other revenues from corporations n.e.c.	24,133	3.15
FS.6.3	Other revenues from NPISH n.e.c.	3,871	0.51
FS.7.1.4	All direct foreign financial transfers	1,997	0.26
Total		7,66,814	100

**All values are rounded off*

Figure 3 : Current Health Expenditure (2022-23) by Revenues of Healthcare Financing Schemes (%)



FS.1 Transfers and grants from Government domestic revenue (allocated to health purposes)

These are funds allocated from the Government’s domestic revenues (raised at different levels of the Government) for health purposes. The subcategory 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 the Government from foreign origin

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

FS.3 Social insurance contributions

Social Health Insurance contributions are regular compulsory payments from employers or from employees that mandate entitlement to social health insurance benefits. Sub-categories of social insurance contributions are FS.3.1 Social Insurance Contributions from Employees and FS.3.2 Social Insurance Contributions from Employers and FS.3.4 Other Social Health Insurance Contributions. It is important to note that the 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 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 are 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 subcategory FS.7.1.4 All Direct Foreign Financial Transfers.

1.2.3 Expenditure Estimates by Healthcare Providers

Healthcare providers are the organisations or actors that provide healthcare services or goods as their primary activity or as one among others. Table 6 presents the distribution of current healthcare expenditures by providers of healthcare, followed by a 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.

Table 6: Current Health Expenditures (2022-23) by Healthcare Providers

NHA Codes	Healthcare Providers	Amount (Rs Crores) *	%
HP.1.1.1	General hospitals – Government	1,20,308	15.69
HP.1.1.2	General hospitals - Private	2,35,981	30.77
HP.1.2.1	Mental Health hospitals – Government	950	0.12
HP.1.3.1	Specialised hospitals Government	7,040	0.92
HP.1.3.2	Specialised hospitals Private	429	0.06
HP.3.1.1	Offices of general medical practitioners	31,064	4.05
HP.3.1.3	Offices of medical specialists (Other than mental medical specialists)	3	0.00
HP.3.3	Other health care practitioners- Government ¹⁴	11,094	1.45
HP.3.4.1	Family planning centres	1,691	0.22
HP.3.4.2	Ambulatory Mental Health and Substance Abuse Centres (Government)	23	0.00

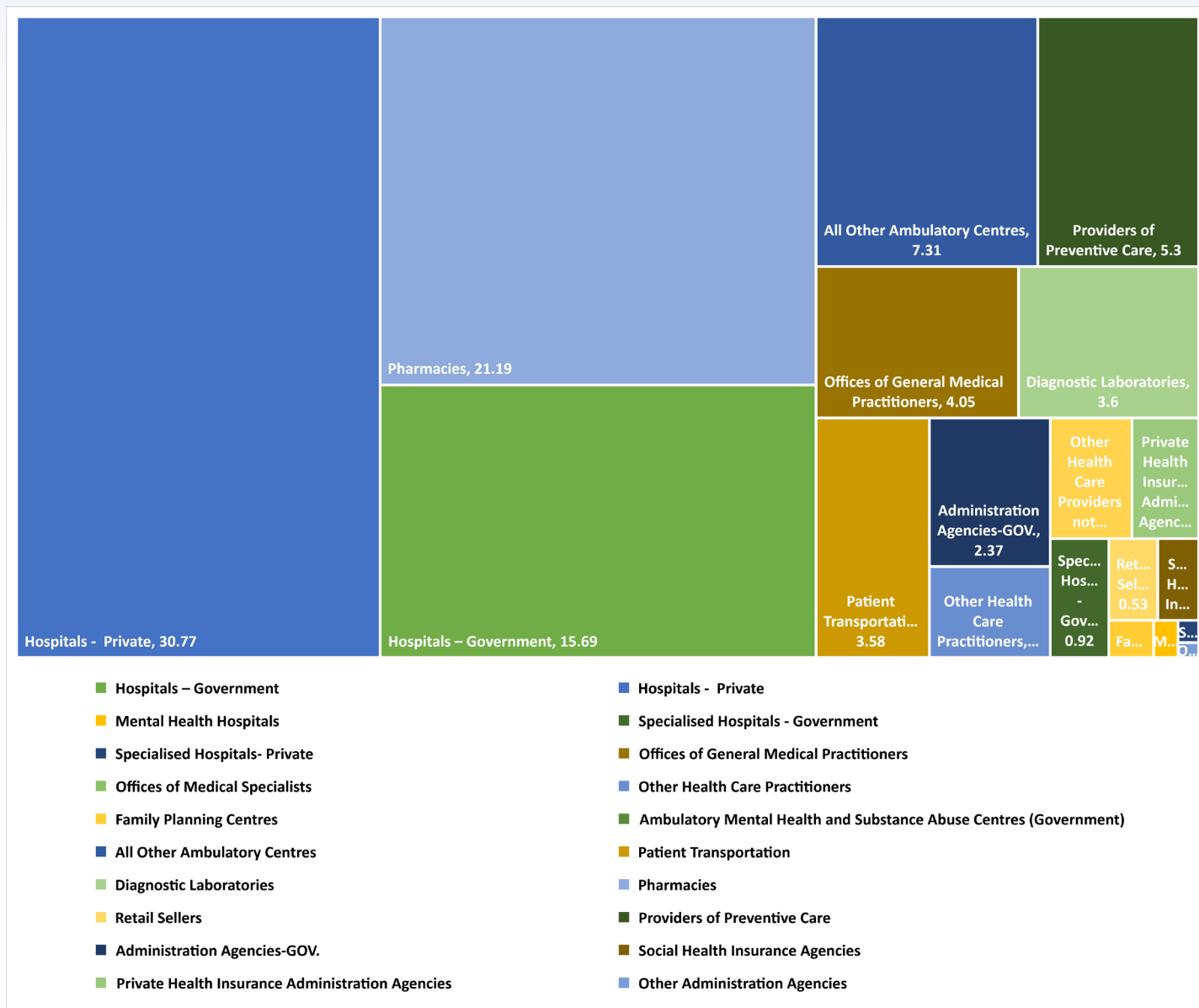
14. Expenditures on Sub Centers/ANM, ASHA, Anganwadi Centers etc.

NHA Codes	Healthcare Providers	Amount (Rs Crores) *	%
HP.3.4.9	All Other ambulatory centres- Government ¹⁵	56,025	7.31
HP.4.1	Providers of patient transportation and emergency rescue	27,440	3.58
HP.4.2	Medical and diagnostic laboratories	27,578	3.60
HP.5.1	Pharmacies	1,62,511	21.19
HP.5.2	Retail sellers and other suppliers of durable medical goods and medical appliances	4,078	0.53
HP.6	Providers of preventive care	40,622	5.30
HP.7.1	Government health administration agencies	18,206	2.37
HP.7.2	Social health insurance agencies	3,400	0.44
HP.7.3	Private health insurance administration agencies	8,101	1.06
HP.7.9	Other administration agencies	341	0.04
HP.10	Other health care providers not elsewhere classified (n.e.c)	9,929	1.30
Total		7,66,814	100

**All values are rounded off*

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

Figure 4: Current Health Expenditure (2022-23) by Healthcare Providers (%)



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 specialised 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 Centres (CHC).

HP.1.1.2 General Hospitals – Private

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

HP.1.2.1 Mental Health Hospitals – Government

This category comprises 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 Specialised hospital (other than mental hospitals)

A specialised hospital is primarily engaged in providing services for a specific type of disease or medical condition or a specific group of people. These include speciality 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 categorised into HP.3.1 Medical Practices, HP.3.3 Other Healthcare Practitioners and HP.3.4 Ambulatory Healthcare Centres. Brief descriptions of all the lowest-level classification categories under these are given below:

HP.3.1 Medical practices

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

HP.3.3 Other Healthcare practitioners

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

HP.3.4 Ambulatory health care centres

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

HP.4 Providers of ancillary services

Providers of ancillary services are classified into HP.4.1 Providers of Patient Transportation and Emergency Rescue (which includes expenditure on patients' 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 centres, 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 hospitalisation 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 specialised dispensaries where the continuous monitoring of compliance and treatment plays an important role are classified under HP.3.4 Ambulatory health care centre. Dispensed medicines in doctors' offices that require supervision are under HP.3.1 Medical practices.

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

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

HP.6 Providers of Preventive Care

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

HP.7 Providers of Health Care Administration and Financing

This category includes HP.7.1 Government Health Administration Agencies, H.P.7.2 Social

Health Insurance Agencies, HP.7.3 Private Health Insurance Administration Agencies, and HP.7.9 Other Administration Agencies. Brief descriptions of all the lowest-level classification categories under these are given below.

HP.7.1 Government Health Administration Agencies

Government administration agencies are primarily engaged in the formulation and administration of Government health policy, health financing, setting and enforcement of standards for medical and paramedical personnel and 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, eg, the Directorate of Central Government Health Scheme, the 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 healthcare goods and services consumed by final users with a specific health purpose. Table 7 presents the distribution of current health expenditures by healthcare functions, followed by the description of all healthcare functions relevant to the Indian context. A detailed description of these schemes is provided in the "National Health Accounts Guidelines for India", 2016.

Table 7 : Current Health Expenditures (2022-23) by Healthcare Functions

NHA Codes	Healthcare Functions	Amount (Rs Crores) *	%
HC.1.1.1	General inpatient curative care	1,97,234	25.72
HC.1.1.2	Specialised inpatient curative care	91,173	11.89
HC.1.2.1	General day curative care	2,492	0.32
HC.1.2.2	Specialised day curative care	5,671	0.74
HC.1.3.1	General outpatient curative care	1,23,229	16.07
HC.1.3.2	Dental outpatient curative care	1,678	0.22
HC.1.3.3	Specialised outpatient curative care	18,303	2.39
HC.1.4	Home-based curative care	210	0.03
HC.2	All Rehabilitative Care	471	0.06
HC.3	All Long-Term Care	16	0.00
HC.4.3	Patient transportation	27,440	3.58
HC.4.4	Laboratory and Imaging Services	27,578	3.60
HC.5.1.1	Prescribed medicines	1,34,572	17.55
HC.5.1.2	Over-the-counter medicines	26,670	3.48
HC.5.1.4	All Pharmaceuticals and Other medical non-durable goods	100	0.01
HC.5.2.4	All Therapeutic appliances and Other medical goods	4,078	0.53
HC.6.1	Information, Education, and Counselling (IEC) Programmes	3,847	0.50
HC.6.2	Immunisation programmes	8,765	1.14
HC.6.3	Early disease detection programmes	1,188	0.16
HC.6.4	Healthy condition monitoring programmes	28,410	3.71

NHA Codes	Healthcare Functions	Amount (Rs Crores) *	%
HC.6.5	Epidemiological Surveillance, Risk, and Disease Control Programmes	25,458	3.32
HC.6.6	Preparing for disaster and emergency response programmes	411	0.05
HC.7.1	Governance and Health System Administration	18,365	2.40
HC.7.2	Administration of health financing	11,687	1.52
HC.9	Other health care services not elsewhere classified (n.e.c.)	7,768	1.01
Total		7,66,814	100
HC.RI.1	Total Pharmaceuticals Expenditure (TPE)	2,27,311	29.64
HC.RI.2	Traditional, Complementary and Alternative Medicines (TCAM)	26,957	3.52

**All values are rounded off*

Figure 5: Current Health Expenditure (2022-23) by Healthcare Functions (%)

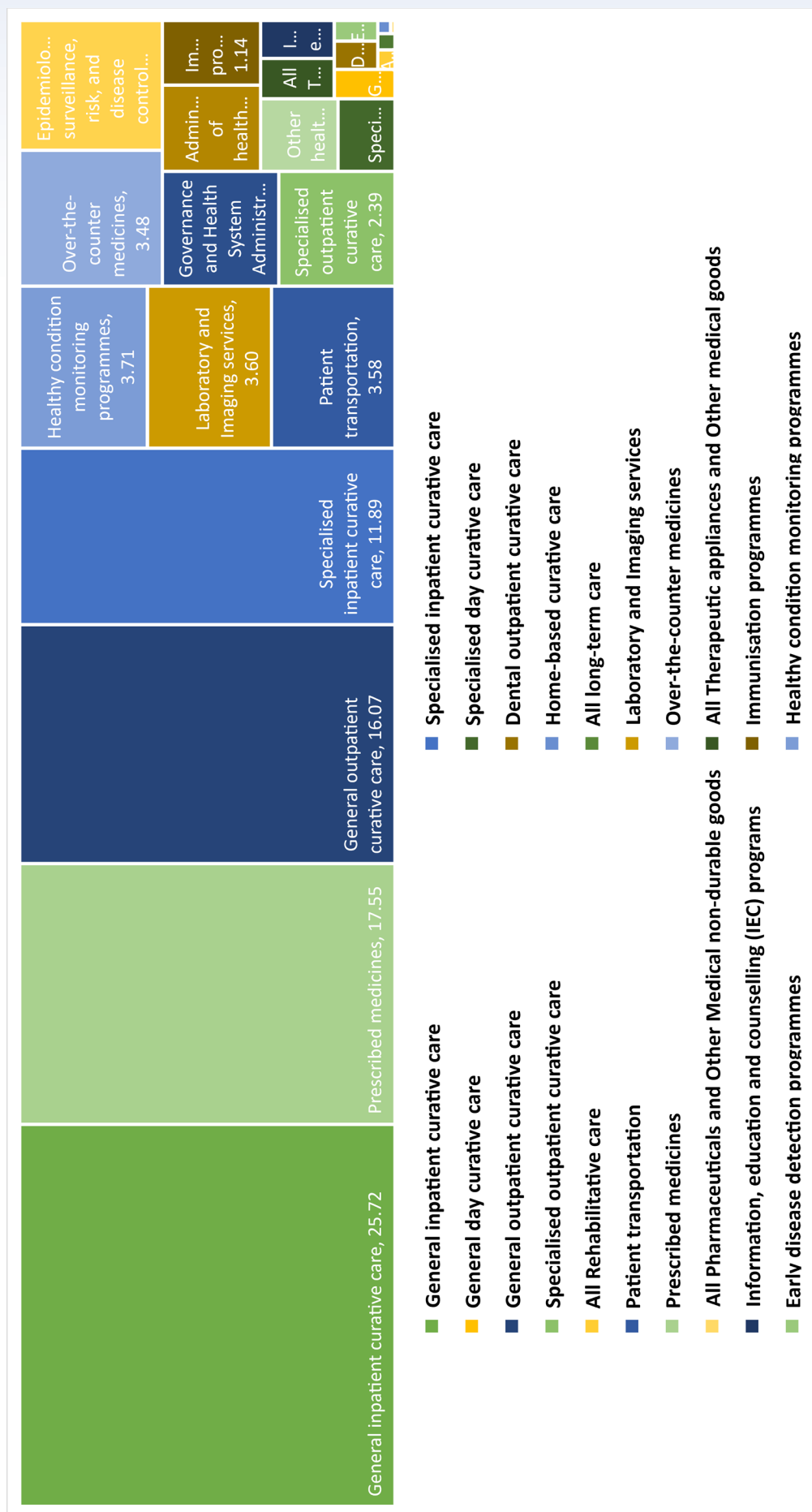
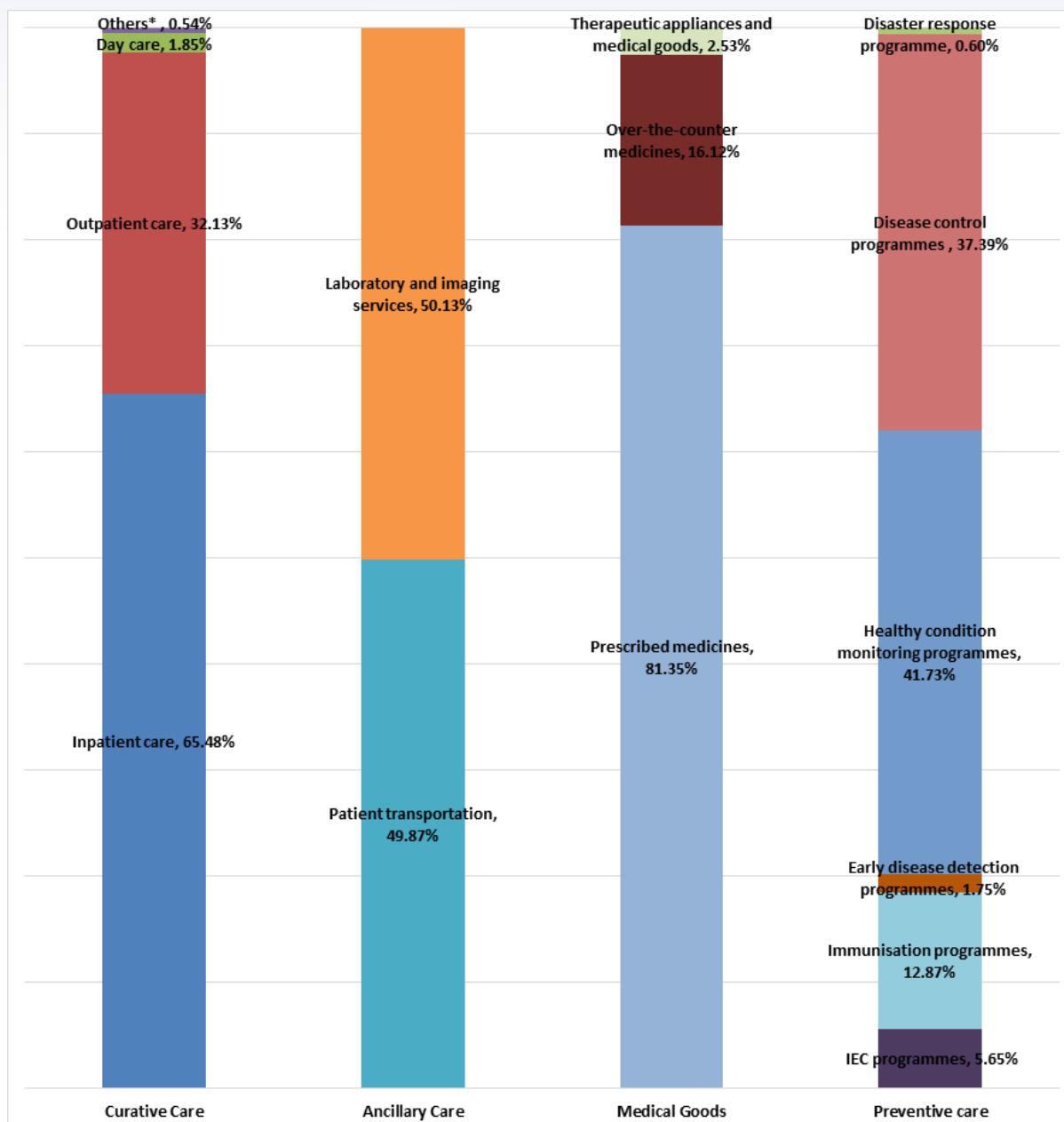


Figure 6: Distribution of Healthcare Functions according to SHA classification (%)



*Other curative care includes- Dental outpatient curative care, Home-based curative care, Unspecified rehabilitative care (n.e.c.), Unspecified long-term care (n.e.c.)

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 organisational 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 Specialised 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 Specialised 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 the Government and the 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 centres and laboratories.

HC.5.1 Pharmaceuticals and other non-durable goods

This is categorised 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): comprise 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 categorised 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 hospitalisation and non-hospitalisation contacts separately. However, it is not clear from the survey if the expenditures reported for diagnostic services and medicines, especially during a hospitalisation episode, were delivered/consumed as part of the treatment package or purchased/acquired from a pharmacy or diagnostic centre within the same facility/establishment or outside the establishment from retail pharmacies or standalone diagnostic centres. Thus, the expenditures related to these are assumed to be delivered/ consumed with directions of the health professional and provided by the health facility as part of the treatment package, allowing them to be classified 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 are reported under Total Pharmaceutical Expenditures (TPE) (HC.RI.1), a reporting item that includes all.

Pharmaceutical expenditures are 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, orthopaedic appliances, family planning devices and all other medical durables, including medical-technical devices.

HC.6 Preventive Care

Preventive care is based on a health promotion strategy that involves a process to enable people to improve their health through the control over some of its immediate determinants. This includes all the government-funded national health programs, such as the National Disease Control Programs, etc. The subcategories under this are HC.6.1 Information, Education and Counselling (IEC) programs, HC.6.2 Immunisation 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 categorised under HC.6.nec Unspecified preventive care (N.E.C.) (the 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 is categorised 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 categorised into HC.7.1 Governance and Health System Administration and HC.7.2 Administration of health financing (includes specific expenditure on the 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 under 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 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 from both the private and public sectors.

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 Homoeopathy) 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, and machinery as well as expenditure on medical education, research, and training. Due to the non-availability of detailed expenditure, the capital expenditure is classified as HK.nec only. The following table provides information about capital formation by different actors in India.

Table 8: Capital formation by funding agency

Funding Agency	Amount* (In Rs Crores)	%
Union	50,024	43.67
State	60,732	53.02
Local Bodies (ULB+RLB)	1,414	1.23
Corporations	903	0.79
Rest of the world	1,472	1.29
Total	1,14,545	100

**All values are rounded off*

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 categorisation of health care expenditures into Primary, Secondary, and Tertiary care from NHA India 2022-23 is presented for Government 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 based on SHA 2011, not NHA Estimates 2004-05 (which is based upon SHA 1). The reason for the same and particular differences could be explored in the NHA Estimates for India 2013-14 report (Page. 27).

Table 9: Current Health Expenditure (2022-23) by Primary, Secondary and Tertiary Care (%)

Category	Description of Expenditures Included	Govt.		Combined	
		2021-22	2022-23	2021-22	2022-23
Primary	Expenditures under preventive care under all healthcare providers.				
	All expenditures at sub-centres, Family planning centres, PHC, dispensaries (CGHS, ESIS, etc., private clinics), except for those incurred for specialised outpatient care and dental care.				
	Expenditures for general outpatient curative care at all healthcare providers, including related diagnostic and pharmaceutical expenditures apportioned from wherever relevant.				
	Expenditures under all pharmaceuticals and other medical non-durable goods, therapeutic appliances, and other medical goods purchased directly by the households	50	51	46	46
	Expenditures for inpatient curative care at all ambulatory centres, including expenditures related to childbirth at sub-centres.				
	Expenditures under rehabilitative care at offices of general medical practitioners.				
	Expenditures under all long-term care and Expenditures under patient transportation				

Category	Description of Expenditures Included	Govt.		Combined	
		2021-22	2022-23	2021-22	2022-23
Secondary	Expenditures under general inpatient curative care at hospitals, including related diagnostic and pharmaceutical expenditures apportioned from wherever relevant.				
	Expenditures under dental outpatient curative care at all healthcare providers, including related diagnostic and pharmaceutical expenditures.	28	28	33	34
	Expenditures under specialised outpatient curative care at all providers of ambulatory healthcare				
	Expenditures under all laboratory and imaging services and pharmaceutical expenditures under specialised outpatient curative care, as apportioned from wherever relevant.				
Tertiary	Expenditures under specialised inpatient curative care at all providers, including related diagnostic and pharmaceutical expenditures.	12	11	16	15
	Expenditures under specialised outpatient curative care at hospitals				
	Expenditures under rehabilitative care at specialised hospitals other than mental health hospitals				
Governance and supervision	All expenditures where both providers and functions are healthcare systems, governance and administration of finances	6	8	3	4
Not Classified elsewhere	Expenditures that could not be classified under any of the above categories	4	2	2	1

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 the Government (health department or government-governed Corporation/Trust/Society) and/or insurance company. For National Health Accounts for India, expenditures of the following five types of health financing schemes are considered health insurance expenditures.¹⁶ The expenditures under these for the year 2022-23 are presented in Table 10:

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 enterprise schemes (Private Group Health Insurance)
4. Other primary coverage schemes (Private Individual Health Insurance)
5. Community-based health insurance

Table 10: Health Insurance Expenditure (2022-23) under different schemes

Sl No.	Health Insurance Scheme	Rs Crores*
1	Social Health Insurance Schemes	32,090
1.1	Central Government Health Scheme (CGHS) (Incl. Capital Expenditure)	7,233
1.2	Employee State Insurance Scheme (ESIS) (Incl. Capital Expenditure)	17,957
1.3	Ex-Serviceman Contributory Health Scheme (ECHS) (incl. Capital Expenditure)	6,900
2	Government-Financed Health Insurance	26,266
2.1	Pradhan Mantri Jan Arogya Yojana (PM-JAY) & Chief Minister Arogya Arunachal Yojna, Arunachal Pradesh	267

16. 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

Sl No.	Health Insurance Scheme	Rs Crores*
2.2	Yeshasvini Health Insurance, Karnataka	100
2.3	Ayushman Bharat PM-JAY Aarogyasri, Telangana	261
2.4	Insurance for Information and Broadcasting Workers, West Bengal	3
2.5	Ayushman Bharat-Dr. YSR Aarogyasri Healthcare Scheme, Andhra Pradesh	1,994
2.6	Swasthya Sathi, West Bengal	2,500
2.7	Mediclaim and Swarnajayanti Arogya Bima, Goa	2
2.8	MA Yojna/ Arogya Suraksha Yojana, Gujarat	1,403
2.9	Mukhya Mantri Health Insurance, Himachal Pradesh	173
2.10	Mahatama Jyotiba Phule Jan Arogya Yojana, Maharashtra	1,116
2.11	Megha Health Insurance, Meghalaya	85
2.12	Mizoram State Health Care Scheme (MSHCS)	20
2.13	Biju Swasthya Yojna, Odisha	2,918
2.14	Ayushman Bharat- Pradhan Mantri Jan Arogya Yojana (AB-PMJAY)	9,328
2.15	Mukhyamantri Swasthya Bima Yojna, Jharkhand	100
2.16	Manipur Health Protection Scheme	40
2.17	Ayushman Bharat Haryana Health Protection Mission	170
2.18	Ayushman Bharat PM-JAY Dr. Khubchand Baghel Swasthya Bima Yojana (AB PM-JAY - DKBSSY), Chhattisgarh	809
2.19	Deen Dayal Swasthaya Seva Yojana, Goa	42
2.20	Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (PM-JAY) SEHAT, Punjab	115
2.21	Ayushman Bharat-Arogya Karnataka (AB-ArK)	1,279
2.22	Pradhan Mantri Jan Arogya Yojana - Karunya Arogya Suraksha Paddhati (PMJAY-KASP), Kerala	902

Sl No.	Health Insurance Scheme	Rs Crores*
2.23	Ayushman Bharat-Madhya Pradesh 'Niramayam' Yojana	160
2.24	Ayushman Bharat- Mukhya Mantri Chiranjeevi Swasthya Bima Yojana, Rajasthan	823
2.25	Mukhya Mantri Jan Arogya Abhiyan (MMJAA), Uttar Pradesh	235
2.26	Atal Ayushman Uttarakhand Yojana	461
2.27	Pradhan Mantri Jan Arogya Yojana-Chief Minister's Comprehensive Health Insurance Scheme (PMJAY-CMCHIS), Tamil Nadu	675
2.28	Atal Amrit Abhiyan, Assam	160
2.29	Chief Minister's Health Insurance Scheme (CMHIS), Nagaland	17
2.30	Other Government-Financed Health Insurance	108
3	Private Health Insurance	81,012
3.1	Employer-based insurance (Private Group Health Insurance)	46,246
3.2	Other primary coverage schemes (Private Individual Health Insurance)	34,766
4	Community-based Insurance	10

* All values are rounded off

2.1 System of Health Accounts 2011 Framework (SHA 2011)

National Health Accounts estimates for India are based on the SHA 2011 framework and NHA Guidelines for India, 2016, including refinements that adhere to basic principles from the 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 the 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 are 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 standardised 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 stores 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 also 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) Map the data with classification codes in HAPT, and (vi) Generate Health Accounts Matrices.

2.3 Defining Healthcare Expenditures Boundaries for India

The System of Health Accounts 2011 framework (SHA 2011) sets the boundary for health expenditures. There are time, spatial and functional boundaries. Health expenditures incurred for the consumption of health care goods and services during a given fiscal year (for India) are included. NHA 2022-23 estimates for India consider the 'actual expenditures made during the Financial Year from 1st April 2022 to March 31st, 2023. 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 outside 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 within the boundary of current health expenditures. Therefore, for the estimation of NHA, current health expenditures on the following activities fall under the purview of NHA, including expenditures for:

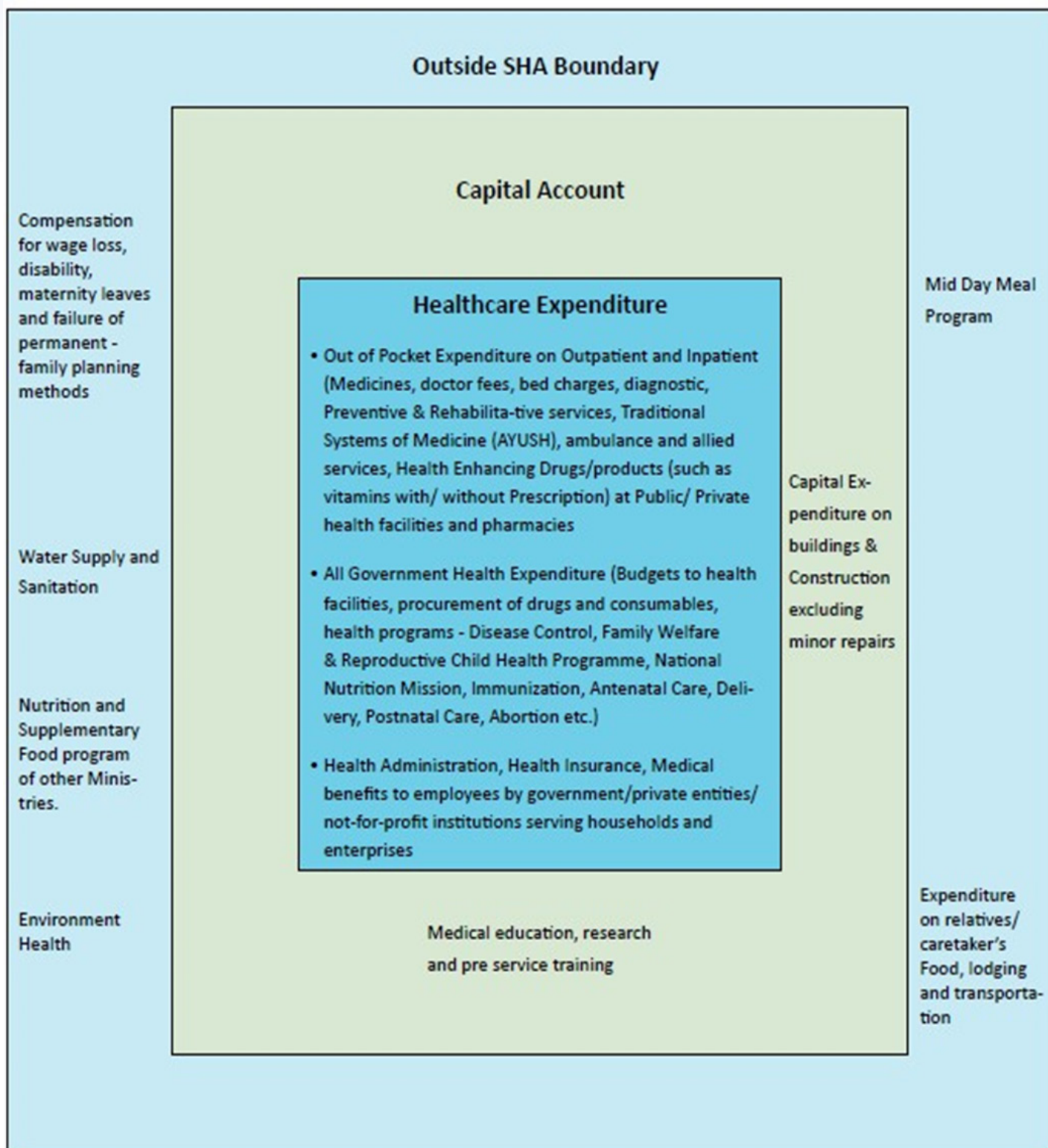
- Health promotion and prevention
- Diagnosis, treatment, cure, and rehabilitation of illness
- Care for persons affected by chronic illness
- Care for persons with health-related impairment and disability
- Palliative care
- Provision of community health programs
- Governance and administration of the health system
- Medicines/Ancillary services that are purchased/ availed independently without prescription from a health professional, like self-prescriptions/self-diagnosis, which involve 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 this expenditure. 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 sterilisation, 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, and any other programs that complement but do not directly 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 wages/ labour.
- Interest paid on revenues, dividends, and reserves of the insurer (after claims are paid, including administrative overheads) is 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, 2024-25 for actual expenditures of FY 2022-23.
- State-wise expenditures under National Health Mission (NHM) - Financial Monitoring Reports (FMR) for 2022-23 National Health Mission, MoHFW.
- Detailed Demand for Grants - State Department of Health and Family Welfare and all Other State Departments, 2024-25, for actual expenditures of FY 2022-23.
- Office of Controller General of Accounts (CGA) - medical reimbursements to Union Government employees and contributions towards social health insurance for 2022-23.
- Expenditure Statements/ Annual Reports of Municipal Corporations and Office of Municipal Administration at the State level for FY 2024-25 or the respective years that present actual expenditures for FY 2022-23.
- Annual Reports of Employees' State Insurance Corporation (ESIC) for FY 2022-23.
- Official Communication(s) from Government Financed Health Insurance Schemes and Scheme Websites for details of reimbursements made for FY 2022-23.
- National Sample Survey Office 75th Round Survey Data - Social Consumption: Health, 2017-18 (July 2017 – June 2018), Ministry of Statistics and Program Implementation.
- Household Consumer Expenditure Survey, 2022-23, Ministry of Statistics and Program Implementation.
- Annual report of Insurance Regulatory Development Authority of India (IRDAI) for FY 2022-23.
- Anonymised health insurance claims from the Insurance Information Bureau (IIB), IRDAI for FY 2022-23.
- Study on Health Expenditures by Indian Enterprises for 2013-14, Public Health Foundation of India.
- Annual Survey of Unincorporated Sector Enterprises, 2022-23 & 2023-24, Ministry of Statistics and Program Implementation.
- Health expenditures by Development partners (external funding) - OECD Creditor Reporting System (CRS) Development Assistance Committee database (DAC) for FY 2022-23.
- Population Projections for India and States 2011-2036, Report of the Technical Group on Population Projections, National Commission on Population.
- PMJAY data, NHA
- Reserve Bank of India - State finances: A Study of budgets.
- IQVIA Database.

- Expenditures of Rural Local Bodies from e-Gram Swaraj FY 2022-23, Ministry of Panchayati Raj.
- National Family Health Survey- (NFHS-5) data.
- PMCARES Audit Report 2022-23.
- CSR portal of the Ministry of Corporate Affairs, Govt of India.
- Provisional Estimates of Annual Gross Domestic Product for 2024-25 and Quarterly Estimates of Gross Domestic Product for the Fourth Quarter (January-March) of 2024-25.
- Press Note on New Series of GDP Estimates with Base Year 2022-23.
- Economic Survey 2024-25.
- Central Public Sector Enterprise Survey, 2022-23.
- Survey on Ayush: 2022-23, Ministry of Statistics and Program Implementation.
- District Mineral Fund (DMF) Portal-Ministry of Mines.

2.5 Refinements over earlier National Health Accounts Estimates

Constant efforts are being made to utilise better information/data sources and improve estimation methods year on year to produce robust health expenditure estimates. NHA guidelines/ methodology and estimates are updated to incorporate feedback from experts and stakeholders to reflect the changes in the Indian health system. Refinements incorporated in the NHA estimates over previous NHA estimates are presented in this section.

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)¹³ Published in 2017 within the preview of Indian Health System context and NHA Guidelines for India 2016. A detailed description of all refinements in NHA 2013-14 over NHA 2004-05 can be referred to in the Reports - NHA Estimates for India (2013-14).

Refinements made in the 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),¹⁷ published in 2017 in discussion with NHA experts. These 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 HF 1.2.1.4. These include expenditure under all health insurance schemes implemented by the Union and State Governments in 2015-16. These are Rashtriya Swasthya Bima Yojana and other State-specific Government health insurance schemes that are enumerated under the section on health insurance expenditures of this report. These expenditures in NHA 2013-14 and 2014-15 were classified under the code HF.2.1.1.2 Government-Based Voluntary Insurance. However, these expenditures were always considered part of the Total Government Expenditures for all analysis and reporting purposes. For NHA 2015-16, the expenditures of these schemes were classified as HF 1.2.1.4, considering other country experiences of classifying similar schemes as Government Schemes under appropriate codes of HF.1 and discussions with experts to maintain global comparability. To reinterpret the classification, the SHA 2011 definitions under Table 7.2 Main Criteria of health care financing schemes and Chart 7.2 Criteria tree for healthcare financing schemes were considered (pages 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 the 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.

17. 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>

In the present NHA, the estimates on Out-of-Pocket Expenditure are based on the National Sample Survey (NSS) 75th round (2017-18) on health.¹⁸ Till NHA 2016-17, the estimates were based on the NSS 71st round (2014). The classification of expenditure has been done as per the NHA guideline, 2016,¹⁹ although there are a few new additions in the recent round in terms of health care providers. Unlike the NSS 71st round, the 75th round includes information on health care provided by NGOs, which has been clubbed under the Private Health Care provider. The latest round also gives information on expenditure on immunisation for the age group 0 to 5 years for the selected vaccines. To avoid underestimation in vaccination expenditure, the NSS data have 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 sterilisation 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 the provider for the money allocated under CSR.

2.5.4 Refinements in NHA Estimates 2018-19 over NHA Estimates 2017-18

The present NHA round includes a 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 at a subsidised rate in outlets under the Union Government Scheme of Jan Aushadhi Scheme.

2.5.5 Refinements in NHA Estimates 2019-20 over NHA Estimates 2018-19

1. In the present NHA, Rural Local Bodies expenditure has been estimated using the data obtained from the e-Gram Swaraj website, and the Official Web Portal of Kerala Local Government, Government of Kerala: Local Self Government Department for FY 2019-20. Till NHA 2018-19, the estimates were based on the Study of Expenditure of Rural Local Bodies using 14th Finance Commission data, National Institute of Public Finance and Policy. The classification of expenditure has been done as per the NHA guideline,

18. 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>

19. National Health Account Guideline for India, 2016, National Health System Resource Centre, Ministry of Health and Family Welfare, Government of India.

2016.

2. The out-of-pocket expenditure on sterilisation has been estimated using the National Family Health Survey (NFHS)- 5, 2019-21 data.

2.5.6 Refinements in NHA Estimates 2020-21 over NHA Estimates 2019-20

1. The NHA 2020-21 estimates data from Health Expenditure by the District Mineral Fund, Ministry of Mines and PMCARES. It also includes CSR expenditure on health as reported in the portal of the Ministry of Corporate Affairs.

2.5.7 Refinements in NHA Estimates 2022-23 over NHA Estimates 2021-22 and 2020-21

1. The NHA 2022-23 estimates include and utilise health expenditure from the following newer data sources: Household Consumption Expenditure Survey (HCES) 2022-23 for expenditure on medical equipment and family planning devices, Central Public Sector Enterprise Survey 2022-23 for health expenditure by Central Public Sector Enterprises, Annual Survey of Unincorporated Sector Enterprises (ASUSE) 2022-23 & 2023-24 for health expenditure by NGOs/NPISH, and District Mineral Fund (DMF) Portal of Ministry of Mines for health expenditure incurred under DMF.

2.6 Limitations

- The list of health care providers and related capital expenditures, especially in the private sector, is not exhaustive due to the unavailability of disaggregated data. Further, expenditures on health care by Universities/ Academic Institutions/ autonomous bodies on the welfare of students and on their 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. The NHA team is working towards capturing this information in future by conducting primary Surveys or obtaining information from relevant Government departments/ private institutions, or agencies.
- Expenditure information on dental care, long-term care and rehabilitative care in the Government/ private sector has improved since 2013-14 but is still limited due to 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 the NHA guidelines for India 2016. However, they have been updated wherever possible according to the SHA 2011 Manual Revised Edition, 2017.
- NHA estimate 2022-23 for Enterprises/ Firms are extrapolated from NHA estimates

2013-14. This was obtained through an independent survey for 2013-14.

Note:

- The main source of estimates for out-of-pocket expenditure for NHA 2022-23 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 the NSS 71st round of 2014. It is to be noted that the reference period for the 71st round was 6 months (January-June 2014) and for the 75th round it was one year (July 2017- June 2018). Sample size of the 71st round was 65932 households, in the 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 patterns between these two rounds.²⁰

20. NSS Report of 71st and 75th round

ANNEXURES

Annexure A

Annexure A.1: National Health Accounts 2022-23 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 2022-23 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 (2022-23) by Healthcare Financing Schemes and Revenues of Healthcare Financing Schemes (HFxFS matrix)
- Table A.2: Current Health Expenditure (2022-23) by Providers and Healthcare Financing Schemes (HPxHF matrix)
- Table A.3: Current Health Expenditure (2022-23) by Healthcare Functions and Healthcare Financing Schemes (HCxHF matrix)
- Table A.4: Current Health Expenditure (2022-23) by Healthcare Functions and Healthcare Providers (HCxHP matrix)
- Table A.5: Current Health Expenditure (2022-23) by Primary, Secondary, and Tertiary healthcare Categorisation (HCxHP matrix).

Table A.1 : Current Health Expenditure (2022-23) by Financing Schemes and Revenues of Healthcare Financing Schemes (HFxFS matrix)

Indian Rs Crores	Financing schemes	Revenues of health care financing schemes	FS.1 Transfers from government domestic revenue (allocated to health purpose)				FS.2 Transfer distributed by government from foreign origin		FS.3 Social Insurance contribution			FS.5 Voluntary pre-payments			FS.6 Other domestic revenue n.e.c.			FS.7 Direct Foreign Transfers	All FS
			FS.1.1.1	FS.1.1.2	FS.1.1.3.1	FS.1.1.3.2	FS.2.1	FS.2.2	FS.3.1	FS.3.2	FS.3.4	FS.5.1	FS.5.2	FS.6.1	FS.6.2	FS.6.3	FS.7.1.4		
HF.1 Government scheme and compulsory contributory health care financing scheme	HF.1.1.1.1	Union government schemes (Non-Employee)	46,850	26,515			251												73,616
	HF.1.1.1.2	Union government schemes (Employee)	19,767	3				0											19,770
	HF.1.1.2.1.1	State government schemes (Non-Employee)	852	92,489					163										93,504
	HF.1.1.2.1.2	State government schemes (Employee)	224	8,985															9,210
	HF.1.1.2.2.1	Urban Local Bodies schemes	795	2,450	8,190														11,435
	HF.1.1.2.2.2	Rural Local Bodies schemes	646	8,043		155													8,844
	HF.1.2.1	Social Health Insurance+ Government Financed Health Insurance Schemes	19,510	24,241				3,718	8,991	62									56,521
	HF.2.1.1.1	Employer-based insurance									11,561	34,684							46,246
	HF.2.1.1.3	Other primary coverage schemes									34,766								34,766
	HF.2.1.2.1	Community-based insurance									10								10
HF.2 Voluntary health care payment scheme	HF.2.2.1	NPISH financing schemes	77	26			159						1,991	3,872	901			7,025	
	HF.2.2.2	Resident foreign agencies schemes													1,096			1,096	
	HF.2.3.1	Enterprises											22,142					22,142	
HF.3 Household OOP														3,82,629			3,82,629		
Total	All HF		88,721	1,62,752	8,190	155	410	163	62	46,338	34,684	3,82,629	24,133	3,871	1,997			766,814	

Table A.2: Current Health Expenditure (2022-23) by Healthcare Providers and Health Financing Schemes (HPxHF matrix)

Indian Rs Crores	Health care providers	Financing schemes	HF.1 Government scheme and compulsory contributory health care financing scheme										HF.2 Voluntary health care payment scheme					HF.3 Household OOP	All HF						
			Union government schemes (Non-Employe)		Union government schemes (Employe)		State government schemes (Non-Employe)		State government schemes (Employe)		Urban Local Bodies schemes		Rural Local Bodies schemes		Social Health Insurance+ Government Financed Health Insurance Schemes		HF.2.1.1.1			HF.2.1.1.3	HF.2.1.2.1	HF.2.1.2.1	HF.2.2.1	HF.2.2.2	HF.2.3.1
			HF.1.1.1.1	HF.1.1.1.2	HF.1.1.1.1	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.2.1.2.1	HF.2.2.1	HF.2.2.2	HF.2.3.1								
HP.1 Hospitals	HP.1.1.1	General hospitals – Government	13,823	14,512	50,019	737	4,051	2,256	19,655					8	13	12	15,221	1,20,308							
	HP.1.1.2	General hospitals - Private	422		110	796	100		22,424	31,289	10			1,855		8,535	1,28,818	2,35,981							
	HP.1.2.1	Mental Health hospitals – Government	215		735									0				950							
	HP.1.3.1	Specialised hospitals (Other than mental health hospitals) Government	882		4,222		1,865	61	0					1		8		7,040							
	HP.1.3.2	Specialised hospitals (Other than mental health hospitals) Private			38									362		29		429							
	HP.3.1.1	Offices of general medical practitioners							1,29					445		1,1,627	18,863	31,064							
	HP.3.1.3	Offices of medical specialists (Other than mental medical specialists)														3		3							
	HP.3.3	Other health care practitioners	8,840		1,360			569						1			325	11,094							
	HP.3.4.1	Family planning centres	397		1,084		3	207										1,691							
HP.3.4.2	Ambulatory mental health and substance abuse centres (Government)			22									1				23								
HP.3.4.9	All Other ambulatory centres	19,045	2,218	16,832	30	674	5,113	10,947					79		9	1,078	56,025								

Table A.3: Current Health Expenditure (2022-23) by Healthcare Functions and Health Financing Schemes (HCxHF matrix)

in Indian Rs Crores	Health care functions	Financing schemes	HF.1 Government scheme and compulsory contributory health care financing scheme								HF.2 Voluntary health care payment scheme						HF.3 Household OOP	
			HF.1.1.1.1 (Non-Employee)	HF.1.1.1.2 (Employee)	HF.1.1.2.1.1 State government schemes	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+ Government Financed Health Insurance Schemes"	HF.2.1.1.1 Employer-based insurance	HF.2.1.1.3 Other primary coverage schemes	HF.2.1.2.1 Community-based insurance	HF.2.2.1 NPISH financing schemes	HF.2.2.2 Resident foreign agencies schemes	F.2.3.1 Enterprises	HF.3.3 All Household out-of-pocket payment	ALL HF	
HC.1 Curative care	HC.1.1.1	General inpatient curative care	6,572	4,573	24,783	667	1,886	633	32,550	30,022	21,570	8	1,673	4	8,539	63,754	1,97,234	
	HC.1.1.2	Specialised inpatient curative care	1,831	3,491	10,946	443	730	241	7,565	10,086	7,276	2	214		29	48,319	91,173	
	HC.1.2.1	General day curative care	1,209		1,250		1	24					9		0		2,492	
	HC.1.2.2	Specialised day curative care	1,281	0	1,571	19	0	11	1,076				25			1,688	5,671	
	HC.1.3.1	General outpatient curative care	21,783	7,502	29,991	432	4,067	6,842	11,833	1,185	1,910	0	1,023	78	11,657	24,926	1,23,229	
	HC.1.3.2	Dental outpatient curative care	55		579		0	11					3		2	1,027	1,678	
	HC.1.3.3	Specialised outpatient curative care	520	1,164	2,500	1	0		131	328	533		9	1	5	13,111	18,303	
	HC.1.4	Home-based curative care	1		0								0			209	210	
	HC.2	Rehabilitative care (n.e.c.)	276	0	68		1	2	0				119		4		471	
	HC.3	Long term care (Health)			11								5		0		16	
HC.4.3	Patient transportation	5,198	1	783		48	5	2				4		7	21,394	27,440		
HC.4.4	Laboratory and Imaging services	36		12		5	1					335	1	480	26,708	27,578		

in Indian Rs Crores	Health care functions	Financing schemes	HF.1 Government scheme and compulsory contributory health care financing scheme							HF.2 Voluntary health care payment scheme						HF.3 Household Oop			
			HF.1.1.1.1 (Non-Employee)	HF.1.1.1.2 (Employee)	HF.1.1.2.1.1 (Non-Employee)	HF.1.1.2.1.2 (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+ Government Financed Health Insurance Schemes"	HF.2.1.1.1 Employer-based insurance	HF.2.1.1.3 Other primary coverage Schemes	HF.2.1.2.1 Community-based insurance	HF.2.2.1 NPISH financing schemes	HF.2.2.2 Resident foreign agencies schemes	F.2.3.1 Enterprises	HF.3.3 All Household out-of-pocket payment	All HF		
	HC.5.1.1	Prescribed medicines															1,34,572		1,34,572
	HC.5.1.2	Over-the-counter medicines																26,670	26,670
	HC.5.1.4	All Pharmaceuticals and Other medical non-durable goods	100																100
	HC.5.2.4	All Therapeutic appliances and Other medical goods																	4,078
	HC.6.1	IEC programmes	2,000		229			27	14						452	121	1,003		3,847
	HC.6.2	Immunisation programmes	4,990		584			36	140						326	52			8,765
	HC.6.3	Early disease detection programmes	781		150			1	0						235	13			1,188
	HC.6.4	Healthy condition monitoring programmes	8,250		5,200			172	384						608	140			28,410
	HC.6.5	Epidemiological surveillance and risk and disease control programmes	11,732		6,467			3,638	535						1,649	419			25,458
	HC.6.6	Preparing for disaster and emergency response programmes	76		62			178							84	11			411
	HC.7.1	Governance and health system administration	6,925		7,687			625							179	249			18,365
	HC.7.2	Administration of health financing			33			0							73	7			11,687
	HC.9	Other health care services not elsewhere classified (n.e.c.)			66			20	0										7,768
	All HC		73,616	19,770	93,504	9,210	11,435	8,844	56,521	46,246	34,766	10	7,025	1,096	22,142		3,82,629		7,86,814

Table A.4: Current Health Expenditure (2022-23) by Healthcare Functions and Healthcare Providers (HCxHP matrix)

Health care functions	Health care providers	HP.1.1.1	HP.1.1.2	HP.1.2.1	HP.1.2.2	HP.1.3.1	HP.1.3.2	HP.3.1.1	HP.3.1.3	HP.3.3	HP.3.4.1	HP.3.4.2	HP.3.4.9	HP.4.1	HP.4.2	HP.4.4	HP.5.1	HP.5.2	HP.6	HP.7.1	HP.7.2	HP.7.3	HP.7.9	HP.10	All HP	
In Rs Crores	General inpatient curative care	57837	1,37,660			1,093	198						446												1,97,234	
	Specialised inpatient curative care	24,277	64,716	502	0	1,482	195																		91,173	
	General day curative care	2,451	29			13																				2,492
	Specialised day curative care	3,004	2,649			17							1													5,671
	General outpatient curative care	24,071	14,196	119		4,092	12	23,195	1	953	244		53,931							564					1,829	1,23,229
	Dental outpatient curative care	700	246			1			643				87							0						1,678
	Specialised outpatient curative care	4,321	8,164	328		277	24	4,992	2	80			56							1					36	18,303
	Home-based curative care		0										0							0	1				209	210
	Rehabilitative care	286	5	0		53		102					1	9						16						471
	Long-term care	2				9							0							5						16
	Patient transportation													27,440												27,440
	Laboratory and Imaging services																									27,578
	Prescribed medicines																									1,34,572

Health care functions	Health care providers	HP.1.1.1	HP.1.1.2	HP.1.2.1	HP.1.2.2	HP.1.3.1	HP.1.3.2	HP.3.1.1	HP.3.1.3	HP.3.3	HP.3.4.1	HP.3.4.2	HP.3.4.9	HP.4.1	HP.4.2	HP.4.4	HP.5.1	HP.5.2	HP.6	HP.7.1	HP.7.2	HP.7.3	HP.7.9	HP.10	All HP
	In Rs Crores																								
HC.5.1.2	Over-the-counter medicines																26,670								26,670
HC.5.1.4	All Pharmaceuticals and Other medical non-durable goods																100								100
HC.5.2.4	All Therapeutic appliances and Other medical goods																		4,078						4,078
HC.6.1	IEC programmes	2								806			14						3,023	2					3,847
HC.6.2	Immunisation programmes	57	1,116					291		2,187		91					1,169		3,854						8,765
HC.6.3	Early disease detection programmes	306											451						431						1,188
HC.6.4	Healthy condition monitoring programmes	2,812	7,011					1,840		2,749	1,446		840						11,625					87	28,410
HC.6.5	Epidemiological surveillance and risk and disease control programmes	182	189			2				4,319			100						20,667					0	25,458
HC.6.6	Preparing for disaster and emergency response programmes																		411						411
HC.7.1	Governance and Health system administration																		5	18,203	2		155		18,365
HC.7.2	Administration of health financing																				3,399	8,101	186		11,687
HC.9	Other health care services not elsewhere classified (n.e.c.)																							7,768	7,768
All HC		1,20,308	2,35,981	950	0	7,040	429	31,064	3	11,094	1,691	23	56,025	27,440	27,578	1,62,511	4,078	40,622	18,206	3,400	8,101	341	9,929	7,66,814	

Table A.5: Current health expenditure (2022-23) by Primary, Secondary and Tertiary healthcare Categorisation (HCxHP matrix)

Health care functions	Health care providers	HP.1.1.1	HP.1.1.2	HP.1.2.1	HP.1.2.2	HP.1.3.1	HP.1.3.2	HP.3.1.1	HP.3.1.3	HP.3.3	HP.3.4.1	HP.3.4.2	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	All HP	
In Rs Crores	General inpatient curative care	57837	137660			1093	198						446											197234	
	Specialised inpatient curative care	24277	64716	502	0	1482	195																	91173	
	General day curative care	2451	29			13																		2492	
	Specialised day curative care	3004	2649			17							1											5671	
	General outpatient curative care	24071	14196	119		4092	12	23195	1	953	244		53931					584						123229	
	Dental outpatient curative care	700	246			1		643					87					0						1678	
	Specialised outpatient curative care	4321	8164	328		277	24	4992	2	80		22	56					1	1					18303	
	Home-based curative care		0										0					0	0	1				210	
	Rehabilitative care (n.e.c.)	286	5	0		53		102					9					16						471	
	Long term care	2				9							0						5					16	
	Patient transportation													27440											27440
	Laboratory and Imaging services														27578										27578
	Prescribed medicines																								134572
	Over-the-counter medicines																								26670
All Pharmaceuticals and Other medical non-durable goods																								100	

Health care functions	Health care providers	HP.1.1.1	HP.1.1.2	HP.1.2.1	HP.1.2.2	HP.1.3.1	HP.1.3.1	HP.1.3.2	HP.3.1.1	HP.3.1.3	HP.3.3	HP.3.4.1	HP.3.4.2	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	All HP
In Rs Crores		General hospitals - Government	General hospitals - Private	Mental Health hospitals - Government	Mental Health hospitals - Private	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	Ambulatory mental health and substance abuse centres (Government)	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)	All HP	
HC.5.2.4	All Therapeutic appliances and Other medical goods																4078	4078							4078
HC.6.1	IEC programmes	2								806				14				3023	2						3847
HC.6.2	Immunisation programmes	57	1116						291	2187				91			1169	3854							8765
HC.6.3	Early disease detection programmes	306												451				431							1188
HC.6.4	Healthy condition monitoring programmes	2812	7011						1840	2749				840				11625						87	28410
HC.6.5	Epidemiological surveillance and risk and disease control programmes	182	189			2				4319				100				20667						0	25458
HC.6.6	Preparing for disaster and emergency response programmes																	411							411
HC.7.1	Governance and Health system administration																			5	18203	2	155		18365
HC.7.2	Administration of health financing																				3399	8101	186		11687
HC.9	Other health care services not elsewhere classified (n.e.c.)																							7768	7768
All HC		120308	235981	950	0	7040	429	31064	3	11094	1691	23	56025	27440	27578	162511	4078	40622	18206	3400	8101	341	9929	766814	

■ Primary
 ■ Secondary
 ■ Tertiary
 ■ Admin
 ■ NEC
 ■ Apportioned

Annexure A.2: Key Health Financing Indicators for select States

Table A. 6: Key Health Financing Indicators for select States: NHA Estimates 2022-23²¹

S. No.	State	Total Health Expenditure (THE)			Government Health Expenditure (GHE)			Out of Pocket Expenditure (OOPE)				GSDP (Rs) in Crores	GGE (Rs)			
		In Rs crores	% of GSDP	Per Capita in Rs.	In Rs crores	% of THE	% of GSDP	% of GGE	Per Capita in Rs.	In Rs crores	% of THE			% of GSDP	% of GGE	Per Capita in Rs.
1	Assam	13,137	2.7	3,649	8,012	61	1.7	6.8	2,226	4,454	33.9	0.9	3.8	1,237	4,84,985	1,17,812
2	Andhra Pradesh	36,596	2.8	6,905	12,853	35.1	1	6.2	2,425	21,820	59.6	1.7	10.5	4,117	13,09,464	2,08,500
3	Bihar	27,582	3.6	2,189	13,311	48.3	1.7	6.2	1,056	13,144	47.7	1.7	6.1	1,043	7,63,165	2,15,496
4	Chhattisgarh	13,874	3	4,625	7,691	55.4	1.7	7.8	2,564	4,426	31.9	1	4.5	1,475	4,58,891	98,605
5	Gujarat	37,422	1.7	5,271	16,904	45.2	0.8	7.9	2,381	14,767	39.5	0.7	6.9	2,080	22,03,419	2,15,042
6	Haryana	22,991	2.4	7,664	9,622	41.9	1	8.1	3,207	8,768	38.1	0.9	7.4	2,923	9,74,732	1,18,071
7	Jammu and Kashmir	8,027	3.7	5,794	5,483	68.3	2.5	7.2	3,916	2,382	29.7	1.1	3.1	1,701	2,16,381	76,642

21. Gross State Domestic Product (GSDP): GSDP at current prices is sourced from MoSPI with base year 2011-12.

General Government Expenditure (GGE): State-wise GGE is sourced from RBI State Finances: A Study of budgets (2023-24); Appendix II: Revenue expenditure of States and Union Territories with legislature and Appendix IV: Capital expenditure of States and Union Territories with legislature.

Total Health Expenditure (THE) of a State/ UT includes health expenditure by all government agencies (Union/State/Local Bodies), including quasi-governmental organisations and donors in case funds are channelled through government organisations, 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 organisations and donors in case funds are channelled through government organisations.

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, the per capita value for THE is arrived at by dividing total health expenditure by the population for the respective state. The per capita value for GHE is arrived at by dividing total government health expenditure by the population for the respective state, and the per capita value for OOPE is arrived at by dividing total OOPE by the population for the respective state.

Jammu and Kashmir includes the erstwhile state of Jammu & Kashmir.

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 (Rs) In Crores	GGE (Rs)			
		In Rs crores	% of GSDP	Per Capita in Rs.	In Rs crores	% of THE	% of GSDP	In Rs crores	% of THE	% of GSDP	% of GGE				Per Capita in Rs.		
8	Jharkhand	15,916	3.8	4,081	5,991	37.6	1.4	7.4	1,536	9,335	58.7	2.3	11.6	2,394	3.9	4,14,308	80,697
9	Karnataka	47,760	2.1	7,024	15,865	33.2	0.7	5.8	2,333	13,933	29.2	0.6	5.1	2,049	6.8	23,19,696	2,72,932
10	Kerala	47,216	4.5	13,116	12,931	27.4	1.2	8.3	3,592	30,197	64	2.9	19.4	8,388	3.6	10,38,734	1,55,947
11	Madhya Pradesh	33,376	2.7	3,881	15,715	47.1	1.3	6.4	1,827	15,841	47.5	1.3	6.5	1,842	8.6	12,21,813	2,44,334
12	Maharashtra	1,04,419	2.9	8,287	30,537	29.2	0.8	6.5	2,424	42,595	40.8	1.2	9.1	3,381	12.6	36,41,543	4,69,258
13	Odisha	24,376	3.4	5,299	12,990	53.3	1.8	7.9	2,824	10,329	42.4	1.4	6.3	2,245	4.6	7,15,262	1,64,356
14	Punjab	19,595	2.8	6,321	6,033	30.8	0.9	5	1,846	11,871	60.6	1.7	9.9	3,829	3.1	6,92,519	1,20,328
15	Rajasthan	38,512	2.8	4,755	16,943	44	1.2	6.9	2,092	17,642	45.8	1.3	7.2	2,178	8.1	13,56,480	2,46,278
16	Tamil Nadu	48,671	2.1	6,321	21,517	44.2	0.9	6.7	2,794	18,848	38.7	0.8	5.9	2,448	7.7	23,72,469	3,19,494
17	Uttar Pradesh	1,14,470	5	4,871	33,352	29.1	1.5	7.1	1,419	75,656	66.1	3.3	16	3,219	23.5	22,95,763	4,73,006
18	Uttarakhand	6,627	2.3	5,523	4,268	64.4	1.5	8.2	3,557	1,911	28.8	0.7	3.7	1,593	1.2	2,92,670	51,967
19	West Bengal	66,437	4.4	6,711	20,769	31.3	1.4	8.5	2,098	41,409	62.3	2.7	16.9	4,183	9.9	15,15,564	2,44,848
20	Telangana	26,040	2	6,853	10,692	41.1	0.8	6.2	2,814	10,249	39.4	0.8	6	2,697	3.8	13,10,721	1,71,287
21	Himachal Pradesh	7,140	3.7	10,200	4,139	58	2.2	8.2	5,913	2,833	39.7	1.5	5.6	4,047	0.7	1,92,026	50,454

Table A.6 presents key health financing indicators for select States for NHA estimates 2022-23. 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 advocating 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 by Public Health Foundation of India and Annual Survey of Unincorporated Sector Enterprises (ASUSE) 2022-23 & 2023-24 for health expenditure by NGOs/NPISH. Expenditure computed from these surveys is used for arriving at health account 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 (2022-23)²²

Sl. No.	State	GHE as % GSDP	GHE as % GGE	Per Capita GHE (Rs)	GHE (Rs)	Population	GSDP (Rs)	GGE (Rs)
					in Crores			
1	Assam	1.7	6.8	2,226	8,012	3.6	4,84,985	1,17,812
2	Arunachal Pradesh	4.7	6.6	8,375	1,675	0.2	35,712	25,525
3	Andhra Pradesh	1.0	6.2	2,425	12,853	5.3	13,09,464	2,08,500
4	Bihar	1.7	6.2	1,056	13,311	12.6	7,63,165	2,15,496
5	Chhattisgarh	1.7	7.8	2,564	7,691	3.0	4,58,891	98,605
6	Delhi	1.7	29.6	7,950	16,696	2.1	9,99,749	56,311
7	Goa	1.6	8.3	7,635	1,527	0.2	93,672	18,324
8	Gujarat	0.8	7.9	2,381	16,904	7.1	22,03,419	2,15,042
9	Haryana	1.0	8.1	3,207	9,622	3.0	9,74,732	1,18,071
10	Himachal Pradesh	2.2	8.2	5,913	4,139	0.7	1,92,026	50,454
11	Jammu and Kashmir	2.5	7.2	3,916	5,483	1.4	2,16,381	76,642

22. Gross State Domestic Product (GSDP): GSDP at current prices is sourced from the 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 (2024-25); Appendix II: Revenue Expenditure of States and Union Territories with Legislature and Appendix IV: Capital Expenditure of States and Union Territories with Legislature.

For a particular State, the per capita value for GHE is arrived at by dividing the total government health expenditure by the population for the 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 organisations and donors, in case funds are channelled through government organisations

Jammu and Kashmir includes the erstwhile state of Jammu & Kashmir.

All values in this table are rounded off

Sl. No.	State	GHE as % GSDP	GHE as % GGE	Per Capita GHE (Rs)	GHE (Rs)	Population	GSDP (Rs)	GGE (Rs)
					in Crores			
12	Jharkhand	1.4	7.4	1,536	5,991	3.9	4,14,308	80,697
13	Karnataka	0.7	5.8	2,333	15,865	6.8	23,19,696	2,72,932
14	Kerala	1.2	8.3	3,592	12,931	3.6	10,38,734	1,55,947
15	Madhya Pradesh	1.3	6.4	1,827	15,715	8.6	12,21,813	2,44,334
16	Maharashtra	0.8	6.5	2,424	30,537	12.6	36,41,543	4,69,258
17	Manipur	5.5	12.0	7,040	2,112	0.3	38,524	17,643
18	Meghalaya	4.4	11.7	6,843	2,053	0.3	46,834	17,606
19	Mizoram	3.2	8.6	9,800	980	0.1	30,184	11,414
20	Nagaland	3.6	8.0	6,470	1,294	0.2	35,629	16,115
21	Odisha	1.8	7.9	2,824	12,990	4.6	7,15,262	1,64,356
22	Puducherry	5.0	23.0	10,675	2,135	0.2	42,315	9,286
23	Punjab	0.9	5.0	1,946	6,033	3.1	6,92,519	1,20,328
24	Rajasthan	1.2	6.9	2,092	16,943	8.1	13,56,480	2,46,278
25	Sikkim	1.7	7.4	7,400	740	0.1	42,677	10,007
26	Tamil Nadu	0.9	6.7	2,794	21,517	7.7	23,72,469	3,19,494
27	Tripura	1.8	6.3	3,118	1,247	0.4	70,633	19,764
28	Uttar Pradesh	1.5	7.1	1,419	33,352	23.5	22,95,763	4,73,006
29	Uttarakhand	1.5	8.2	3,557	4,268	1.2	2,92,670	51,967
30	West Bengal	1.4	8.5	2,098	20,769	9.9	15,15,564	2,44,848
31	Telangana	0.8	6.2	2,814	10,692	3.8	13,10,721	1,71,287

Table A. 8: Government Health Financing Indicators for all the UTs without legislature (2022-23)

Sl. No.	UTs ²³	Per capita GHE ²⁴	GHE (in Rs '000)	Population ('000)
1	Andaman & Nicobar Islands	8,888	35,72,872	402
2	Dadar & Nagar Haveli and Daman & Diu	2,860	35,00,844	1,224
3	Chandigarh	20,985	2,57,27,293	1,226
4	Lakshadweep	10,594	7,30,995	69

23. The GSDP and GGE figures for the UTs without legislature are not available

24. For a particular UT, the Per capita value for GHE is arrived at by dividing total government health expenditure by the population for the respective UT.

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

All values in this table are rounded off

Annexure B: Country Comparison for India in Out-of-Pocket Expenditure per capita in PPP (Int \$) for 2022

Method: Out-of-pocket expenditure (OOPE) per capita Int \$ was taken from WHO's Global Health Expenditure Database (GHED). The Exchange Rate (NCU per Int \$) was taken from the GHED and was used to convert OOPE per capita of India (In Rs) to OOPE per capita PPP in Int \$.

India ranks 64th in the list of 192 countries in Out-of-Pocket Expenditure per capita in PPP (Int \$) for 2022.

Table B. 1: Out-of-Pocket Expenditure (OOPE) per capita in PPP Int \$ (2022)

Countries	OOPE Per Capita PPP (Int \$)	Rank
Kiribati	2	1
Tuvalu	4	2
Solomon Islands	4	3
Zimbabwe	8	4
Marshall Islands	9	5
Vanuatu	10	6
Niue	11	7
Papua New Guinea	11	8
Micronesia (Federated States of)	11	9
Nauru	12	10
Mozambique	13	11
Malawi	13	12
South Sudan	13	13
Burundi	17	14
Gambia	18	15
Madagascar	18	16
Democratic Republic of the Congo	18	17
Timor-Leste	19	18
Somalia	19	19
Zambia	20	20

Countries	OOPE Per Capita PPP (Int \$)	Rank
Congo	21	21
Rwanda	21	22
United Republic of Tanzania	27	23
Niger	28	24
Cook Islands	30	25
Venezuela (Bolivarian Republic of)	33	26
Ethiopia	35	27
Sao Tome and Principe	36	28
Mali	39	29
Uganda	43	30
Benin	45	31
Lesotho	46	32
Eritrea	47	33
Fiji	47	34
Djibouti	48	35
Samoa	49	36
Botswana	50	37
Haiti	51	38
Central African Republic	52	39
Lao People's Democratic Republic	54	40
Chad	54	41
Kenya	60	42
Burkina Faso	60	43
Ghana	61	44
Angola	62	45
Sudan	63	46
Guinea	64	47
Côte d'Ivoire	65	48
Namibia	75	49

Countries	OOPE Per Capita PPP (Int \$)	Rank
Yemen	77	50
Eswatini	79	51
Senegal	82	52
Sierra Leone	84	53
Pakistan	85	54
Gabon	86	55
Oman	88	56
South Africa	90	57
Togo	94	58
Brunei Darussalam	95	59
Thailand	102	60
Jamaica	103	61
Mauritania	112	62
Kyrgyzstan	119	63
India	121	64
Guinea-Bissau	121	65
Belize	127	66
Indonesia	129	67
Bangladesh	130	68
Cameroon	137	69
Comoros	139	70
Liberia	140	71
Myanmar	158	72
Cabo Verde	171	73
Qatar	179	74
Nepal	180	75
Bolivia (Plurinational State of)	182	76
Nigeria	187	77
Cambodia	204	78

Countries	OOPE Per Capita PPP (Int \$)	Rank
Bhutan	207	79
Syrian Arab Republic	207	80
occupied Palestinian territory, including east Jerusalem	210	81
Lebanon	218	82
Iraq	223	83
Saint Vincent and the Grenadines	227	84
Nicaragua	227	85
Colombia	230	86
Philippines	236	87
Tajikistan	238	88
Morocco	238	89
Suriname	241	90
Viet Nam	242	91
Sri Lanka	246	92
Peru	254	93
Dominica	256	94
Türkiye	270	95
Algeria	274	96
Kuwait	279	97
Croatia	281	98
Guyana	284	99
Honduras	284	100
Dominican Republic	288	101
Libya	295	102
Afghanistan	299	103
Tunisia	300	104
Jordan	309	105
Cuba	321	106
Ecuador	321	107

Countries	OOPE Per Capita PPP (Int \$)	Rank
Equatorial Guinea	328	108
Palau	328	109
Saudi Arabia	342	110
Saint Lucia	342	111
El Salvador	343	112
Republic of Moldova	347	113
Kazakhstan	349	114
Antigua and Barbuda	356	115
Egypt	377	116
Iran (Islamic Republic of)	378	117
Seychelles	381	118
China	381	119
Belarus	417	120
Uruguay	419	121
Costa Rica	430	122
Maldives	431	123
Azerbaijan	450	124
Andorra	454	125
Guatemala	457	126
Brazil	464	127
Uzbekistan	468	128
United Arab Emirates	469	129
Malaysia	485	130
Paraguay	485	131
Mongolia	493	132
Grenada	494	133
Mexico	529	134
Romania	529	135
Bahrain	530	136

Countries	OOPE Per Capita PPP (Int \$)	Rank
Barbados	548	137
Poland	561	138
Bosnia and Herzegovina	564	139
Georgia	589	140
Japan	591	141
Albania	608	142
New Zealand	609	143
Slovenia	609	144
Slovakia	610	145
France	612	146
Czechia	660	147
Monaco	663	148
San Marino	672	149
Russian Federation	678	150
Luxembourg	679	151
Mauritius	684	152
Turkmenistan	692	153
Cyprus	701	154
Argentina	703	155
Hungary	706	156
North Macedonia	730	157
Bahamas	739	158
Netherlands (Kingdom of the)	759	159
Estonia	789	160
Israel	812	161
Saint Kitts and Nevis	842	162
United Kingdom of Great Britain and Northern Ireland	857	163
Serbia	867	164
Ireland	886	165

Countries	OOPE Per Capita PPP (Int \$)	Rank
Trinidad and Tobago	892	166
Bulgaria	901	167
Germany	908	168
Spain	916	169
Iceland	916	170
Sweden	925	171
Latvia	965	172
Denmark	967	173
Finland	974	174
Canada	1038	175
Australia	1081	176
Greece	1106	177
Chile	1125	178
Italy	1133	179
Montenegro	1141	180
Lithuania	1186	181
Panama	1237	182
Austria	1275	183
United States of America	1380	184
Portugal	1388	185
Norway	1397	186
Republic of Korea	1399	187
Armenia	1442	188
Belgium	1481	189
Singapore	1647	190
Malta	1729	191
Switzerland	2302	192

Annexure C: Classification as per NHA Guidelines 2016

Table C. 1: Classification of Financing Schemes (HF) for NHA India²⁵

Description	SHA Codes
Government schemes and compulsory contributory health care financing schemes	HF.1
Government schemes	HF.1.1
Union government schemes	HF.1.1.1
Union government schemes (non-Employee)	HF.1.1.1.1
Union government schemes (Employee)	HF.1.1.1.2
State/regional/local government schemes	HF.1.1.2
State government schemes	HF.1.1.2.1
State government schemes (non-Employee)	HF.1.1.2.1.1
State government schemes (Employee)	HF.1.1.2.1.2
Local government schemes	HF.1.1.2.2
Urban Local Bodies schemes	HF.1.1.2.2.1
Rural Local Bodies schemes	HF.1.1.2.2.2
Compulsory contributory health insurance schemes	HF.1.2
Social health insurance schemes	HF.1.2.1
Government Financed Health Insurance schemes	HF.1.2.1.4
Voluntary health care payment schemes	HF.2
Voluntary health insurance schemes	HF.2.1
Primary/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
Enterprises (except health care providers) financing schemes	HF.2.3.1
Public enterprises (except health care providers) financing schemes	HF.2.3.1.1
Private enterprises (except health care providers) financing schemes	HF.2.3.1.2
Household out-of-pocket payment	HF.3
All Household out-of-pocket payment	HF.3.3

25. 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.

Table C. 2: Classification of Revenues of Financing Schemes (FS) for NHA²⁶

Description	SHA Code
Transfers from government domestic revenue (allocated to health purposes)	FS.1
Internal transfers and grants	FS.1.1
Internal transfers and grants - Union Government	FS.1.1.1
Internal transfers and grants - State Government	FS.1.1.2
Internal transfers and grants - Local government	FS.1.1.3
Urban Local Bodies	FS.1.1.3.1
Rural Local Bodies	FS.1.1.3.2
Transfers distributed by the government from foreign origin	FS.2
Transfers distributed by Union Government from foreign origin	FS.2.1
Transfers distributed by State Government from foreign origin	FS.2.2
Social insurance contributions	FS.3
Social insurance contributions from employees	FS.3.1
Social insurance contributions from employers	FS.3.2
Voluntary prepayment	FS.5
Voluntary prepayment from individuals/households	FS.5.1
Voluntary prepayment from employers	FS.5.2
Other domestic revenues n.e.c.	FS.6
Other revenues from households n.e.c.	FS.6.1
Other revenues from corporations n.e.c.	FS.6.2
Other revenues from NPISH n.e.c.	FS.6.3
Direct foreign transfers	FS.7
Direct foreign financial transfers	FS.7.1
All direct foreign financial transfers	FS.7.1.4
Direct foreign aid in kind	FS.7.2
Direct foreign aid in goods	FS.7.2.1
All direct foreign aid in goods	FS.7.2.1.4
Direct foreign aid in kind: services (including TA ²⁷)	FS.7.2.2
Direct foreign financial transfers	FS.7.1

26. 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.

27. TA= Technical Assistance

Table C. 3: Classification for Healthcare provision (HP) in India²⁸

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

28. 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.

Table C. 4: Classification for functions of health care (HC) in India²⁹

Description	SHA Code
Curative care	HC.1
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
Rehabilitative care	HC.2
All rehabilitative care	HC.2.nec
Long-term care (health)	HC.3
All long-term care	HC.3.nec
Ancillary services (non-specified by function)	HC.4
Patient transportation	HC.4.3
Laboratory and Imaging services	HC.4.4
Medical goods (non-specified by function)	HC.5
Pharmaceuticals and Other medical non-durable goods	HC.5.1
All Pharmaceuticals and Other medical non-durable goods	HC.5.1.4
Therapeutic appliances and Other medical goods	HC.5.2
All Therapeutic appliances and Other medical goods	HC.5.2.4
Preventive care	HC.6
Information, education, and counselling (IEC) 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

29. 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	SHA Code
Preparing for disaster and emergency response programs	HC.6.6
Governance, and health system and financing administration	HC.7
Governance and Health system administration	HC.7.1
Governance and Health system administration not elsewhere classified (n.e.c.)	HC.7.1.nec
Administration of health financing	HC.7.2
Unspecified governance, and health system and financing administration not elsewhere classified (n.e.c.)	HC.7.nec
Other health care services not elsewhere classified (n.e.c.)	HC.9
Total Pharmaceutical expenditure	HC.RI.1

Appendix D: Glossary

Ambulatory Healthcare Centres: They comprise 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 specialities 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.³⁰ Current Government Health Expenditure is the Government health expenditure net of capital expenditure.

Enterprises: Enterprises are defined as those that 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, directly providing healthcare services through their clinics and hospitals, purchasing group insurance on behalf of the employees through an insurance company, or just paying annual lump sum monetary benefits to employees as part of their salary package, regarded as a medical benefit.

External Funds for Health: These include 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 are directly received by health financing schemes as Direct foreign financial revenues or goods/ services earmarked for health.

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

Government Transfers: It includes funds allocated from the Government's 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 centres.

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

Non-Profit Institutions Serving Households (NPISH): NPISH is a special type of non-profit organisation. NPISH consists 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) shows the direct burden of medical

30. A System of Health Accounts 2011 revised Edition (2017)

costs that households bear when availing healthcare services.

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 inpatients, not getting medicines as part of the package treatment component.

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

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

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

Annexure E: 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

The Chairman, if deemed necessary, may form sub-committees and co-opt official and non-official members as needed.

1. 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.
2. The members are expected to maintain confidentiality of the data, discussed in Steering Committee meetings till the final approval and dissemination of NHA estimates.
3. 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.

4. The Committee would be serviced by NHSRC NHA Technical Secretariat.
5. This issues with the approval of the Secretary (H&FW).



(J. Rajesh Kumar) Director (BOP)

Telefax: 011-23063688

List of Members of the Expert Group

1	Sr. Economic Advisor Department of Health and Family Welfare	Chairperson
2	Deputy Director-General National Accounts Division, Central Statistical Office	Member
3	Deputy Director-General National Sample Survey Office	Member
4	Director (NAD), CSO Ministry of Statistics & Programme Implementation	Member
5	Dr. Mita Choudhary Representative of the National Institute of Public Finance & Policy (NIPFP, New Delhi)	Member
6	Representative Health Policy Research Unit, Institute of Economic Growth, New Delhi	Member
7	Dr. Shankar Prinja Community Medicine and School of Public Health, Postgraduate Institute of Medical Education and Research (PGIMER), Chandigarh	Member
8	Representative of the Health Division NITI Aayog	Member
9	Director Bureau of Planning, DoHFW	Member
10	Representative Institute of Health Management Research, Jaipur	Member
11	Representative Ministry of Drinking Water Supply and Sanitation, New Delhi – 110003	Member
12	Representative National Council of Applied Economic Research (NCAER), New Delhi	Member
13	Representative Foreigners Division, Ministry of Home Affairs, NDCC Building, New Delhi – 110001	Member
14	Representative WHO, New Delhi	Member
15	Representative National Health Accounts Technical Secretariat (NHATS) NHSRC	Member Secretary

NOTES



National Health Systems Resource Centre
NIHFW Campus, Baba Gangnath Marg, Munirka,
New Delhi-110067