Our vision is that all people, no matter where they live, no matter what their age, have a right to access high quality and affordable healthcare.

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Background

ACCESS Health International is implementing the Health Financing Support Program. The aim of the program is to improve health outcomes by ensuring better use of public funds. The program is funded by Department for International Development of the United Kingdom (UK).

ACCESS Health introduced the On Demand Support Fund as part of the Health Financing Support Program. The fund has been designed to build peer linkages between the growing number of experienced health financing professionals in India and representatives from low and middle income countries responsible for designing and implementing their own health financing reforms. The On Demand Support Fund supports continuous engagement and coordination with health financing experts.

To help meet the objective of the fund, the Health Financing Support Program team is organizing a series of knowledge exchange visits and capacity building programs in health financing. We are also conducting research to identify technical support needs in countries undergoing health financing reforms.

ACCESS Health International recently organized the first in person policymaker course on Managing Markets for Health. The course was created by the World Bank in partnership with the University of Edinburgh. Over twenty state level health policymakers from India, along with international representatives from Bangladesh, Ethiopia, Kenya, and Tanzania, and key Indian development partners participated.

As a follow up to the Managing Markets for Health course, the Health Financing Support Program team organized a knowledge exchange visit for course participants from Bangladesh, Ethiopia, Kenya, and Tanzania. The study visit provided the opportunity for participants to learn from successful initiatives in health financing and private sector partnerships in India. The study visit took place in Hyderabad.

Participants visited the Dr. NTR Vaidya Seva Scheme (formerly known as the Rajiv Aarogyasri Scheme), the GVK Emergency Management and Research Institute, and LifeSpring Hospitals. The study visit concluded with a discussion forum to understand the technical support requirements of participating countries and to explore how knowledge linkages between India and participating low and middle income countries could be established.
In 2016, the Health Financing Support Program plans to support the efforts of policymakers and practitioners in Bangladesh, Ethiopia, Kenya, and Tanzania to advance health reforms around health financing. This work will build capacity and establish long term relationships between practitioners in these countries.

**Objectives of the Visit**

To build the capacity of policymakers from low and middle income countries to understand market forces in the health sector

To share firsthand experiences from successful initiatives in public private partnerships and health financing reforms in India

To foster individual engagement between policymakers from low and middle income countries and practitioners of public private partnerships and health insurance programs in India

To follow up plans to initiate similar programs in visitors’ home countries, with support from the On Demand Support Fund

**International Participants**

Participants on the knowledge exchange visit included policymakers, practitioners, and decision makers from the ministries of health of Bangladesh, Ethiopia, Kenya, and Tanzania. The participants included coordinators and team leaders of the public private partnership initiatives in the ministries of health and coordinators of the health insurance and health economics units responsible for implementing publicly funded health insurance programs. A detailed list of international participants for the knowledge exchange tour is provided in Appendix 1.

**ACCESS Health International Team**

The team from ACCESS Health International included the following experts:

Siddhartha Bhattacharya, Country Director, ACCESS Health India

Bhavesh Jain, Consultant, Health Financing

Arun B. Nair, Consultant, Health Financing

Dr. Anuradha Katyal, Consultant, Health Financing

Dr. Sachin Bhokare, Consultant, Health Financing
Capacity Building and Knowledge Exchange Program

Managing Markets for Health was a five day course that introduced some of the key policy levers and tools that policymakers can use to guide healthcare markets toward improved health outcomes for the public. The course helped participants understand how mixed markets work in the healthcare sector and how to influence them. The course took place from October 26 to 30, 2015.

The course was inaugurated by CK Mishra, the director of the National Health Mission and additional secretary of the Ministry of Health and Family Welfare. The course was taught by global faculty from the World Bank; the University of Edinburgh; O’Hanlon Health Consulting; the University of California, San Francisco; the University of Michigan; and the University of Delhi. The course included content about the role of private players in the healthcare sector, how health markets operate, and policy approaches to shift the operation of health markets to achieve universal health coverage and improved public health outcomes.

The follow up knowledge exchange visit took place on November 2 and 3, 2015, in Hyderabad. The visit introduced participants to longstanding successful models of public private partnership in India, including the Dr. NTR Vaidya Seva Scheme (formerly the Rajiv Aarogyasri Scheme), the 108 emergency response system managed by the GVK Emergency Management and Research Institute, and LifeSpring Hospitals. The visit provided an overview of how the private sector functions and how it is monitored.

The Dr. NTR Vaidya Seva Scheme is a publicly funded health insurance program for populations living below the poverty line in the states of Andhra Pradesh and Telangana. The poverty lines in Andhra Pradesh are one hundred thousand rupees (1,540 US dollars) for urban areas and seventy five thousand rupees (1,150 US dollars) for rural areas. The program engaged private sector hospitals and insurance companies to provide services and is perhaps one the largest and well functioning public private partnerships in the country. The government of Andhra Pradesh outsourced emergency response services to a private sector player, the GVK Emergency Management and Research Institute, to improve the efficiency of emergency response in the state. LifeSpring Hospitals is a low cost private sector provider of maternal and child health services. Please see Appendix 2 for a detailed agenda of the knowledge exchange visit. In the sections that follow, we provide a more in depth description of the three health programs.
visited and share priority areas for technical support and next steps identified by the visit participants.

**Dr. NTR Vaidya Seva Scheme**

The Dr. NTR Vaidya Seva Scheme was chosen for the first part of the study visit. The program has been lauded for offering free tertiary care services in expensive and state of art facilities to the most difficult to reach population, those living below the poverty line. We selected this program for cross learning because of the strength of its processes, its robust information technology platform, the vast coverage of its network, and its ability to engage the private sector and strengthen the public sector.

Shri. Dr. A. Ravi Shankar, chief executive officer of the program, welcomed the participants from Bangladesh, Ethiopia, Kenya, and Tanzania. He briefed the participants on the overall structure and the design of the insurance program.

Dr. Shankar explained that the program includes healthcare providers in both public and private hospitals. Public hospitals are enrolled in the program by default. Private hospitals undergo an empanelment process. Only hospitals with more than fifty inpatient beds are eligible for empanelment. As part of the empanelment process, a group of experts from the Dr. NTR Vaidya Seva Trust, the entity that manages the program, visits each hospital and performs a detailed assessment.

This program has several unique features. One feature is the evidence backed system that runs on software developed by one of leading information technology companies in India. Another unique feature is the use of community health workers called Aarogyamithras or Vaidyamithras. These health workers, along with health camps, have generated large scale awareness about the program.

Initially, the health insurance program was implemented with the help of insurance companies. Later, the program phased out the insurance companies and established a government trust to manage the funds. The program is managed centrally at the state level.

Patients can enter the health system through several different referral channels. Points of entry include the health camps, the Chief Minister’s Camp Office, a call center that can be reached by dialing 104, the 108 emergency helpline, primary healthcare centers, or through direct walk ins at a network hospital. Once a
patient enters the healthcare system through one of these channels, various processes take place. These processes are outlined in the diagram below.

A diagram showing the processes followed in the Dr. NTR Vaidya Seva Scheme.
*104-108 are the emergency helplines.

Another unique feature of the program is its revolving fund. This fund is used to strengthen public hospitals by providing incentives for each surgery performed. Eighty percent of these funds are for the public hospital surgical teams, and twenty percent are to support infrastructure within these hospitals.

Officials from the Dr. NTR Vaidya Seva Trust briefed the study visit participants about outreach camps. The camps are organized by empanelled hospitals to increase awareness about the program and to provide health screening. Each empanelled hospital is required to organize a specific number of health camps in its surrounding area. Health camps are funded by the state, with a predefined budget per camp.
Officials from the Trust explained that Vaidyamithras are a backbone of the program. These community health workers are located in hospitals. Vaidyamithras facilitate care to beneficiaries. A Vaidyamithra’s main responsibility is to validate the genuineness of beneficiary, register patients, and help coordinate care. In response to a question from the Ethiopia team, Trust officials clarified that Vaidyamithras, as with all other staff, including the block coordinator and district manager, are paid by Dr. NTR Vaidya Seva Trust. Around 2,700 people work for the program, including doctors and specialists, Vaidyamithras, and administrative staff.

*Medical Audit, Empanelment, and Information Technology*

Dr. G. Hymavathi, the executive officer responsible for operations, outlined the empanelment process in greater detail. She also explained the processes for medical audits and claims management and spoke about the use of information technology in program. She demonstrated the online information technology platform through which hospitals apply to the program and complete the empanelment process.

Members of the Bangladesh and Ethiopia teams asked questions about the claims management process. Program officials explained that the claims management portal manages patient registration, preauthorizations, claims settlements, disbursements to the hospital, and all other activities related to claims management. This portal also stores audio and video evidence of patient admission, treatment, and discharge. These resources can be used to address complaints and detect fraud.

*Grievance Redressal and Fraud Detection*

Dr. A. Raja Prasanna Kumar, general manager of the Grievance and Customer Care Department, provided a broad overview on grievance redressal and fraud detection. This department has evolved over the time and is still learning, every day. The key for success in fraud detection is the intensive use of information technology, backed by a skilled implementation team. The department continuously analyzes information from multiple sources, including print media, television, and the data generated by the software platform used by the department.

The department has been able to formalize the mechanism to address complaints. The grievance redressal mechanism is available at all levels, including at the healthcare facility and block, district, and state levels. Committees at each level are responsible for registering complaints and other
issues. These committees can immediately address the grievance if it comes under their capacity. In other cases, the committees can escalate the issue to the next higher authority. The department has already blacklisted several specialists, doctors, and hospitals that have been found guilty of wrongdoing.

**LifeSpring Hospitals**

LifeSpring Hospitals are a chain of hospitals in Hyderabad. LifeSpring provides maternity care to women and is targeted toward low income families. A senior representative from the company, Vijaybhaskar Srinivas, introduced the social model. LifeSpring Hospitals began in 2005 with the vision of providing safe, clean, and affordable healthcare to low income women in urban slums.

LifeSpring offers safe delivery and maternal health services. The hospitals are supported by HLL Lifecare Ltd. (formerly Hindustan Latex Ltd.), a corporation owned by the government of India. Acumen Fund, a social venture capital fund based out of the United States, came in as equity partner to help fund the organization.

LifeSpring Hospitals provide high quality maternal outpatient and inpatient care in some of the most crowded urban localities. The hospitals provides antenatal visits, inpatient services, diagnostics, and medicines at an affordable cost. We chose LifeSpring Hospitals for the visit because many low income countries struggle to provide high quality maternal care in urban settings. According to Mr. Srinivas, the average costs for delivery services at LifeSpring Hospitals is 18,033 Indian rupees (approximately 275 US dollars), compared to 24,608 Indian rupees (375 US dollars) in other hospitals in urban areas of Telangana. The hospital charges around 7,500 rupees (115 US dollars) for normal deliveries. A caesarean section costs 18,500 Indian rupees (285 US dollars).

The study visit participants asked about the public private partnership model of the company. The company is fully funded by HLL Lifecare Ltd. and the Acumen Fund. All capital investments are borne by HLL Lifecare. The Acumen Fund has invested the corpus fund for the development and expansion of the company.

Participants from Ethiopia and Tanzania asked about the social impact of the company. Mr. Srinivas reported that more than five million women from low income families have accessed safe, clean, and affordable maternity care from the twelve hospitals in the chain. Compared to consumer expenditure data from the latest National Sample Survey, mothers who delivered at LifeSpring Hospitals spent significantly below the national average on maternity care in India.
GVK Emergency Management and Research Institute

The GVK Emergency Management and Research Institute works in three main areas: emergency management, research, and capacity building in emergency management. The Emergency Management and Research Institute provides access to emergency care in seventeen states across India. The main aim of the Institute is to save the lives of patients before patients are moved to hospitals and to improve the chances of survival. The head of the Emergency Medicine Learning Center and Research, Dr. Ramana Rao, explained the public private partnership framework of the Emergency Management and Research Institute.

A digitized mannequin used for training at Emergency Management and Research Institute headquarters.
GVK Group, the parent organization of the Emergency Management and Research Institute, funds leadership, innovation in infrastructure and process, collaborations, research and training, knowledge transfer, and quality assurance. Hundred percent of capital expenditures and operational expenses are funded by state governments. The GVK Emergency Management and Research Institute manages and uses government resources to create better outcomes, especially among low income populations. Dr. Rao reported that the Institute responds to thirty million emergencies and saves one million lives each year. The institute has deployed 9,488 ambulances across India.

The integrated emergency response services cover medical, police, and fire emergencies with a single universal toll free number: 108. The services are provided to the public for free. Mahindra Satyam, a former subsidiary company of the GVK Group, provides free software solutions as the technology partner of the Institute.

According to Dr. Wilson Gachari, head of the Emergency Response Unit in the Kenyan Ministry of Health, Kenya is facing considerable challenges in providing emergency medical services. These challenges include lack of adequate ambulances, few trained personnel, and lack of communications channels. While these challenges have been identified, Kenya needs technical assistance to address these challenges at both the national and regional levels. The public private partnership structure of the GVK Emergency Management and Research Institute provides a model for how Kenya can provide improved emergency medical services.
Discussion and Next Steps

ACCESS Health facilitated discussions during the Managing Markets for Health course, as well as during the study visit. These discussions helped us understand the priority areas of the participating countries. The discussions also helped our team understand the technical support that each country would need from India to be able to replicate similar programs at home. We will discuss the priority areas and needs below.

The course and study visit highlighted the policy initiatives and implementation process related to health financing reforms and public private partnerships in India. Discussion addressed whether Bangladesh, Ethiopia, Kenya, and Tanzania would face similar challenges as those faced in India if the countries implemented a similar health insurance design. We also discussed potential next steps to engage with the four countries.

Bangladesh

The Bangladesh Ministry of Health is in the process of moving toward universal health coverage. The Ministry has designed a healthcare financing strategy to provide universal health coverage by 2032. Under the strategy, the Ministry Health Economics Unit will roll out Shasthyo Surokhsha Karmasuchi, a social health insurance program to cover the population living below the poverty line. During the visit to the Dr. NTR Vaidya Seva Scheme, the Bangladeshi participants learned about the costing and pricing strategy adopted by the Dr. NTR Vaidya Seva Trust to negotiate with healthcare providers.

Currently, there are few public private initiatives in Bangladesh. The Bangladesh government does not yet have a strategy to engage with the private sector. The government has not developed a strategic action plan for public private partnership. The Ministry of Health has established two dialysis centers in Dhaka in partnership with the private sector. The participants wanted understand and learn from the contracting mechanisms developed in India.

The team from Bangladesh realized that a social health insurance program like the Dr. NTK Vaidya Seva Scheme – a public private partnership in secondary, tertiary, and diagnostic care services – is a strategy that can help the country reach its goal of achieving universal health coverage by 2032.

The participants from Bangladesh asked ACCESS Health to provide technical support to Bangladesh in several areas. This support will include assistance
developing a public private partnership policy, help understanding information technology used by a social health insurance program in India for claims processing and fraud monitoring, help designing a strategic action plan to develop public private partnerships in healthcare, and assistance with capacity building, particularly for healthcare costing.

In particular, the Bangladesh team would like to learn from India around two priority technical areas of interest:

**Designing and planning the information technology platform**
Bangladesh has conceptualized a social health insurance program. Documentation for each process has been prepared. The Health Economics Unit in Bangladesh would like to learn about information technology, including the resources needed for hardware, software, and network connectivity and the total cost of establishing an information technology platform.

**Costing package rates for social health insurance program**
The Bangladesh team would like to understand in detail and would like to partner to develop a policy advocacy workshop on costing for provider payments in health insurance. Some of the Indian experts could visit Dhaka and present experiences with pricing and costing packages. Bangladesh is interested in developing the capacity building program with the Joint Learning Network for Universal Health Coverage. Bangladesh would like to use the expertise in India to build capacity in the costing of health services.

**Next Steps for ACCESS Health**
Under the annual plan submitted to Department for International Development for the On Demand Support Fund, ACCESS Health has already planned policy workshops and a capacity building program focused on the health financing reforms in Bangladesh and potential learning from India to be replicated. In Bangladesh, ACCESS Health will partner with the Health Economics Unit at the Ministry of Health to organize the policy advocacy workshop, study visits, and capacity building activities outlined below. ACCESS Health has also received letter of interest from the Health Economics Unit at Ministry of Health and Family Welfare, Government of Bangladesh. The health economics unit has shown interest to receive technical support in the areas of costing of healthcare services, knowledge exchange from India’s experience in implementing publicly funded health insurance program.
**Policy level workshop and capacity building**
ACCESS Health International will conduct a policy advocacy workshop on costing of healthcare services for provider payment. Indian public health insurance programs will share their experiences at the workshop.

ACCESS Health International will organize a capacity building program with Indian costing experts for policymakers and implementers of government sponsored health insurance programs. ACCESS Health will create linkages with the Health Economics Unit in the Bangladesh Ministry of Health to arrange activities in India, such as training on costing.

**Technical study visit**
Design a comprehensive six day study program to learn from India about experiences and best practices in publicly funded health insurance. The program will include four days focused on claims management and two days on information technology. The delegation will consist of representatives from Bangladesh who are responsible for designing the social health insurance program.

**Ethiopia**
The team from Ethiopia would like to design and develop a social health insurance program. The Ethiopia team was particularly interested in learning about claims management, information technology, and the financial resources required to introduce a program comparable to the Dr. NTR Vaidya Seva Scheme. The team wanted to understand the challenges of replicating the Indian reforms and initiatives in Africa.

The Ethiopia team would like to learn from India around two priority technical areas of interest:

**Claims management**
Ethiopia would like further knowledge support to help plan and design the claims management process. In particular, Ethiopia would like more support on package pricing and costing healthcare services; developing standard protocols to process claims; and developing information technology to process, monitor, and control fraud in claims. Ethiopia was also interested in learning what resources and technical knowledge are required to set up automated claims processing system.

As part of the Health Financing Support Program, ACCESS Health has planned similar knowledge exchange and documentation of claims management practices.
in India. ACCESS Health will work with the Ethiopia National Health Insurance Fund to develop the claims management process for their upcoming social health insurance program.

**Capacity building on health economics**
A Health Economics Analysis Unit has been established at the Ministry of Health in Ethiopia. The unit has conducted a detailed pricing exercise on benefits packages for the health insurance program. Currently, the Ministry has limited capacity in costing of healthcare services for provider payment.

**Next Steps for ACCESS Health**
ACCESS Health will align the activities described below with the annual plan for the On Demand Support Fund that has been submitted to Department for International Development. The plan already calls for programs to build capacity in the costing of healthcare services. Based on the annual plan, ACCESS Health will also organize the technical study visit for the Ethiopia National Health Insurance Fund.

**Knowledge management and capacity building**
ACCESS Health International will organize a capacity building program for Ethiopian policymakers and implementers at the National Health Insurance Fund and public and private players. The program will use costing experts in India. ACCESS Health will partner with the Directorate of Resource Mobilization and its Health Economics Analysis Unit at the Ministry of Health to organize the capacity building workshop.

**Technical study visit**
ACCESS Health International will organize a customized and focused study visit on health insurance programs in India. The objective will be to address the Ethiopian priority areas of interest, including information technology.

As part of the Health Financing Support Program, ACCESS Health has planned similar knowledge exchange and documentation of claims management practices in India. ACCESS Health will support the Ethiopia National Health Insurance Fund to develop the claims management process for their upcoming social health insurance program.
Kenya

Participants from Kenya emphasized that achieving universal health coverage is a top priority for the country. Kenya is still thinking about how to expand the coverage of existing health insurance program to include informal workers.

Kenya is interested in learning from the early experiences of the Dr. NTR Vaidya Seva Scheme, particularly on the topic of governance. Kenyan participants wanted to understand nuances of the program with respect to the government spending. The total budget of the program per person is about 163 rupees (2.5 US dollars).

Dr. Shankar, the chief executive officer of the Dr. NTR Vaidya Seva Scheme, acknowledged that even though the insurance program covers about eighty six percent of the population, according to a recent study, only 26.6 percent are actually entitled to the program. Lower poverty thresholds in Andhra Pradesh are responsible for this discrepancy. This problem is beyond the jurisdiction of the Department of Health.

Another reason for this high discrepancy is fraudulent distribution of below poverty line ration cards. The ration cards are issued by the Department of Food Supplies. The Dr. NTR Vaidya Seva Scheme provides coverage for a wide range of expensive and otherwise inaccessible treatments, so fraud related to qualification of patients as below poverty line is common (Rao, et al., 2014) (Aarogyasri Healthcare Trust, 2012). The Kenyan participants were also interested in learning in greater detail about processes related to beneficiary enrollment, claims management, and provider empanelment.

The participants from Kenya want to match the level of service provided by the emergency response system in India. Kenya recently passed legislation to provide universal emergency services in the country. The government does not yet understand the requirements in the country. The Emergency Management and Research Institute model would provide a good learning opportunity because of its efficiency, reach, and extensive use of information technology.

The current priority for Kenya is to develop an emergency medical transport service policy and to develop the political will to implement the services. Capital investments still remain a major challenge in the country. The Kenya team would like to study the economic value of the GVK Emergency Management and Research Institute model. This study will help convince the government to adopt the model. The Kenya team needs support from ACCESS Health to develop

The Kenya team would like to learn from India around two priority technical areas of interest:

**Design and implementation support for social health insurance**

Kenya needs technical support to roll out a social health insurance program for informal groups. Kenya particularly needs support to understand and plan for the resources required to support the roll out of all functions of the program. In addition, the participants from Kenya were interested in learning about enrollment practices, provider empanelment, governance and administration, and monitoring and fraud control. The participants were also interested in the Aarogyamithra model used by the Dr. NTR Vaidya Seva Scheme to ensure better awareness of the program and to increase community involvement. Regarding the governance structure, Kenya would like to understand the composition of the board and other rules and regulations established to govern the trust model of the Dr. NTR Vaidya Seva Scheme.

The social health insurance team members from Kenya are interested in forming a delegation of participants from the National Hospital Insurance Fund for the next study visit. The priority areas to focus on include the use of Aarogyaamithras, coverage of the informal sector in the health safety net, and claims management.

**Emergency response services**

Kenya is interested in replicating the Emergency Management and Research Institute model in the country. Kenya would like to understand in detail the financial resources required, economic value, and capacity building needed. Kenya also needs technical support to pilot the emergency model in one of the districts in Kenya, particularly in the use of technology.

**Next Steps for ACCESS Health**

**Focused and technical study visit on health insurance and emergency response service**

ACCESS Health International will develop a complete list of activities for a knowledge exchange program, provide implementation support to the Kenya National Hospital Insurance Fund, and develop linkages between Kenyan officials and health insurance practitioners in India. ACCESS Health will organize focused knowledge exchange visits for Kenya. The program will allow Kenya
representatives to learn in detail about the practices in Indian health insurance programs, such as the Dr. NTR Vaidya Seva Scheme.

Specific next steps to support the development of emergency response services in Kenya are still in the planning phase.

**Tanzania**

The National Health Insurance Fund is the country level fund for social health insurance in Tanzania. In India, most social health insurance programs are implemented at the state level. The Tanzania team is interested in learning more about the structure adopted by central and state governments to decentralize the implementation of health insurance programs. Currently, the National Health Insurance Fund is struggling with implementation challenges at the state level and at district level. Tanzania needs technical support to monitor and supervise efficient implementation. Bundling of services and costing of packages are the major priorities for the health department.

The Tanzania team would like to learn from India around one priority technical area of interest:

**Public Private Partnerships**

The participants want to understand in greater detail the resources required for and possible challenges associated with setting up and implementing public private partnerships in emergency response services and diagnostics services in the country. Widespread internet connectivity in the country will be an asset for the implementation process. Tanzania is interested in piloting a public private partnership arrangement similar to public private partnership arrangements in India. Tanzania needs technical support to develop the public private partnership structure and to develop contracts.

**Next Steps for ACCESS Health**

The government of Tanzania is interested in capacity building around provider payments and public private partnerships. The government would also like support to conduct feasibilities studies and develop contracts to outsource emergency medical services. ACCESS Health has received a formal letter of interest from the government of Tanzania detailing the technical areas in which the health department needs support. ACCESS Health will develop an activity plan and next steps in consultation with the government of Tanzania.
Way Forward

ACCESS Health International will work with these countries to develop action plans for the technical areas identified by each country. Some of the areas of need for technical support that have emerged from the study visit and discussion are the costing of healthcare services, claims management and processes, information technology, and contracting mechanisms in public private partnership for emergency response services.

These activities are aligned with the annual plan of the Health Financing Support Program. The three main activities of the Health Financing Support Program are building capacity in health financing, developing a knowledge and information hub for health financing, and providing implementation support. The annual plan for the Health Financing Support Program for the year 2015-16 includes capacity building for costing, provider payments, and claims management, as well as the development of an information hub to enable decision making in health financing in low and middle income countries. Bangladesh and Ethiopia are both interested in receiving technical support on costing and claims management. These activities will be aligned with the respective activities of the Health Financing Support Program. The Health Financing Support Program capacity building costing exercise in India will be aligned with capacity building in costing for Bangladesh and Ethiopia.

Proposals from each country will be developed with their respective ministry officials and partners.
References


## Appendix 1

### List of International Participants

<table>
<thead>
<tr>
<th>NO.</th>
<th>NAME</th>
<th>DESIGNATION</th>
<th>ORGANIZATION</th>
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<tbody>
<tr>
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<td><em>BANGLADESH</em></td>
</tr>
<tr>
<td>1</td>
<td>Mr. Mohammad Saidur Rahman Khan</td>
<td>Senior Assistant Chief; Gender, Nongovernmental Organization and Stakeholder Participation Unit</td>
<td>Ministry of Health and Family Welfare</td>
</tr>
<tr>
<td>2</td>
<td>Dr. Ayesha Afroz Chowdhury</td>
<td>Senior Assistant Chief; Gender, Nongovernmental Organization and Stakeholder Participation Unit</td>
<td>Ministry of Health and Family Welfare</td>
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<td></td>
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<td><em>ETHIOPIA</em></td>
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<tr>
<td>3</td>
<td>Dr. Hermela Girma</td>
<td>Director, Financial Resource Mobilization Directorate</td>
<td>Federal Ministry of Health</td>
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<tr>
<td>4</td>
<td>Dr. Eyerusalem Animut</td>
<td>Team Coordinator, Public Private Partnership Case</td>
<td>Federal Ministry of Health</td>
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<td><em>KENYA</em></td>
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<tr>
<td>5</td>
<td>Dr. Wilson Gachari</td>
<td>Director, Emergency Preparedness and Response Unit</td>
<td>Ministry of Health</td>
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<tr>
<td>6</td>
<td>Dr. Andrew Mutava Mulwa</td>
<td>Chair, County Health Executives</td>
<td>Ministry of Health</td>
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<td></td>
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<td><em>TANZANIA</em></td>
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<tr>
<td>7</td>
<td>Dr. Mariam Ongara,</td>
<td>Coordinator, Public Private Partnerships</td>
<td>Ministry of Health and Social Welfare</td>
</tr>
<tr>
<td>8</td>
<td>Dr. Goodluck Mwakitosha</td>
<td>Public Private Partnerships Officer</td>
<td>Ministry of Health and Social Welfare</td>
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## Appendix 2

### Detailed Agenda of the Knowledge Exchange Visit

**Day 1: Monday, November 2, 2015**

<table>
<thead>
<tr>
<th>TIME</th>
<th>ITEM</th>
<th>WHO</th>
<th>NOTES</th>
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<tbody>
<tr>
<td>9-9:45 am</td>
<td>Overview of Dr. NTR Vaidya Seva Scheme (formerly the Rajiv Aarogyasri Scheme)</td>
<td>Dr. A. Ravi Shankar, Chief Executive Officer, Dr. NTR Vaidya Seva Scheme</td>
<td>General overview of the health insurance program</td>
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<tr>
<td>9:45-10:30 am</td>
<td>Second Session at Dr. NTR Vaidya Seva Scheme</td>
<td>Dr. G. Hymavathi, Chief Medical Auditor; Medical Audit, Empanelment, and Disciplinary Committee</td>
<td>Focus on empanelment processes</td>
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<td>10:30-11:15 am</td>
<td>Third Session at Dr. NTR Vaidya Seva Scheme</td>
<td>Dr. K. Phani Koteswara Rao, Executive Officer, Planning and Coordination</td>
<td>Focus on engaging the private sector hospitals, contracting, costing and package pricing, and provider payment systems under the health insurance program.</td>
</tr>
<tr>
<td>11:30 am-12:15 pm</td>
<td>Fourth Session at Dr. NTR Vaidya Seva Scheme</td>
<td>Dr. G. Hymavathi, Chief Medical Auditor; Medical Audit, Empanelment, and Disciplinary Committee</td>
<td>Focus on preauthorizations, claims processes, and scrutiny of cases</td>
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<tr>
<td>12:15-12:45 pm</td>
<td>Fifth Session at Dr. NTR Vaidya Seva Scheme</td>
<td>Dr. A. Raja Prasanna Kumar, Executive Officer and General Manager, Field Operations and Grievance and Customer Care Departments</td>
<td>Focus on field support systems and grievance redressal</td>
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<tr>
<td>1-1:30 pm</td>
<td>Working Lunch</td>
<td></td>
<td>At the Dr. NTR Vaidya Seva Scheme</td>
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<tr>
<td>1:30-3:30 pm</td>
<td>Travel Time and Visit to Operations Department</td>
<td>Dr. G. Hymavathi, Executive Officer, Operations</td>
<td>To show preauthorizations, claims, and other processes</td>
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<tr>
<td>3:30 pm</td>
<td>Departure from Dr. NTR Vaidya Seva Scheme and Travel to LifeSpring Hospitals</td>
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<tr>
<td>TIME</td>
<td>ITEM</td>
<td>WHO</td>
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<tr>
<td>4 pm</td>
<td>LifeSprings Hospitals: Designing Low Cost Primary Care Services in Maternal and Child Care in the Private Sector</td>
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<td><strong>Day 2: Tuesday, November 3, 2015</strong></td>
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<tr>
<td>10:30 am-1 pm</td>
<td>Emergency Management and Research Institute 108 Office: Presentation and Discussions</td>
<td>Dr. Ramana Rao, Executive Partner, Emergency Management and Research Institute</td>
<td>General overview of the process at the Emergency Management and Research Institute, including contract management, performance monitoring and reporting</td>
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<tr>
<td>1-2 pm</td>
<td>Lunch</td>
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<tr>
<td>2-3:30 pm</td>
<td>Wrap Up Discussion and Next Steps</td>
<td>Bhavesh Jain and Arun B. Nair, ACCESS Health International</td>
<td>Identifying priority technical areas for each country to learn from India and next steps to engage with India health policy practitioners</td>
</tr>
<tr>
<td>3:30 pm</td>
<td>Vote of Thanks and Closing Remarks</td>
<td>Siddhartha Bhattacharya, Country Director, ACCESS Health India</td>
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<tr>
<td>3:45 pm</td>
<td>Departure for Airport</td>
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</table>
ACCESS Health International identifies good practices in health financing in low, middle, and high income countries. We work with public and private healthcare finance programs at both the state and national levels to speed the transition to universal health coverage. Many governments are currently reforming healthcare systems to provide universal coverage at an affordable cost. ACCESS Health provides research and advisory services to public and private healthcare providers to assist in the design and implementation of cost effective financing practices. We design and support practitioner to practitioner learning programs to support evidence based reforms.

The structure of healthcare finance directly influences the behavior of healthcare providers and the quality of outcomes. By supporting strategic health financing reforms and policy implementation, our work in health financing aligns financial and nonfinancial incentives to ensure high quality health services are affordable and available when needed. Our programs in healthcare finance within India are broad and deep, as are our relations with a group of African and Asian countries that share improvements in healthcare finance as part of the Joint Learning Network for Universal Health Coverage.

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