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# HEALTH ACCOUNTS FINDINGS SHARPEN FOCUS ON UHC IN HARYANA, INDIA

Strengthening public health systems and health services delivery is a major priority for the state of Haryana in India. Despite its status as one of India’s richest states, Haryana has poor performance on several key child and maternal health indicators—in part due to limited access to health care.

Effective decision-making and evidence-based strategies about how much, and where, to allocate public health funds is critical to progress toward universal health coverage (UHC). But policymakers in Haryana have limited access to information about fund flows—how much is being spent on health, where, and by whom.

Recognizing the need for this information, the Government of Haryana (GoH) undertook its first ever state-level Health Accounts exercise for the financial year 2014–2015. Health Accounts (HA), a globally accepted methodology for resource tracking, is widely regarded as a powerful tool to produce critical evidence to inform policy and budget decisions.

The main findings of this HA exercise included high household out-of-pocket expenditure (72%) and that the state’s health spending goes predominantly to curative care (87%, including both outpatient and inpatient care). The findings were shared with Haryana’s top health leadership, health financing experts, and national and state level stakeholders at a workshop in Chandigarh (October 2016).



Launch of the Haryana Health Accounts report by state health leadership. Left to Right: Dr. Rashmi Kukreja, Dr. Sanjiv Kumar, Sh. Rajan K. Gupta, Dr. Kamla Singh, Dr. Sonia Trikha.

The findings formed the basis for discussion on where Haryana stands in terms of UHC and the potential policy-level changes to ensure that all its citizens have access to quality, affordable, accountable, and equitable health care.

Launching the Haryana HA report, Sh. Rajan K. Gupta, additional Chief Secretary – Health, GoH, noted:

*“Health providing is very complex, the more informed the efforts, the better the results would be... The data put together in the report is very interesting and will contribute to implementation... I have not seen a better report than this in highlighting (issues of) health financing, who is spending and where.”*



Participants at the workshop on the Haryana Health Accounts findings

A flagship project of USAID's Office of Health Systems, the Health Finance and Governance (HFG) Project supports its partners in low- and middle-income countries to strengthen the health finance and governance functions of their health systems, expanding access to life-saving health services. The HFG project is a five-year (2012-2017), \$209 million global health project. The project builds on the achievements of the Health Systems 20/20 project. To learn more, please visit [www.hfgproject.org](http://www.hfgproject.org).

The HFG project is led by Abt Associates in collaboration with Avenir Health, Broad Branch Associates, Development Alternatives Inc., Johns Hopkins Bloomberg School of Public Health, Results for Development Institute, RTI International, and Training Resources Group, Inc.

Agreement Officer Representative Team:

Scott Stewart (GH/OHS)  
[sstewart@usaid.gov](mailto:sstewart@usaid.gov)

Jodi Charles (GH/OHS)  
[jcharles@usaid.gov](mailto:jcharles@usaid.gov)



Abt Associates  
[www.abtassociates.com](http://www.abtassociates.com)  
4550 Montgomery Avenue, Suite 800  
North Bethesda, MD 20814

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The HA exercise has brought into sharp focus the need for strong political commitment to public sector financing. One immediate impact has been the articulation by the state's health leadership of the need for greater research and consultation to make meaningful progress on UHC.

As Dr. Sonia Trikha, Executive Director, Haryana State Health Resource Center (HSHRC), put it:

*"We will try to conduct more studies to address the gaps that this HA has revealed and bring insights to inform and develop policy."*

She also had praise for the Health Finance and Governance (HFG) project team:

*"HFG was our main technical partner on the first-ever HA exercise for Haryana. We couldn't have completed it without their support in collecting and analyzing the data to produce these insightful results."*

The HSHRC, where the HA activity is housed, received technical assistance from the HFG project in HA methods training, HA production, and interpretation of the results.