



Capacity Building Workshop on State Health Accounts 6-8th December 2017

**Healthcare Financing Division
National Health Systems Resource Centre, New Delhi
Ministry of Health and Family Welfare, Government of India**



Table of Contents

National Health Accounts Technical Secretariat (NHATS).....	2
Highlights from the Workshop.....	3
The Workshop	4
Program Overview	5
Workshop Proceedings	6
Day 1 (6 th Dec 2017)	6
Day 2 (7 th Dec 2017)	10
Day 3 (8 th Dec 2017)	11
Annexure 1: Agenda.....	13
Annexure 2: List of Workshop Participants:.....	14
Annexure 3: List of Resource Persons	14



National Health Accounts Technical Secretariat (NHATS)

Institutionalizing National Health Accounts for India was envisaged in National Health Policy, 2002 and the National Health Accounts Cell (NHA Cell) was established in the Ministry of Health and Family Welfare, Government of India. NHA Cell produced health accounts estimates for FY 2001-02 and FY 2004-05. National Health Systems Resource Centre (NHSRC) was designated the National Health Accounts Technical Secretariat (NHATS) in August 2014 by Ministry of Health and Family Welfare with a mandate to institutionalize Health Accounts in India. As set out in the National Health Policy 2017, NHATS works towards regular reporting of health expenditures in India through robust, systematic and institutionalised health accounts.

The work and plans of NHATS since establishment:

- Established NHA core technical team that collects data from primary and secondary sources conducts data validation, analysis, tabulation using standardized format of NHA tables and reports health accounts estimates for the country.
- Established NHA Steering Committee for India (represented by high level Officials of the Union and State Ministries/Departments related to Health Expenditures) and NHA Expert Group for India (Healthcare Financing and NHA experts) to guide the process of institutionalizing NHA and generate periodic reports.
- Developed the National Health Accounts Guidelines for India in 2016 adapted to Indian health system context, adhering to SHA 2011 framework and comparable to the global NHA framework. This will be revised in due time to incorporate refinements based on availability of relevant disaggregated data/ information, estimation methodology or revisions in the system of health accounts methods/framework and stakeholder feedback.
- Developed National Health Accounts estimates for India, for FY 2013-14 and FY 2014-15 and will continue to produce estimates for India including state level key health financing indicators every year.
- Developed a strong network of institutions and organizations at state level; across the country, for periodic conduct of NHA and update health expenditure data at state and national level.
- NHATS has a mandate to support states to institutionalize State Health Accounts and produce regular estimates. Four workshops have been conducted and health accounts teams from all States and UTs have been trained on the processes, framework, methods and tools to produce health accounts at the state level.

Highlights from the Workshop

The NHATS with a vision to create awareness and build capacity on state health accounts in India is undertaking training workshops for policy makers and nodal officers at state level. This three day capacity building workshop was organized for the seven states of India financed and technically supported by NHSRC, MoHFW.

Policy-makers from the states and institutions engaged in discussions related to policy questions to be answered from State Health Accounts estimates, data availability and capacity for generating health accounts at state level. Participants were trained in System of Health Accounts 2011, NHA guidelines for India 2016 and Health Accounts Production Tool (HAPT).

This workshop is fourth in the series of capacity building workshops. Eleven participants were trained, represented State Health Accounts teams of seven states of India and representatives from institutions like IIM Indore and AIIMS Patna. They are expected to anchor the state health accounts work in the state for advocacy, technical support and handholding to the state for conducting state health accounts.

The modules were designed to cover various concepts and tools used in Health Accounts. To provide hands on training, the workshop had almost 50% of the time allocated for exercises on data classification and analysis. Participants are expected to take this forward in the states with support of NHSRC. The knowledge gained and skills developed from this capacity building workshop will be used to develop State Health Accounts in the states on a regular basis.

The Workshop

Introduction and Objectives

The National Health Policy 2017 focuses on progress towards Universal Health Coverage and envisages robust national health accounts to measure progress and provide a direction for health policy in India. Health Accounts is necessary to develop a baseline on financial investments available across different functions and providers of healthcare.

Health Accounts describes a country's health system from an expenditure perspective, classifying health expenditures according to consumption, provision and financing which is indispensable for tracking trends in health spending and the factors driving it. Thus health expenditure estimates from government, private providers and households will form the evidence for any key interventions and improving efficiency of funds allocation and utilization for health programs.

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

The objectives of the workshop were to:

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

Program Overview

The three-day training workshop had two focus areas. First session of day 1 and the last session of day 3) was focused on policy implications of State Health Accounts, key NHA estimates and the need for institutionalization of health accounts in India. Senior government officials; Economic Advisor and Director Bureau of Planning, MoHFW; Executive Director, NHSRC and healthcare financing experts, attended these sessions in addition to the workshop trainees.

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

Speakers and resource persons for the workshop included officials from Ministry of Health and Family Welfare, external consultants and NHA team from NHSRC.

Workshop Proceedings

Day 1 (6th Dec 2017)

Inaugural Session

Welcome Address & Importance of institutionalization of NHA in India

Dr Rajani R. Ved Executive Director, NHSRC welcomed the participants for this three day capacity building workshop. She emphasised on the importance of NHA and explained how institutionalization and production of NHA and SHA at frequent intervals helps in increasing resource efficiency and how standardization of NHA estimates helps in international comparability. She informed the participants that health expenditure estimates from NHA are critical as they are produced from a scientific and standardised global methodology. Dr Rajani Ved also emphasised upon systematic institutionalization of Health Accounts in India and asked the participants to identify the academic/ research institutions to strengthen state teams to conduct State Health Accounts with technical support provided by NHSRC. She informed that this workshop should lead a way to plan for implementing it in States after return.

Workshop Overview

Dr Rahul Reddy, HCF team Lead, NHSRC detailed the agenda and objectives of the workshop. Participants were informed that the time for each of the technical sessions in this workshop is divided into theoretical concepts, explained by the resources persons in their respective presentations, followed by a set of exercises to give hands on experience of conducting health accounts, therefore enhancing the learning experience.

Introduction to NHA, Institutionalization and Policy relevance for states

Dr. Rahul Reddy in his presentation focused on the key aspects of NHA and its policy implications at state level. He informed the participants that Health Accounts provide a systematic description of the financial flows related to the consumption of health care goods and services. It is a standard tool to measure health system's performance, policy, planning and management. He informed the participants that institutionalization of a robust and systematic Health Accounts was envisaged in National Health Policy 2002 and in 2017 also.

Talking about the policy relevance of NHA, Dr Reddy said that the health accounts estimates help in answering some key questions, such as - how large is the health system and its parts in the economy? Who pays for healthcare and how much? How are the resources allocated across providers and services? He presented the key financing indicators across the three rounds of NHA 2014-15, 2013-14 and 2004-05. He informed that NHA helps in answering questions like what is adequate investment in Health? What is adequate investment by government for reducing OOPS and reducing catastrophic expenditures? Etc. The primary objective of conducting health accounts is to guide equitable and efficient resource allocation to meet the

ultimate goal of financial protection. He informed the participant's about the variations in key health financing indicators in comparison with low, middle and developed countries like Sri Lanka, Thailand, Brazil, China, UK, USA, Russia etc. Also, informed that this analysis can be used for interstate comparisons and presented the interstate comparison of percentage contribution of health expenditure by Government, household out of pocket expenditure (OOPE) and Others (Private Health Insurance, Enterprises, NGOs and Donors) to Total Health Expenditure.

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

Technical Sessions

Health Accounts Framework and Steps for State Health Accounts (SHA)

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

Mr. Tushar Mokashi presented the NHA tri axial framework and its three dimensions. He emphasized NHA is a standard for classifying health expenditures according to the three axes of consumption, provision and financing and it provides methodological support in compiling health accounts. This is the first step in understanding the financing system in the state and one can then easily understand the health accounts framework. He discussed about classifying the expenditures according to current consumption and capital formation, various sources of healthcare financing in India and allocations to health in government budgets. He elaborated various insurance schemes implemented in India like social health insurance; government financed voluntary health insurance and private insurance.

He then talked about the necessary steps to be taken for conducting state health accounts. He explained that the first step is to develop roadmap/ plan for conducting SHA, followed by setting up of steering committee and expert group for guidance, technical support and approvals of estimates. The next step is to identify the health programs/ schemes in the state (NHM, State health services, CGHS, Railways, Defence, ESI, Private sector, insurance, industry hospitals etc.) and their sources (Government, Insurance, out of pocket, Enterprises, External and Domestic NGOs), set time and spatial boundaries, procure data accordingly and set the functional boundaries to finally have the data that can be used for classification.. The current expenditure line items are then classified into four different categories viz. healthcare financing schemes (HF), revenues of healthcare financing schemes (FS), healthcare providers (HP) and healthcare functions (HC). These classification codes are then mapped using HAPT. NHA tables are developed by cross mapping of two categories. Finally the key financing indicators are developed using the NHA tables, which are presented to the expert group and steering committee for approval. Also, develop methods to extrapolate estimates from existing data. Once approved, the report can be made and the information can be used by policy makers, researchers and academicians. He then discussed the fund flow diagram representing flow of health funds among several healthcare institutions within the health financing system of India. He impressed the need for all the participants to first develop this flow diagram for their respective states

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

Health Accounts for India: Boundaries

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

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

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

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

He informed the participants that for setting the boundaries of Union Government spending on health, the NHATS team had to screen the budget documents of 94 departments from 53 ministries to identify expenditure line items that appear to be health expenditure or health related expenditure. A similar exercise was conducted to scan the budget documents of all the departments of all the states and union territories in India for identifying expenditure line items that appear to be health expenditure or health related expenditures. Each expenditure line item was then tested based on the set criteria based on which expenditure line items were either included or removed outside the boundary.

Health Accounts for India: Data sources

Presenter – Ms. Jyotsna Negi, Mr Tushar Mokashi, Consultant Healthcare Financing, NHSRC. and Dr. Sandeep Sharma, External Consultant, NHSRC

Mr. Mokashi briefed the participants about the type of data sources for conducting Health Accounts in India. Ms Negi then began her presentation with defining private health and household health expenditure and direct out of pocket expenditure. She listed the data sources that were used for analysis such as “Morbidity and Health Care Utilisation Surveys (HS)”, “Consumption Expenditure Surveys (CES)” the two major sources of data and other data sources

such as data from IMS health, National Family Health Survey (NFHS), District Level Health Survey (DLHS) for filling the data gaps and data sources such as Census, Consumer Price Index etc. for calculating health financing indicators such as per capita current health expenditure in India, etc. She then showed how the national OOP estimates were derived, followed by enlisting the prerequisites of conducting the OOP analysis She also elaborated on data from Firms and NGOs which was procured through a survey conducted by PHFI for the year 2013-14 and extrapolated for the year 2014-15. She informed the participants that state level data for all these sources in the coming few years will be provided by NHSRC. However as we progress in doing SHA, the states will be trained to conduct these required surveys or analysis on their own. She concluded by presenting the different data sources for health insurance such as Union or state government demand for grants (budget books), data obtained from the Controller General of Accounts (CGA), Annual report of the Insurance Regulatory and Development Authority of India (IRDAI), Annual report of the insurance Information Bureau (IIB) etc.

Mr Tushar Mokashi continued the presentation by describing the two main data sources for Government expenditure viz. Details Demand for Grants (DDGs) i.e. the budget documents of state departments and Financial Management Report (FMR) for National Health Mission (NHM) expenditures. The format of each of the two data sheets and coding pattern was explained in detail. The participants were also informed that the classification has to be done at sub minor head level.

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

Dr Sandeep Sharma started his presentation by informing the participants that reliable robust data sets with respect to health expenditure by ULBs are always not readily available in India, therefore it was necessary to conduct surveys to collect this information. He further explained the fund flow, survey tools, study design and estimates for ULBs as used for all NHA India estimates in 2013-14. All these were provided in the guidelines and states could use them to conduct a survey in the future.

Health Accounts Production Tool (HAPT) Module 1 &2

Presenter – Ms. Jyotsna Negi, Consultant Healthcare Financing, NHSRC

Ms. Jyotsna Negi informed the participants that HAPT is a globally accepted tool that helps in creating National Health Accounts (NHA) with well-defined procedure and methodology that helps in structuring the data and providing relevant output demonstrated starting a new health accounts study; state specific details along with introduction of all the six modules of HAPT, training on the software management, etc. She gave the technical specifications for installing the software. Further, she demonstrated the participants to set up the general information (module 1) and customize NHA codes specific to India. She informed that these codes are important for mapping the data that would be imported in subsequent steps. The participants were asked to complete an exercise to start a new HA study and complete these modules.

Day 2 (7th Dec 2017)

Classification and codes (Sources of Financing & Healthcare financing Schemes)

Presenter - Dr Rahul Reddy, Team Lead/ Senior Consultant Healthcare Financing, NHSRC

Dr Reddy began his presentation by defining healthcare financing schemes (HF) as the structural components of the healthcare financing systems and they are the main types of financing arrangements through which people obtain health services. Revenue is an increase in the funds of a health care financing scheme, through specific contribution mechanisms. Classification under revenues of health care financing schemes provides information on particular types of transaction through which the financing schemes obtain their revenues. He then explained each and every classification code for healthcare financing schemes (HF) and revenues of healthcare financing schemes (FS) relevant in Indian context, quoting India specific examples for each classification code. The participants were also asked to refer to the NHA guidelines for India which provides India specific/ relevant classifications and codes.

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

Classification and codes (Healthcare Providers)

Presenter – Mr Tushar Mokashi, Consultant Healthcare Financing, NHSRC

Mr Mokashi began his presentation by defining Healthcare Providers (HP) as the organisations and actors that provide healthcare as their primary activity or one activity among others. The main objective of the healthcare provider classification is to capture all the organisations and actors involved in the provision of healthcare goods and services and enabling the linkage between the healthcare function (HC) and health care financing schemes (HF). He then explained each and every classification code for healthcare providers (HP) relevant in Indian

context, quoting India specific examples for each classification code. The presentation was followed by an exercise where the participants were given state government treasury data sheets and were asked to do the HP classification. The exercise was followed by a detailed question and answer session where several doubts of the participants were clarified.

Classification and codes (Healthcare Functions)

Presenter – Mr Tushar Mokashi, Consultant Healthcare Financing, NHSRC

Mr. Tushar Mokashi in his presentation explained that classification of functions refers to groups of healthcare goods and services consumed by final users (i.e households) with a specific health purpose. The functional classification (HC) at the first level is divided into 8 categories and aims to distribute health consumption according to the type of need of the consumer. He then explained each and every classification code for healthcare functions (HC) relevant in Indian context, quoting India specific examples for each classification code. The presentation was followed by an exercise where the participants were given state government treasury data sheets and were asked to do the HC classification. The exercise was followed by a detailed question and answer session where several doubts of the participants were clarified.

Health Accounts Production Tool (HAPT) Module 3 & 4

Presenter – Ms. Jyotsna Negi, Consultant Healthcare Financing, NHSRC

This session started with HAPT training on Module 3 and 4 in continuation from the previous day. The session was led by Ms Jyotsna Negi supported by Dr Rahul Reddy and Mr Tushar Mokashi. All sessions were followed by giving time to participants to continue working on the data excel sheets of their HA study under instructions and guidance of the resources persons. Module 3: Data Sources and Module 4: Data Import were demonstrated by identifying the data sources for Health Accounts like State Government treasury/ budget, State Government National Health Mission expenditures, out-of-pocket expenditure from NSSO survey, health insurance, NPISH and firms and uploading HAPT ready excel sheets into the tool. She also informed that excel file with raw data needs to be formatted into a specific format that HAPT can understand. Participants followed the instructions on HAPT and completed these modules.

Day 3 (8th Dec 2017)

The day started with a quick overview of learning from day 2. All the participants discussed the previous day assignment on classifications.

Health Accounts Production Tool Module 5 & 6

Presenter – Ms. Jyotsna Negi, Consultant Healthcare Financing, NHSRC

This session started with Module 5: Mapping which involved mapping each and every line item under all the data sources. The participants were taught about creating Rules for splitting

expenditures using HAPT. They were able to complete 100% mapping of all the data sources. The session was then followed by training the participants on Module 6; Validation and Tables. The participants generated all the graphs and were informed that the graph/mapping tree shows flow of funds through FS, HF, HP and HC. This in turn will be helpful in getting a bird's-eye view of entire Health Accounts landscape. They were also informed that HAPT provides features to change the aggregation level (ie. up to which digit level the aggregation is required), gives option to change the way the graph looks. NHA matrices cross mapping to classification categories were then generated using HAPT. By the end of this session each participant had generated the four essential matrices viz. HFxFS, HPxHF, HCxHF and HCxHP. At the end of the day all Participants were able to complete their HA Study using the HAPT.

Arriving at Health Financing Indicators from SHA Estimates (Including exercises)

Presenter – Mr. Tushar Mokashi & Ms. Jyotsna Negi, Consultant Healthcare Financing, NHSRC

This session was conducted by Mr. Tushar Mokashi with support from Ms. Jyotsna Negi. He began with explaining the method of reading a NHA matrix, followed by the method of arriving at key indicators mentioned in the NHA Guideline for India. An exercise with dummy data was provided to participants to arrive at indicators described. The participants completed their exercise with the assistance of resource persons. After estimating the value of each key indicator; Mr. Mokashi explained the importance and policy implication of each of the key indicators.

Closing session:

This session was chaired by Smt. Preeti Nath, Economic advisor, MoHFW. Dr Rajani R. Ved, Executive Director, NHSRC and Shri J Rajesh Kumar, Director Bureau of Planning, MoHFW were present. Economic Advisor stressed on the significance of HA estimates. She encouraged participants to take health accounts forward in their respective state by preparing realistic work plan and follow up with their superiors after they go back. Dr Rajani Ved, ED, NHSRC asked the participants to identify the academic/ research institutions to strengthen state teams to conduct State Health Accounts. She explained the need for role of states in producing State Health Accounts. She also asked them to provide feedback in utilizing the NHA guidelines for India in the process. Participants in their feedback emphasised that the workshop material was standardised and very well imparted by experts. This helped them gain a good understanding of health accounts.

Certificates were distributed by Smt. Preeti Nath, Economic advisor, MoHFW and Rajani R. Ved, Executive Director, NHSRC.

Dr. K. Rahul Reddy thanked all the participants for attending and completing the workshop with zeal and enthusiasm.

Annexure 1: Agenda

Capacity Building Workshop on State Health Accounts

6th December to 8th December, 2017

Venue: NHSRC Theatre, NIHFW Campus, Baba Gagnath Marg, Munirka-110067

Time	Session	Speaker/ Presenter
Day 1 (6th December, 2017)		
09:30 - 10:00 am	Registration & HAPT Software Installation	
10:00 - 11:00 am	Inaugural Session	
	Welcome address and objectives of the workshop	Dr. Rajani Ved, ED,NHSRC
	National Health Accounts: Institutionalization and policy relevance	Dr. Rahul Reddy, NHSRC
	Health Account Framework and Steps for State Health Accounts (SHA)	Mr. Tushar Mokashi, NHSRC
11:00 - 11:30 am	Tea Break	
Technical Sessions		
11:30 - 12:00 pm	Health Accounts for India: Boundaries	Mr. Tushar Mokashi
12:00 – 01:00 pm	Health Accounts for India: Data sources	Ms. Jyotsna Negi & Mr. Tushar Mokashi
01:00 - 02:00 pm	Lunch Break	
02:00 - 03:00 pm	Health Accounts for India: Data sources	Dr. Sandeep Sharma, External Resource Person
03:00 - 03:15 pm	Tea Break	
03:15 - 5:00 pm	Health Accounts Production Tool (HAPT) Module1 &2	Ms. Jyotsna Negi, NHSRC
Day 2 (7th December, 2017)		
09:00 - 09:15 am	Review of day one	
09:15 – 11:15 am	Classification and codes (Sources of Financing Schemes & Healthcare financing Schemes)	Dr Rahul Reddy
11:15 - 11:30 am	Tea Break	
11:30 - 01:00 pm	Classification and codes (Healthcare Providers)	Mr. Tushar Mokashi
01:00 - 02:00 pm	Lunch	
02:00 - 03:30 pm	Classification and codes (Healthcare Functions)	Mr. Tushar Mokashi
03:30 - 03:45 pm	Tea Break	
3:45 - 5:00 pm	Health Accounts Production Tool (HAPT) Module 3 & 4	Ms. Jyotsna Negi, NHSRC
Day 3 (8th December, 2017)		
09:00 - 09:15 am	Review of day two	
09:15 – 11:45 am	Health Accounts Production Tool Module 5 & 6	Ms. Jyotsna Negi, NHSRC
11:45 - 12 pm	Tea Break	
12:00 - 01:00 pm	Arriving at Health Financing Indicators from SHA Estimates (Including exercises)	Mr. Tushar Mokashi, Ms. Jyotsna Negi
01:00- 1:30 pm	Vote of Thanks	Economic Advisor, MoHFW Dr. Rajani Ved, ED,NHSRC
01:30 - 02:30 pm	Lunch Break	
02:30 - 03:30 pm	Way forward & Closing of the workshop	Dr. Rahul Reddy, NHSRC

Annexure 2: List of Workshop Participants:

S.No.	Name	Organization/ State
1	Dr. Pragya Kumar	Assistant Professor, AIIMS, Patna.
2	Dr. Nitya Saxena	PhD fellow, Indian Institute of Management Indore
3	Mr. Rafiq Ahmed	Director Finance Health and Medical Education Department, J&K
4	Mr. Khem Raj FA&CAO	FA&CAO State Health Society, J&K
5	Mrs. Malavika K Rao	Consultant, SHSRC, Karnataka
6	Mr. Virendra Sharma	Joint Controller, Finance (NHM) Himachal Pradesh
7	Dr. Amol Shinde	Sr. Consultant, SHSRC, Maharashtra
8	Mr. Gurudatt Potdar	Statistician, SHSRC, Maharashtra
9	Ms. Komal Mehra	State Accounts Manager (SAM), State Health Mission, Delhi
10	Mr. Amit Kumar	Research Analyst, NHA cell, MoHFW
11	Dr. Harsha Joshi	Fellow, Community Process, NHSRC

Annexure 3: List of Resource Persons

S.No.	Name	Designation
1	Preeti Nath	Economic Advisor, MoHFW
2	J. Rajesh Kumar	Director, MoHFW
3	Rajani R.Ved	Executive Director, NHSRC
4	Dr. K. Rahul Reddy	Senior. Consultant (HCF), NHSRC
5	Tushar Mokashi	Consultant (HCF), NHSRC
6	Jyotsna Negi	Consultant (HCF), NHSRC
7	Dr. Sandeep Sharma	External Consultant