Report

Capacity Building Workshop on State Health Accounts

12th July to 15th July2016

NIHFW Campus, New Delhi

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

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State Health Accounts Capacity Building Workshop, New Delhi, 12-15 July 2016 NHATS, NHSRC

Acknowledgements

I express my deepest gratitude to everyone who supported the "Capacity Building Workshop on State Health Accounts.

I am thankful to Dr Sheela Prasad, Economic Adviser, Ministry of Health and Family Welfare (MoHFW), Government of India (GoI), Dr Sanjiv Kumar Executive Director, NHSRC for all their support.

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

I acknowledge the resource persons from Public Health Foundation of India (Dr. Nimai Das and Dr Pritam) for contributing to sessions on Non-Governmental Organizations, enterprises and firms.

Dr Charu C Garg

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

National Health Accounts Technical Secretariat (NHATS)

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

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

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

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

Highlights from the Workshop

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

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

This workshop is second in the series of capacity building workshops. Nineteen participants were trained. Eighteen participants represented state health accounts teams of eight states of India and one staff member, of Healthcare Financing division, NHSRC was trained. Each state team included one NHA nodal officer and a state government official as part of the team to support work at the state level. These members are expected to anchor the state health accounts work in the region for advocacy, technical support and handholding to the state for conducting state health accounts.

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

The Workshop

Introduction and Objectives

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

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

The objectives of the workshop were:

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

Program Overview

The four-day training workshop had two focus areas. Part one (Day 1 and second half of day 4) was focused on key NHA estimates, policy implications of state health accounts and its relevance in the context of draft National Health Policy 2015, the need for institutionalization of Health Accounts in India and Health Accounts framework in the macroeconomic context. Senior government officials Economic Advisor, MoHFW, Executive Director, NHSRC and healthcare financing experts from PHFI, WHO attended these sessions in addition to the workshop trainees.

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

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

Workshop Proceedings

Day 1 (12th July 2016)

Inaugural Session

The chief guest for the inaugural session Dr Sheela Prasad, Economic Advisor, MoHFW. The other speakers present were Dr Sanjiv Kumar, Executive Director National Health systems Resource Centre (NHSRC) and Dr Charu C. Garg, Adviser Healthcare Financing, NHSRC.

Welcome Address

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

Importance of NHA in Public Health

Dr. Sheela Prasad, informed the importance of NHA and the type of information it provides and its significance. She encouraged participants to make the best of this training opportunity and take the health accounts forward in their respective state. She explained the need for bottom up approach in producing the NHA and role of states in producing State Health Accounts. She encouraged valuable inputs form their ground experience and feedback in utilizing the NHA guidelines for India in the process for bringing robust NHA estimates. She thanked NHSRC for conducting the workshops and congratulated the NHATS team for their efforts.

Workshop Overview

Dr Charu Garg welcomed all and thanked the ministry for their support. She thanked her team for putting in all the efforts. She emphasised the importance of NHA and how institutionalisation and bringing of NHA and SHA at frequent intervals help in increasing resource efficiency and how standardization of NHA estimates helps in international comparability. She detailed the objectives of the workshop and the agenda. Participants were informed that the time for each of the technical sessions in this workshop is divided into theoretical concepts, explained by the resources persons in their respective presentations, followed by a set of exercises to give a hands on experience of conducting health accounts, therefore enhancing the learning experience.

Introduction to NHA and Policy relevance for states

Dr. Charu Garg, in her presentation, focused on the key aspects of NHA and its policy implications at state level. She informed the participants that Health Accounts provide a systematic description

of the financial flows related to the consumption of health care goods and services. It is a standardized tool to measure health system's performance, system's policy, planning and management. She introduced the participants to the tri-axial framework of NHA and briefly talked about the consumption, provider and financing dimensions of the framework.

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

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

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

Technical Sessions
Health Financing Context in India
Presenter- Dr Rahul Reddy, Senior Consultant, Healthcare Financing, NHSRC

Dr. Rahul explained the health system administration in India at central, state and local body level. He then discussed the various sources of healthcare financing in India and allocations to health in government budgets. He elaborated the various insurance schemes that are currently available in India like social health insurance, government financed voluntary health insurance and private insurance. He concluded by presenting the expenditures under different sources of financing healthcare from NHA 2013-14.

System of Health Account Framework and Steps for Conducting State Health Accounts
Presenter – Mr. Tushar Mokashi Consultant Healthcare Financing, NHSRC

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

He then discussed the fund flow diagram representing flow of health funds among several healthcare institutions within the health financing system of India. He impressed the need for all the participants to first develop this flow diagram for their respective states. This is the first step

in understanding the financing system in the state and one can then easily understand the health accounts framework.

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

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

NHA Healthcare Boundaries for India
Presenter – Mr Tushar Mokashi, Consultant Healthcare Financing, NHSRC

Mr Tushar started his presentation with the definition of healthcare as per the System of Health Accounts 2011 framework and spoke about the three types of boundaries viz. Time, spatial and functional boundaries. First there is demarcation of the activities into two categories.
1. Activities related to current consumption of services to promote, develop and maintain health status.
2. Resource generation like capital formation, medical education and training and research dealing with future healthcare provision, which is mentioned separately, but kept outside the boundary of current healthcare expenditure.

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

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

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

An exercise with certain budget line items was given to identify if those were within or outside the boundary and whether it was current or capital consumption.

Data Sources for NHA India:

Government Data sources
Presenters – Mr Tushar Mokashi, Consultant Healthcare Financing, NHSRC.

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

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

Health Insurance Expenditure Data sources, Boundaries and Classification codes
Presenter - Dr Rahul Reddy, Senior Consultant Healthcare Financing, NHSRC

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

to health insurance schemes and mapping the expenditure to the four categories of NHA classification codes. (HF, FS, HC and HP).

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

Day 2 (13th July 2016)

The day started with a quick overview of learning from Day 1 presented by one of the participant, Mr. Vikas. This was followed by technical presentations by resource persons.

NHA Classifications and codes for Financing Schemes and Revenues of financing schemes India
Presenter - Dr Rahul Reddy, Senior Consultant Healthcare Financing, NHSRC

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

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

Classification and codes (Healthcare Providers)
Presenter – Mr Tushar Mokashi, Consultant Healthcare Financing, NHSRC

Mr Tushar began his presentation by defining Healthcare Providers (HP) as the organisations and actors that provide healthcare as their primary activity or one activity among others. The main objective of the healthcare provider classification is to capture all the organisations ad actors involved in the provision of healthcare goods and services and enabling the linkage between the healthcare function (HC) and health care financing (HF). He then explained each and every classification code for healthcare providers (HP) relevant in Indian context, quoting India specific examples for each classification code. The presentation was followed by an exercise where the participants were given state government treasury data sheets and were asked to do the HP classification. The exercise was followed by a detailed question and answer session where several doubts of the participants were clarified.

Classification and codes (Healthcare Functions)
Presenter - Dr Rahul Reddy, Senior Consultant Healthcare Financing, NHSRC

Dr Rahul Reddy 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 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.

Classification and codes (Factors of Provision)
Presenter – Mr Tushar Mokashi, Consultant Healthcare Financing, NHSRC

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

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

Day 3 (14th July 2016)

The day started with a quick overview of learning from day 2 presented by Mr. Neeraj Singla on boundaries. All the participants discussed the previous day assignment on classiciations. This was followed by presentations of the day.

Household Health expenditures-Data sources, Boundaries and Classification codes
Presenters – Ms Jyotsna Negi, Consultant Healthcare Financing, NHSRC

Ms Jyotsna Negi began her presentation with defining household expenditure and direct out of pocket expenditure and also explained the difference between the two. She then showed how the national OOP estimates were derived, followed by enlisting the prerequisites of conducting the OOP analysis. She then listed the data sources that were used for analysis such as "Morbidity and Health Care Utilisation Surveys (HS)", "Consumption Expenditure Surveys (CES)" the two major sources of data and other data sources such as data from IMS health, National Family Health Survey (NFHS), District Level Health Survey (DLHS) for filling the data gaps and data sources such as Census, Consumer Price Index etc. for calculating health financing indicators such as per capita current health expenditure in India, etc.

Ms Jyotsna Negi briefly talked about the boundaries and methodology for estimating OOP on health. She further explained how to arrive at the expenditure line items and then explained how to map the expenditure to NHA classification codes. In order to get state level estimates, it was suggested to the teams to look for unit level NSSO data where state sample information will be available. NHATS could provide support to extract data from these states.

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

Classification and codes of Health Expenditures by NPISH, Enterprises and Firms
Presenters – Dr Nimai Das and Dr Pritam Research Associate, Public Health Foundation of India (PHFI).

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

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

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

Introduction to Health Accounts Production Tool (HAPT)

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

Uploading data into HAPT and mapping of data

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

NHA Estimates using HAPT

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

Day 4 (15th July 2016)

The day started with clarification of participant doubts pertaining to exercises on mapping and issues related to the HAPT software.

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

An exercise was given to arrive at key indicators using data from the matrices.

Group Work and Presentations:
Participants were given time to discuss prepare their state NHA matrices and key indicators. And also present a road map for their state health Accounts.

Participants from all the eight states were asked to present their NHA matrices and key indicators.

Concluding session:

SHA - The Way forward
This session was chaired by Dr. Sheela Prasad, Economic advisor, MoHFW, Dr Chandrakanth Lahariya from World Health Organisation (WHO) India also attended this session.

In this session all the state participants presented their road map for conducting SHA and steps for institutionalizing SHA in their respective states. In addition to the road map each state was asked to also talk about the follow up steps for conducting health accounts in their respective states. The next steps common to all states were:
1. To identify members for Steering Committee and Expert Group
2. Set up a SHA team
3. Procure data from relevant sources (including OOP expenditures that will be provided by NHSRC)
4. To Identify agencies for estimating other private health expenditures
5. Setting of boundaries and mapping to NHA Classification codes
6. To generate NHA Tables using HAPT, draw State Health Accounts estimates from the NHA tables and prepare SHA briefs for 2014-15.

The state participants recognized being this the first time in producing SHA, there would be some challenges like availability of government budget data in Excel format, coordination with other departments and agencies for health specific programs and their expenditures. Also the short comings in general understanding of financing and fund flows in the state. Dr Charu Garg assured that NHSRC would provide all the technical support to overcome these challenges to ensure timely completion of state reports. The individual state road maps as presented by states are given in Annex 3.

State Health Accounts Capacity Building Workshop, New Delhi, 12-15 July 2016 NHATS, NHSRC

Annexure 1: Agenda

Capacity Building Workshop on State Health Accounts, 12th to 15th July 2016
Venue: New Committee Room, Teaching Block, NIHFW Campus, New Delhi

Time	Session	Speaker/ Presenter
Day 1 (12 July 2016)		
09:00 - 09:30 am	Registration & HAPT Software Installation	
09:30 - 11:00 am	**Inaugural Session**	
	Welcome address and objectives of the workshop	Economic Advisor, Ministry of Health and Family Welfare, Government of India
	Objectives of the Workshop	Dr Charu C Garg, Advisor Healthcare Financing, NHSRC
	NHA institutionalization and policy relevance	(TBD)
	Importance of NHA in Public Health	Dr Sanjiv Kumar, Executive Director, NHSRC
	Importance of NHA at state level	Principal Secretary (H) (TBC)
	Key note address Speech by Chief Guest	AS&MD (TBC)
	Vote of Thanks	TBD
11:00 - 11:30 am	**Tea Break and group photo**	
Technical Sessions		
11:30 - 12:15 pm	Health Financing context in India	Dr Rahul Reddy, Senior Consultant, Healthcare Financing, NHSRC
12.15 – 1.00 pm	System of Health Account Framework and Steps for Conducting State Health Accounts	Mr Tushar Mokashi, Consultant, Healthcare Financing, NHSRC
01:00 - 02:00 pm	**Lunch Break**	
02:00 - 03:30 pm	NHA Healthcare Boundaries for India (including exercises)	Mr Tushar Mokashi, Consultant, Healthcare Financing, NHSRC
03:30 - 03:45 pm	**Tea Break**	
03:45 - 05:30 pm	Data sources for NHA India	Mr Tushar Mokashi, Dr. Rahul Reddy and Ms. Jyotsna Negi NHSRC
Day 2 (13 July 2016)		
09:00 - 09:10 am	Review of day one	Chair (TBD)
09:10 - 11 am	Classification and codes (Sources of Financing Schemes and Healthcare financing Schemes) Exercises	Dr Rahul Reddy, NHSRC All resource persons

11:00 - 11:30 am	Tea Break	
11:30 - 01:00 pm	Classification and codes (Healthcare Providers) Exercises	Dr Tushar Mokashi, NHSRC All resource persons
01:00 - 02:00 pm	Lunch	
02:00 - 03:30 pm	Classification and codes (Healthcare Functions) Exercises	Dr Rahul Reddy, NHSRC
03:30 - 03:45 pm	Tea Break	
3:45 - 5:00 pm	Classification and codes (Factors of Provision) Exercises	Mr. Tushar Mokashi, NHSRC
Day 3 (14 July 2016)		
09:00 - 09:10 am	Review of day two	Chair (TBD)
09:10 – 11:00 am	Classification and codes of Health Expenditures by NPISH, Enterprises and Firms	PHFI
11:00 - 11:15 am	Tea Break	
11:15 - 01:00 pm	Health Accounts Production Tool (HAPT)	Mr. Manvirender Singh Rawat, NHSRC
01:00 - 02:00 pm	Lunch Break	
02:00 - 05:30 pm	NHA Estimates using HAPT (Group work)	All Resource Persons (Tea to be served during the session)
Day 4 (15 July 2016)		
09:10 – 9:10 am	Review of day three	Chair (TBD)
09:10 – 11:00 am	Arriving at Health Financing Indicators from NHA Estimates (Including Exercises)	Dr Charu C Garg, NHSRC
11:00 - 11:15 am	Tea Break	
11:15 – 11:30 am	Presentation of NHATS work plan	Dr Charu C Garg, NHSRC
11:30 - 1:00 pm	Developing a time bound work plan for state health accounts for respective states	State Representatives
01:00 - 02:00 pm	Lunch Break	
02:00- 04:00 pm	Presentation of results and work plan by States	Chairs: MoHFW and NHSRC officers
04.00-04.30 pm	Way forward	Senior officials from MoHFW and state
04:30 - 05:00 pm	Vote of Thanks and Closing of the workshop	ED NHSRC, Economic Advisor MoHFW, Advisor-HCF NHSRC

Annexure 2: List of Workshop Participants:

S.No	Name	Designation	State
1	Mr. Baldev Singh	Director (Finance), NHM	Chandigarh UT
2	Dr. Trushar Parmar	SPM-cum-Nodal Officer, SHA	Daman and Diu
3	Mr. Vipul Rohit	Finance Manager	Daman and Diu
4	Ms. Ramila S. Patel	Joint Director (D&E)	Gujarat
5	Mr. Vijay T. Gandhi	Research Officer, Gandhinag	Gujarat
6	Dr. Vikas Sharma	Consultant, PHP, Haryana, SHRC	Haryana
7	Dr. Prachitha	Consultant, Health Econimics & Finance SHSRC	Karnataka
8	Mr. Tarun Goel	Consultant, Public Health Dept.	Maharashtra
9	Ms. Mukta Gadgil	Sr. Consultant SHSRC	Maharashtra
10	Mr. Pandit K. Jadhav	Under Secretary, Pub. Health Department	Maharashtra
11	Ms. Ulka Nair	Dy. Director (Planning) DHS	Mumbai
12	Mr. Adait Kumar Pradhan	SPM-cum-Nodal Officer, SHA	Odisha
13	Mr. M.K Panigrahi,	State Finance Manager	Odisha
14	Dr. Deepinder Singh	Medical Officer, Faculty SIHFW, Mohali	Punjab
15	Dr. Bhanu Pratap Yadav	Assistant Programme Officer,	Punjab
16	CA Neeraj Singla	Manager (F&A) NHM	Punjab
17	Mr. Sorabh	Accounts Officer, NHM	Punjab

Annexure 3: List of Resource Persons

S.No.	Name	Designation
1	Dr. Sheela Prasad	Economic Advisor, MoHFW
2	Dr. Sanjiv Kumar	Executive Director, NHSRC
3	Dr. Charu C. Garg	Advisor (HCF), NHSRC
4	Dr. K. Rahul Reddy	Sr. Consultant (HCF), NHSRC
5	Mr. Tushar Mokashi	Consultant (HCF), NHSRC
6	Ms. Jyotsna Negi	Consultant (HCF), NHSRC
7	Mr. Manvirender Singh Rawat	Consultant (HCF), NHSRC
8	Dr. Pratheeba J.	Consultant (HCF), NHSRC
9	Dr. Keerthi Addala	Fellow, (HCF), NHSRC
10	Dr. Chandrakanth Lahariya	NPO-UHC, WHO-India
11	Dr. Nimai Das	Senior Researcher PHFI
12	Mr. Pritam	Research Associate, PHFI

Annexure 4: Road Maps as Presented by States Participants

Daman and Diu:
- Establishment of SHA at UT of Daman & Diu
- Core Team members of SHA D&D
  - Director M & HS
  - Assistant Account Officer
  - Medical Record Officer
  - State Programme Manager
  - Finance Manager
  - The core committee will be formed according the Guidelines from NHATS
- 3. Discussion of SHA with all Dept. heads under the   chairmanship of Principal Secretary Health. The proposed timelines are from August 2016 to February 2017.

Anticipated challenges:
- Getting approval from Ministry & State for Conducting SHA (setting up SHA Unit)
- Inter Departmental co-ordination
- Clarification of Sub major head & Sub Minor head under Exp. Of Health & other Department

Gujarat:
- Establishment of SHA at Commissionerate of Health, Gandhinagar, Gujarat.am For SHA, Gujarat
- Formation of the Core Team for SHA, Gujarat. Team Member are as per below
  1. Additional Director (PH)
  2. Additional Director (FW)
  3. Additional Director (VS)
  4. State Nodal Officer
  5. State Data Manager
  6. Planning Officer – State Budget
  7. Planning Officer – NHM PIP
  8. Account Officer – PH
- To make provision in supplementary budget in 2016-17 PIP
  For Roll out SHA, Gujarat.
- Orientation Workshop / Training with Core Team & other State Department regarding Understanding of the Concept of NHA and required Support from them.
- Collection of Data from September to December 2016
- Processing for Identifying Boundaries &Classification Code as per SHA 2011 guidelines
- To start Entry & uploading Data on HAPT Software

Haryana:

Haryana had initiated the process of estimating the state health accounts for 2014-15 prior to the workshop and the analysis of data is under process. Taking this into consideration, they presented the following.

Way forward:

- Forming a steering committee meeting to finalize the findings of HA report
- Dissemination workshop to be planned
- A nodal officer to be appointed for institutionalization of SHA for next round
- Next round to be conducted using 2015-16 estimates and customizing some of the codes as per the national guidelines.
  Support needed from NHSRC:
- As PHFI survey did not included for Haryana in their sample collection need support for NGOS and Enterprises as the private sector has very low response rate.

Karnataka:

- Initiate dialogue with the Principal Secretary Health & explain the need for SHA and the process
- Appointing State Nodal officers for SHA
- Formation of the SHA team
- Formation of the Steering Committee. Possible members could be Principal secretary - H & FW, MD-NHM, Finance Advisor-Dept. H & FW, Finance department representative, representatives from NHSRC
- Holding consultation meetings with the different stakeholders. Representatives from the Finance Department, Department of Economics & Statistics, representatives from ULBs, Insurance companies, FICCI representatives and NGOs
- Define the process of data collection, management and analysis plan
- Identify the data sources and the process of receiving the related data
- List out the data currently unavailable
- Initiate the process of data collection by contacting the different stakeholders
- Convene the first Steering Committee meeting to Discuss the plan and Set timelines
- Document the process of data collection and analysis plan for the various data sets
- Classify the various items expenditures as per the coding guidelines developed by NHSRC
- Review with NHSRC for finalizing the classifications
- Preparation of the SHA estimates
- Present the findings to the Steering Committee
- Preparation of the final report incorporating the suggestions of the Committee
- Dissemination of SHA after approval from the State department

Maharashtra:

- Establishment of Governance Structure
  - The structures required for institutionalizing SHA
    - **Steering Committee**: Head of Line Departments and NHSRC
    - **Expert Group**
    - **Nodal Team for SHA**: A group of officers from PHD to have core responsibility of SHA
    - **State Nodal Officer** for SHA: To supervise Nodal Team for SHA
    - Establishing **SHA cell** under Planning cell at DHS or at SHSRC, Pune
    - Creation of a **budget item** for SHA in 2016-17 supplementary PIP
- Development of SHA framework
- Meeting with steering committee and expert group – 2 days
- Identify various data sources – 1 week
- Preparing the template for required data from various sources
- Secondary data acquiring – 2 months
- Reviewing, Scrutinizing, Restructuring and validating the acquired data – 1 month
- Classification of Codes and identifying boundaries
- Compilation of data collected from various secondary sources – 2 weeks
- Identifying the boundaries for each item – 1 week
- Classification of Codes to each item and preparing the HAPT format excel sheets – 1 month
- Getting these codes vetted by NHSRC – 1 week
- Deriving SHA estimates from HAPT software and SHA report.
- Filling amounts in the excel sheets produced on the HAPT formats (along with the allocations) – 2 weeks
- Importing and Mapping of SHA sheets on HAPT software – 1 month
- Further analysis of SHA estimates – 2 weeks
- Finalizing the SHA report structure – 1 week
- Preparation of Draft 1 of SHA report – 2 week
- Finalization of SHA round 1 report and dissemination.
  - Meeting with Expert group and Steering Committee (presentation of report) – 1 week
  - Revision in the SHA draft report based on the suggestions from EG and SC meetings – 1 week
  - Approval of report by Steering Committee – 2 days
  - Dissemination of SHA results – 1 week
  - Formal Publication of the SHA report.

Odisha:

- Formation of Core Committee & Working Group and issue of Govt. notification by 31st Jul'16.
- Designation of Nodal Officers for SHA in each Department by 14th Aug'16.
- Engagement of Agency / Short-term Consultants by 31st Aug'16.
- Orientation-cum-Core Committee meeting by 7th Sep'16.
- Finalization of SHA Framework – Review of budget document, Identification of data source & collection of data and compilation in excel by 5th Nov'16.
- Classification of data as per SHA framework by 15th Nov'16
- Validation of data by NHATS by 30th Nov'16.
- Entry / uploading of data into HAPT by 15th Dec'16.
- Presentation of analytical reports before Core Committee for feedback and comments by 20th Dec'16.
- Finalization and submission of report by 31st Dec'16.

Punjab:

- Health department to make a list of all stakeholders.
- To consult NHSRC, for NGO's and enterprises list and expenditures to get state level data of Punjab.
- Identify 2-3 persons to handle the state health accounts.
- Technical support from NHSRC.
- Institutionalising SHA by strengthening healthcare financing division (HCF) at SHSRC.
- Classification at state level.
- Vetting and validation of classification by NHSRC.
- Production of state estimates using HAPT software.
- Finalising the report and its dissemination.