Technical Assistance Report

Project Number: 54009-001
Knowledge and Support Technical Assistance (KSTA)
May 2020

India: Strengthening Universal Health Coverage in India: Supporting the Implementation of Pradhan Mantri Jan Arogya Yojana

Asian Development Bank

CURRENCY EQUIVALENTS

(as of 17 April 2020)

Currency unit	–	Indian rupee/s (₹)
₹1.00	=	$0.013064
$1.00	=	₹76.5444

ABBREVIATIONS

ADB	–	Asian Development Bank
COVID-19	–	coronavirus disease
NHA	–	National Health Authority
PM-JAY	–	Pradhan Mantri Jan Arogya Yojana
SDG	–	Sustainable Development Goal
TA	–	technical assistance
UHC	–	universal health coverage

NOTE

In this report, "$" refers to United States dollars.

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CONTENTS

KNOWLEDGE AND SUPPORT TECHNICAL ASSISTANCE AT A GLANCE

1. Basic Data — **Project Number:** 54009-001

Project Name	Strengthening Universal Health Coverage in India: Supporting the Implementation of Pradhan Mantri Jan Arogya Yojana	**Department/Division**	SARD/INRM
Nature of Activity	Capacity Development	**Executing Agency**	National Health Authority
Modality	Regular		
Country	India		

2. Sector

	Sector	Subsector(s)	ADB Financing ($ million)
✓	Health	Health sector development and reform	0.20
		Total	**0.20**

3. Operational Priorities

- ✓ Addressing remaining poverty and reducing inequalities
- ✓ Accelerating progress in gender equality
- ✓ Strengthening governance and institutional capacity

Sustainable Development Goals

SDG 1.4
SDG 3.8
SDG 5.5
SDG 10.3

Climate Change Information

Climate Change impact on the Project: Low

Gender Equity and Mainstreaming

Some gender elements (SGE) ✓

Poverty Targeting

General Intervention on Poverty ✓

4. Risk Categorization Low

5. Safeguard Categorization Safeguard Policy Statement does not apply

6. Financing

Modality and Sources	Amount ($ million)
ADB	**0.20**
Knowledge and Support technical assistance: Technical Assistance Special Fund	0.20
Cofinancing	**0.50**
Republic of Korea e-Asia and Knowledge Partnership Fund (Full ADB Administration)	0.50
Counterpart	**0.00**
None	0.00
Total	**0.70**

Currency of ADB Financing: US Dollar

I. INTRODUCTION

1. The knowledge and support technical assistance (TA) will support the implementation of the Government of India's national health protection mission *Ayushman Bharat*, and particularly its component *Pradhan Mantri Jan Arogya Yojana* (PM-JAY), to accelerate the achievement of universal health coverage (UHC) in the country. The TA will also provide short-term support for managing the coronavirus disease (COVID-19) pandemic through private sector engagement, and strengthen the preparedness and resilience of the health system to tackle future exigencies.

2. The TA is consistent with ADB's Strategy 2030 Operational Plan for Priority 1—addressing remaining poverty and reducing inequalities—because its support for the government's UHC efforts will help improve the quality and coverage of public and private health care services, and ensure that the poor and vulnerable are not left behind.[1] The TA will also help the government meet its commitments to the Sustainable Development Goals (SDGs), including SDG 3.8, which entails achieving UHC.

II. ISSUES

3. India has experienced robust growth since the 1980s, adding on average 7.5% to its gross domestic product since 2011 and making it one of the world's fastest-growing economies. This growth has been inclusive—India more than halved its poverty rate since 1993, and achieved most of the Millennium Development Goals. It made significant strides in the health sector. Life expectancy exceeds 68 years, and the infant and under-five mortality rates are declining, as is the rate of disease incidence. Many diseases such as polio, guinea worm disease and tetanus have been eradicated.[2] The government's health spending has steadily risen to 30% of the country's total health expenditure, 10% higher than in 2005.[3]

4. Despite these achievements, India still faces significant challenges. Health indicators are showing gradual progress toward meeting the SDGs. The maternal mortality ratio and infant mortality rate are still unacceptably high. Communicable diseases remain a major public health problem, while noncommunicable diseases are the leading cause of death. Inequalities in access to health services still exist, translating into significant disparities in health indicators within and across states. Public health infrastructure and services are overburdened. More than 60% of the population relies on private sector services because of a lack of high-quality care, shortage of drugs, and poor service delivery in public hospitals. Although the private hospitals are easily accessible, the costs for their services are high, resulting in catastrophic out-of-pocket health expenditure that imposes a disproportionate burden on the poor.

5. To overcome health inequalities and improve health outcomes, India is pursuing a multi-stakeholder engagement in the design and delivery of an inclusive and pluralistic UHC-driven health care system. In 2011, a high-level expert group's report emphasized that the government should act as the guarantor and enabler and not as the sole provider of services.[4] In 2017, India

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[1] ADB. 2018. *Strategy 2030: Achieving a Prosperous, Inclusive, Resilient, and Sustainable Asia and the Pacific.* Manila.
[2] J. P. Narain. 2016. Public Health Challenges in India: Seizing the Opportunities. *Indian Journal of Community Medicine.* Apr-Jun; 41(2): 85–88. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4799645/ (accessed 2 May 2020).
[3] C. Geier. 2018. Health Care Improvements in India. *The Borgen Project*. 11 December. https://borgenproject.org/health-care-improvements-in-india/ (accessed 2 May 2020).
[4] Government of India. 2011. High Level Expert Group Report on Universal Health Coverage for India. Commission P. High level expert group report on universal health coverage for India. 2011.Planning Commission. New Delhihttps://www.ncbi.nlm.nih.gov/pmc/articles/PMC3354908/ (accessed 04 May 2020).

formulated the National Health Policy, clearly outlining the intent of achieving UHC.[5] Focused on increasing government health financing to 2.5% of gross domestic product by 2025, the policy highlights the need to (i) increase public health infrastructure; (ii) expand free access to essential drugs, diagnostics, and emergency services; (iii) encourage private sector participation for service delivery; (iv) strengthen the health information system; and (v) develop the capacity for health technology assessments.[6]

6. The recommendations of the National Health Policy led to the establishment of *Ayushman Bharat* in 2018 with the aim to provide equitable access to quality health services. *Ayushman Bharat* is designed to target and eliminate service delivery gaps in a dual pronged approach. First, in April 2018, it began providing comprehensive primary health care services (ambulatory diagnostic, curative, rehabilitative, and palliative) through health and wellness centers close to the people. Second, in September 2018, it launched PM-JAY to deliver inpatient health care services and health financing for the vulnerable through the implementation and expansion of strategic purchasing instruments of government-sponsored health insurance programs. PM-JAY provides financial protection for secondary and tertiary care to about 40% of India's poor households.[7] This initiative has become pivotal in living up to the promise of UHC. Within the first year of PM-JAY implementation, more than five million Indians benefited from the scheme, whereby hospitalized care is delivered through nearly 18,000 health care establishments empanelled under PM-JAY.[8] This sudden surge in demand, however, is stretching the fragile health system and is likely to affect the quality of service delivery.

7. The outbreak of the coronavirus disease (COVID-19), which the World Health Organization declared as a pandemic on 11 March 2020, underscored the need for stronger preparedness of India's health system. India's capacity in the key areas of early disease detection, which is crucial to arresting disease transmission, ranks lower than that of its peers. As the scale of the pandemic increased, the need for involving the private sector more strategically in the overall health management became acute.[9]

8. PM-JAY has evolved as a key pillar for achieving UHC, particularly for the overall management of the COVID-19 pandemic. However, the health system is being challenged by the extent of the pandemic. For one, while millions of test kits were imported from overseas, not enough government laboratories exist to test for the presence of the virus. Given the increasing demand for COVID-19 care, engaging the private sector in the provision of services is imperative. Through PM-JAY, more than 500 million beneficiaries are now entitled to free COVID-19 testing and treatment at designated private and public health facilities. This support needs to be expanded to more beneficiaries and more private hospitals.

9. The TA aims to sustain the efforts under PM-JAY to redefine India's health care system by drawing from global best practices in digital solutions and financing, including experiences in health system reforms of developed countries such as the Republic of Korea; and strengthening

[5] Government of India. 2018. *National Health Policy 2017.* Ministry of Health with Family Welfare. New Delhi.
[6] B. R. Chaudhuri and B. N. Roy. 1979. *National Health Policy.* Journal of the Indian Medical Association. 72(6):149–51. https://www.ncbi.nlm.nih.gov/pubmed/512388 (accessed 2 May 2020).
[7] B. J. Angell et al. 2019. *The Ayushman Bharat Pradhan Mantri Jan Arogya Yojana and the Path to Universal Health Coverage in India: Overcoming the Challenges of Stewardship and Governance*. PLoS Medicine. 16(3):e1002759. https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002759 (accessed 2 May 2020).
[8] Harsh Vardhan. 2019. Ayushman Bharat will strengthen India's efforts toward achieving Universal Health Coverage.
[9] As of 19 April 2020, according to the Ministry of Health & Family Welfare, India had reported 16,116 COVID-19 cases nationwide (also affecting 77 foreign nationals). Of these, 2,301 people were cured and discharged, 1 patient was migrated, and 519 died. Hospital isolation of all confirmed cases, and tracing and home quarantine of the contacts were ongoing.

the capacity for developing and managing an integrated, efficient, and modern health care system that is capable of handling pandemics and securing better and more equitable access.[10] The TA aims to help bridge gaps in the implementation of PM-JAY and India's efforts to achieve UHC. It will enable ADB to undertake analytical studies on key operational and regulatory issues, which will in turn underpin the operational efficiency of PM-JAY and the attainment of UHC.

III. THE TECHNICAL ASSISTANCE

A. Impact and Outcome

10. The TA will have the following outcome: strengthened UHC for better access to quality secondary and tertiary health care services, and improved preparedness for the COVID-19 pandemic. The TA will be aligned with the following impact: universal access to equitable, affordable, and responsive quality health care attained.

B. Outputs, Methods, and Activities

11. The TA has four outputs:

12. **Output 1: Recommendations for digital solutions to improve the operational efficiency of PM-JAY implementation formulated.** The TA team will take a multisector approach to progress toward UHC. The solutions will be driven by demand since ADB will be working closely with India's National Health Authority (NHA) and other stakeholders. Specifically, the TA will (i) assess information technology gaps and develop digital systems to enable effective and operationally efficient health care administration (including claims management, fraud detection, and purchasing); (ii) propose ways for purchasing digital solutions; (iii) develop legal guidelines; and (iv) recommend policy and regulatory adjustments to enable the proposed digital solutions. The TA will also provide training to staff and officials (including women) at the NHA and national health entities to enhance their capacity for using and managing digital solutions. The output has two key components:

(a) **Claims management and fraud detection processes improved.** PM-JAY has a critical component of claims processing using a digital platform. The TA will support the formulation of solutions for digital medical auditing tools in claims management, and the integration of a medico-legal framework in the overall system flow for better monitoring and greater accountability.

(b) **Strategic purchasing through digital interventions supported.** The TA will help develop digital solutions for the strategic purchasing of care, particularly by leveraging economies of scale to increase affordability, and by drawing from global best practices. The purchasing solutions can be mainstreamed to support the large-scale negotiations required for the procurement of consumables and drugs. The TA will also assist knowledge exchange activities to adopt best practices from other systems based on the national health insurance model, with a focus on the Republic of Korea.

13. **Output 2: Innovative models of financing and service delivery developed.** Although the start-up ecosystem in India is growing rapidly and attracting significant investments, the ecosystem for health innovations is still at a nascent stage. This output will explore and propose

[10] ADB provided support to the NHA under small-scale technical assistance totaling $225,000—ADB. 2019. *Technical Assistance to India for Supporting the National Health Authority*. Manila—by strengthening NHA processes and institutional arrangements and enabling access to innovation financing for health service providers that are partnering with the NHA in implementing PM-JAY. The new TA incorporates lessons from the earlier TA, such as putting in place digital health tools and systems to improve access to financing and the overall implementation of PM-JAY.

innovative health financing models to fill supply-side gaps and meet the increasing demand. The TA team will explore approaches to mobilizing resources for the development and rehabilitation of facilities. It will also help build an innovation-focused ecosystem to fill gaps in service delivery, develop a network of partnerships, support expert forums, and provide a platform for knowledge exchange. Data disaggregated by gender, age groups, and social groups will be collected, compiled, and analyzed for the end beneficiaries, such as patients.

14. **Output 3: Framework and strategies developed to strengthen states' capacity for implementation.** PM-JAY is designed as a sophisticated model for the provision of insurance coverage; however, it gives states the flexibility to modify it depending on their available expertise and capacity. Engaging with the end beneficiaries and providing opportunities for patient-reported outcomes are likely to enhance the quality of service delivery and improve citizen engagement, as is the case in the Republic of Korea. This output will strengthen the states' capacity for improved implementation, including better monitoring and evaluation. The TA team will design a strategy for stronger capacity and engagement across the spectrum of stakeholders, as well as a strategy for last-mile beneficiary awareness, and develop a comprehensive framework for internal knowledge management. The TA will also support information, education, and communication activities for more informed decision making on the part of the PM-JAY beneficiaries.

15. **Output 4: Framework and strategies developed to strengthen private sector response to COVID-19 pandemic.** PM-JAY is designed as a health care program involving both public and private service providers. Its current network includes more than 21,000 empaneled hospitals, of which about 50% are private. In events like the COVID-19 pandemic, it is crucial for the entire health system to participate in the overall response. PM-JAY indeed mobilized the participation of private entities in providing COVID-19 testing and treatment to more than 500 million PM-JAY beneficiaries. The TA will strengthen this partnership by installing a system for efficient communication and robust private sector network management. PM-JAY beneficiaries will be given free access to COVID-19 testing and treatment, and key information will be disseminated especially to the poor and vulnerable groups such as women, disadvantaged social groups, and residents of underserved areas. The TA team will develop an implementation framework that ensures COVID-19 testing and treatment as well as monitoring and evaluation across all geographic areas, including those now underserved.[11]

C. Cost and Financing

16. The TA is estimated to cost $750,000, of which (i) $200,000 will be financed on a grant basis by ADB's Technical Assistance Special Fund (TASF-other sources), and (ii) $500,000 will be financed on a grant basis by the Republic of Korea e-Asia and Knowledge Partnership Fund and administered by ADB.[12] Appendix 2 lists the key expenditure items.

17. The government will provide counterpart support of $50,000 in the form of counterpart staff, workshop venues, office accommodation, office supplies, secretarial assistance, domestic transportation, capacity building of private hospitals, and other in-kind contributions.

[11] The PM-JAY empanelment criteria for hospitals include compliance with India's Bio-Medical Waste Management Act. Periodic checks will ensure that the hospitals strictly follow the requirements, including those relating to COVID-19. Capacity building of private hospitals participating in the management of the COVID-19 pandemic will be financed through counterpart funding.

[12] The government of the Republic of Korea already approved on 22 January 2020 the $500,000 funding.

D. Implementation Arrangements

18. ADB will administer the TA. It will supervise and communicate with consultants and stakeholders. The NHA, as the executing agency, will implement the TA and be accountable for the outputs.

19. The implementation arrangements are summarized in the table.

Implementation Arrangements

Aspects	Arrangements		
Indicative implementation period	June 2020–June 2022		
Executing agency	National Health Authority		
Implementing agency	National Health Authority		
Consultants	To be selected and engaged by the Asian Development Bank (ADB)		
	Individual consultant selection	International expertise (33 person-months)	$246,550
	Individual consultant selection	National expertise (93 person-months)	$297,230
Disbursement	The technical assistance resources will be disbursed following ADB's *Technical Assistance Disbursement Handbook* (2010, as amended from time to time).		

Source: Asian Development Bank.

20. **Consulting services.** ADB will engage 14 individual consultants for the implementation of TA activities. The consultants will work on health system planning, information technology, health financing, and other related fields. ADB will engage both national and international individual consultants following its Procurement Policy (2017, as amended from time to time) and its associated staff instructions.[13]

21. **Cofinancier requirements.** Annual progress reports on the TA implementation will be prepared as required by the Republic of Korea e-Asia and Knowledge Partnership Fund.

IV. THE PRESIDENT'S DECISION

22. The President, acting under the authority delegated by the Board, has approved: (i) ADB administering a portion of technical assistance not exceeding the equivalent of $500,000 to be financed on a grant basis by the Republic of Korea e-Asia and Knowledge Partnership Fund; and (ii) ADB providing the balance not exceeding the equivalent of $200,000 on a grant basis to the Government of India for Strengthening Universal Health Coverage in India: Supporting the Implementation of Pradhan Mantri Jan Arogya Yojana, and hereby reports this action to the Board.

[13] Terms of Reference for Consultants (accessible from the list of linked documents in Appendix 3).

DESIGN AND MONITORING FRAMEWORK

Impact the TA is aligned with
Universal access to equitable, affordable, and responsive quality health care attained[a]

Results Chain	Performance Indicators with Targets and Baselines	Data Sources and Reporting Mechanisms	Risks
Outcome Strengthened universal health coverage for improved access to quality secondary and tertiary health care services and improved preparedness for COVID-19 pandemic	1a. By 2022, recommendations for digital solutions endorsed by the government (2020 baseline: NA)[b] 1b. By 2022, recommendations for capacity building strategies adopted by at least 2 states (2020 baseline: NA) 1c. By the end of 2020, at least 20,000 COVID-19 tests carried out for PM-JAY beneficiaries (of which 30% are women) (2020 baseline: NA)	1a. Government websites 1b. Government websites 1c. COVID-19 reports by the Ministry of Health and Family Welfare and the Indian Council of Medical Research	Changes in health financing policy shift priorities away from the national health insurance model and induce states to withdraw from implementing PM-JAY
Output 1 Recommendations for digital solutions to improve the operational efficiency of PM-JAY implementation formulated	**By 2021:** 1a. Report on gap assessment and recommendation for the NHA medical audit prepared (2020 baseline: NA) 1b. Anti-fraud legal guidelines and standard procedures developed (2020 baseline: NA) 1c. Report on the proposed digital solution for collective bargaining prepared (2020 baseline: NA) 1d. At least 80 staff and officials (of which 20 are women) from NHA and national health entities reported increased knowledge on digital solutions for health systems (2020 baseline: NA)	1a. ADB TA monitoring report 1b. Consultant's final report 1c. Consultant's final report 1d. Workshop documentation, meeting minutes	Lack of support from stakeholders to conduct activities
Output 2 Innovative models of financing and service delivery developed	2a. By 2020, needs-based assessment of state-level requirements for innovations completed for 5 states (2020 baseline: NA) 2b. By 2020, at least 80% participants (of which 20%	2a. ADB TA monitoring report 2b. Workshop documents, meeting minutes	Lack of support from stakeholders and state functionaries to conduct analysis

	are women) reported increased awareness on the proposed innovation facility (2020 baseline: NA) 2c. By 2020, report on the feasibility assessment for institutionalizing an innovation facility submitted (2020 baseline: NA)[c]	 2c. Consultant's final report	
Output 3 Framework and strategies developed to strengthen states' capacity for implementation	**By 2021,** 3a. Report on the proposed strategy for building the capacity of various stakeholders (including state-level functionaries, providers, and insurance companies) with gender targets submitted (2020 baseline: NA) 3b. A strategy for furthering last-mile beneficiary awareness finalized, with specific targets defined by gender, age, and social group (2020 baseline: NA) 3c. Report on the proposed framework for internal knowledge management and a repository for exchange of data within NHA submitted (2020 baseline: NA) 3d. At least 80% of participants of workshops and trainings organized reported increased awareness on the proposed capacity development framework and strategies (2020 baseline: NA)	3a. Consultant's final report 3b. Consultant's final report 3c. Consultant's final report 3d. Workshop documentation, survey questionnaire	Lack of support from stakeholders to conduct analysis and state-level buy-in
Output 4 Framework and strategies developed to strengthen private sector response to COVID-19 pandemic	4a. By mid-2020, report on the proposed implementation framework for ensuring free COVID-19 testing and treatment for all PM-JAY beneficiaries submitted (2020 baseline: NA) 4b. By mid-2020, report on the proposed strategy for augmenting testing and treatment in underserved geographies submitted, with focus on outreach to women and disadvantaged social groups (2020 baseline: NA) 4c. By 2020, 20% increase in the empanelment of private	4a. ADB TA monitoring report 4b. Consultant's final report 4c. Real-time monitoring dashboard	Lack of support from stakeholders and shift in the government's overall strategy for managing the COVID-19 pandemic

	hospitals for the provision of services related to COVID-19 (2020 baseline: NA)		

Key Activities with Milestones

1. Recommendations for digital solutions to improve the operational efficiency of PMJAY implementation formulated

1.1. Conduct assessment of information-technology-related gaps in medical audits (Q3–Q4 2020)
1.2. Outline recommendations for filling the identified gaps after consultation with various stakeholders (Q4 2020–Q1 2021)
1.3. Prepare guidelines and standard procedures for appropriate action in dealing with fraudulent contracts, legal and punitive action, prosecution, search, seizure, clawback recoveries, and other potential legal issues (Q4 2020–Q1 2021)
1.4. Undertake desk review and in-depth analysis of different mechanisms for collective bargaining adopted globally and/or regionally (Q3 2020)
1.5. Conduct expert consultations to help design a procurement model for devices, drugs, and consumables to leverage collective bargaining through economies of scale (Q4 2020)
1.6. Conduct stakeholder consultations to present drafts and preliminary findings (Q1 2021)
1.7. Finalize the reports by incorporating the comments from stakeholders (Q1 2021)
1.8. Conduct workshops for stakeholders including from NHA and other national health entities to present the proposed digital solutions for health systems (Q1 2021).

2. Innovative models of financing and service delivery supported

2.1. Design a needs-based assessment of hospitals and state governments to comprehend the needs for innovations (Q4 2020)
2.2. Initiate a feasibility assessment for institutionalizing an innovation facility (Q1 2021)
2.3. Conduct stakeholder consultations to present a draft proposal on an innovation facility (Q2 2021)
2.4. Organize an *Ayushman Bharat* PM-JAY national workshop or conclave with focus on mainstreaming of health care and financing innovations (Q3 2021)
2.5. Finalize and deliver the proposal for an innovation facility (Q4 2021)

3. Framework and strategies developed to strengthen states' capacity for implementation

3.1. Develop/design a strategy for stronger capacity and engagement among stakeholders (Q4 2020)
3.2. Conduct stakeholder consultations to present drafts and preliminary findings (Q1 2021)
3.3. Finalize the strategy for stronger capacity and engagement among stakeholders (Q1–Q2 2021)
3.4. Develop/design a strategy for last-mile beneficiary awareness (Q4 2020)
3.5. Conduct stakeholder consultations to present drafts and preliminary findings (Q1 2021)
3.6. Finalize the strategy for last-mile beneficiary awareness by incorporating the comments from stakeholders (Q1–Q2 2021)
3.7. Develop/prepare a comprehensive framework for internal knowledge management (Q4 2020)
3.8. Finalize the framework for internal knowledge management (Q1–Q2 2021)
3.9. Conduct workshops and trainings for stakeholders to present the proposed capacity development framework and strategies (Q2 2021)

4. Framework and strategies developed to strengthen private sector response to COVID-19 pandemic

4.1. Develop an implementation framework for ensuring free COVID-19 testing and treatment for all PM-JAY beneficiaries (Q2 2020)
4.2. Draft a strategy for efficient monitoring and evaluation of COVID-19 testing and treatment under PM-JAY (Q2 2020)
4.3. Develop a strategy for augmenting testing and treatment in underserved geographies (Q2 2020)
4.4. Conduct stakeholder consultations for finalizing the strategy on augmenting testing and treatment in underserved geographies (Q3 2020)
4.5. Support the augmentation of the overall number of private hospitals participating in the provision of COVID-19-related services (Q4 2020)

Inputs

Republic of Korea e-Asia and Knowledge Partnership Fund: $500,000
ADB: $200,000 from Technical Assistance Special Fund (TASF–other sources)

ADB = Asian Development Bank, COVID-19 = coronavirus disease, NA = not applicable, NHA = National Health Authority, PM-JAY = Pradhan Mantri Jan Arogya Yojana (national health insurance scheme), Q = quarter, TA = technical assistance.

[a] Government of India, Ministry of Health and Family Welfare. 2018. *National Health Policy 2017*. New Delhi. https://www.nhp.gov.in/nhpfiles/national_health_policy_2017.pdf.

[b] Provision to cover unspecified surgical conditions under an insurance mechanism.

[c] A facility that can provide access to innovators and clinicians to assess operational and financial viability.

Source: Asian Development Bank.

COST ESTIMATES AND FINANCING PLAN

($'000)

Item	Amount
A. Asian Development Bank[a]	
1. Consultants	
a. Remuneration and per diem	
i. International consultants	53.54
ii. National consultants	68.54
b. Out-of-pocket expenditures	
i. International and local travel	9.84
ii. Reports and communications	1.34
iii. Insurance and contingencies	4.69
2. Surveys and studies	8.00
3. Training, seminars, workshops, forum, and conferences	36.00
4. Miscellaneous administration and support costs	4.00
5. Contingencies	14.05
Subtotal (A)	**200.0**
B. Republic of Korea e-Asia and Knowledge Partnership Fund[b]	
1. Consultants	
a. Remuneration and per diem	
i. International consultants	133.85
ii. National consultants	171.36
b. Reimbursables	
i. International and local travel	24.60
c. Report and communication	3.35
d. Insurance and contingencies	11.72
2. Survey and studies[c]	90.00
3. Training, seminars, workshops, forums, and conferences[d]	20.00
4. Miscellaneous administration and support cost	10.00
5. Contingencies	35.12
Subtotal (B)	**500.00**
Total A + B	**700.00**

Note: The technical assistance (TA) is estimated to cost $750,000, of which contributions from the Asian Development Bank and the Republic of Korea e-Asia and Knowledge Partnership Fund are presented in the table above. The government will provide counterpart support in the form of counterpart staff, workshop venues, office accommodation, office supplies, secretarial assistance, domestic transportation, capacity building of private hospitals, and other in-kind contributions. The value of the government contribution is estimated to account for 6.6% of the total TA cost.

[a] Financed by the Asian Development Bank's Technical Assistance Special Fund (TASF–other sources).

[b] Administered by the Asian Development Bank.

[c] Survey and studies: technical studies undertaken with Seoul National University to define and meet emerging research needs. Seoul National University experts will be engaged as resource persons or consultants to present knowledge and experiences in health care reforms in the Republic of Korea, assess their suitability to the Indian context, and inform the outputs of the TA accordingly.

[d] Training, seminars, workshops, forums, and conferences include knowledge exchange activities in collaboration with Seoul National University. These will also include workshops held in collaboration with the state governments in India and the engagement of resource persons from the Republic of Korea's Health Insurance Review and Assessment Service or the National Health Authority to share experiences and discuss the processes adopted to implement the Korean Health Insurance system. The cost will include items such as venue rentals, travel-related expenses of participants, and costs associated with engaging resource persons.

Source: Asian Development Bank estimates.

LIST OF LINKED DOCUMENTS

http://www.adb.org/Documents/LinkedDocs/?id=54009-001-TAReport

1. Terms of Reference for Consultants