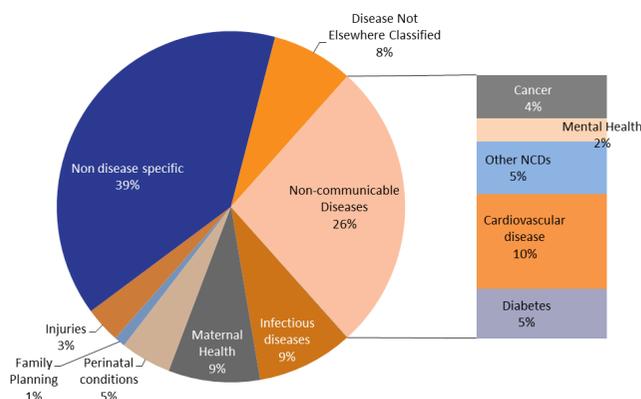
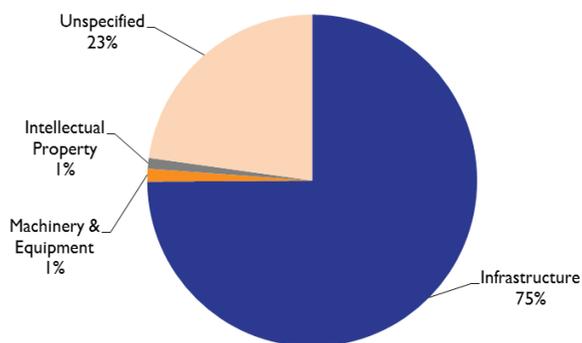


5. Which diseases and health conditions does Haryana spend on?



One quarter of spending that could be allocated to a disease was for a non-communicable diseases. Reproductive health receives the second largest proportion of health resources (14%), followed by infectious diseases (9%).

6. What capital investments are made in the health sector?



In 2014/15, capital expenditure for health in Haryana was 2.5% of THE. Three-quarters was spent on infrastructure developments, with negligible amounts for the purchase of machinery and equipment and intellectual property.

Policy implications

- High out-of-pocket spending leaves households with little financial risk protection
- Government spending leans toward hospital care
- Low prevention spending risks higher health care costs
- Profile of health spending by disease / health condition should be reviewed to align with health priorities in Haryana

Recommendations for future Health Accounts exercises

- Early and strong engagement of public and private sector stakeholders in the HA process
- Continue to develop the capabilities of regional organizations, such as HSHRC and PGI, to support regular production of HA
- Better compilation of utilization data by public facilities, particularly by disease/ health condition
- Continue to use secondary data (e.g. NSSO's household surveys, Insurance Information Bureau's Annual reports) for more cost-effective HA estimations

Technical assistance for the production of Haryana's 2014/15 Health Accounts was provided by USAID's Health Finance and Governance (HFG) project.



HARYANA 2014/15 STATE HEALTH ACCOUNTS Key Results



**Government of Haryana
Department of Health**

**Haryana State
Health Resource Center (HSHRC)**



What is “Health Accounts”?

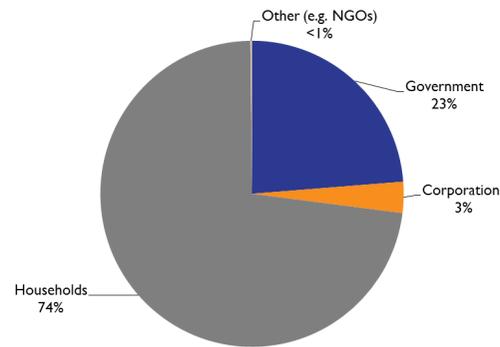
Health Accounts (HA) is an internationally standardized methodology to track the flow of funds in a health sector in a given year. HA breaks down health spending—here, of Haryana state—by funding sources, health financing schemes, health care providers, health activities and disease/ health conditions. HA data can be used to compare real vs. planned spending, ensure spending aligns with priorities and negotiate for additional resources for health.

Data sources

Health spending data were collected from a wide range of primary and secondary sources. Data were collected from government departments, government health facilities, private insurance companies, non- governmental organizations (NGOs), a sample of private employers, and technical and financial partners. Household spending was captured from the National Sample Survey Office’s (NSSO’s) 68th and 71st round surveys.

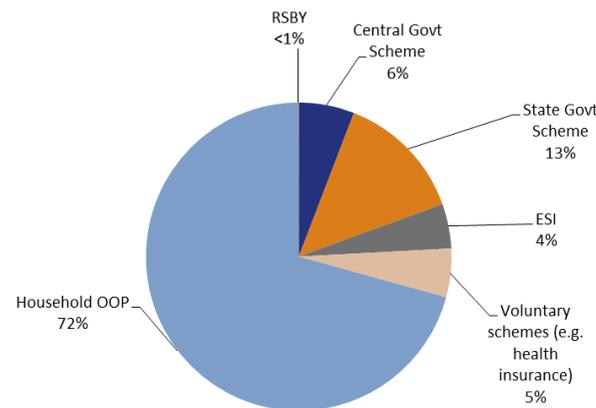
Indicator	2014/15 (INR unless otherwise stated)
Current health expenditure (CHE)	84,632,413,600
Capital health expenditure	2,193,217,460
Total health expenditure (THE)	86,825,631,060 (US\$ 1,422,205,259)
THE per capita	3,243 (US\$53)
THE/GDP	1.99%
Government health expenditure (GHE)	21,375,789,309
Haryana GHE as % of total Haryana government expenditure	1.94%
Household out-of-pocket spending (direct payments to providers only) as % CHE	71.9%

1. Who pays for health care in Haryana ?



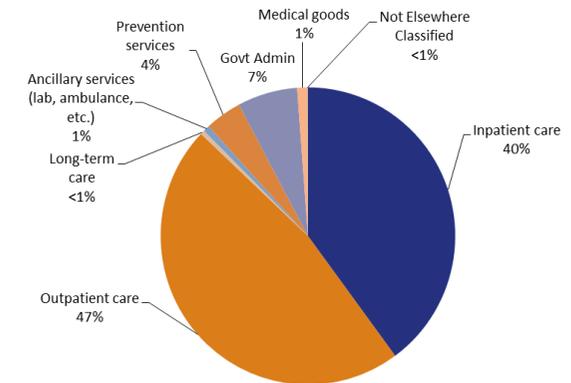
Households, primarily via out-of-pocket (OOP) payments are the biggest contributors to health spending, representing 74% of CHE. Government contributes 23% primarily via central and state government revenues. Corporations contribute 3%. NGOs and donors represent less than 1% of CHE.

2. How are health care funds managed and distributed?



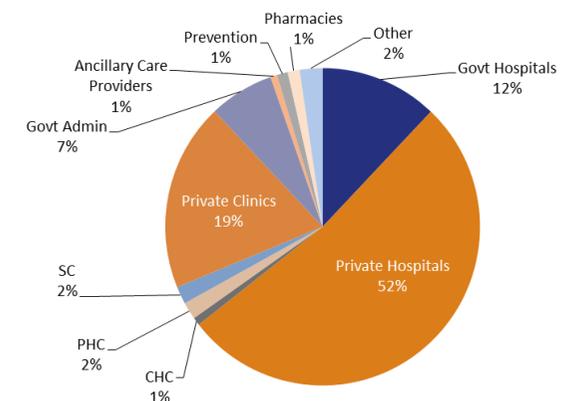
72% of CHE is borne out of pocket by households directly at the time of seeking health care. This type of payment provides little financial risk protection for households. Government resources for health are managed via several different risk pools including RSBY, National Health Mission, Employee State Insurance and state-run schemes (e.g. MMIY). Private voluntary health insurance represents a small proportion of CHE.

3. What proportion of health funds are spent on various health care services?



Health spending in Haryana is predominantly on curative care: 47% of CHE is for outpatient care and 40% for inpatient. Spending on prevention services is low, 4% of CHE. High curative care spending risks inefficiencies in the health system, as patients seek treatment that requires expensive specialist care before prevention. General management and administration of the health sector accounts for 7% of recurrent CHE.

4. How are health funds distributed between health care providers?



Private and public hospitals together account for 64% of CHE. Private health facilities play a large role, representing 71% of CHE for providing health care to residents of Haryana. Spending at government facilities is primarily at hospitals (12% of CHE) as compared to sub-centers (SC), primary health centers (PHC) and community health centers (CHC) (5%).