

HITAP SUPPORTS THE “INTERNATIONAL SEMINAR ON USING EVIDENCE FOR DECISION-MAKING AND HEALTH BENEFITS PACKAGE DESIGN”

25-26 February 2019
Guwahati, Assam, India

Abbreviations

ADP	Access and Delivery Partnership
AITC	Annual International Training Course
BMGF	Bill and Melinda Gates Foundation
CGD	Centre for Global Development
CHAI	Clinton Health Access Initiative
DHR	Department of Health Research
HBP	Health Benefits Package
HITAP	Health Intervention and Technology Assessment Program
HTA	Health Technology Assessment
ICL	Imperial College London
iDSI	International Decision Support Initiative
IIPH	Indian Institute of Public Health
LDP	Leadership and Development Programme
MoHFW	Ministry of Health and Family Welfare
MSH	Management Sciences for Health
NHA	National Health Authority
NHSO	National Health Security Office
PM-JAY	Ayushman Bharat Pradhan Mantri Jan Arogya Yojana
SHA	State Health Agency
TICA	Thailand International Cooperation Agency
UHC	Universal Health Coverage

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Introduction

The International Decision Support Initiative (iDSI), a global network of priority setting institutions, has been providing guidance on Health Technology Assessment (HTA) in India since 2017, supported by the Bill and Melinda Gates Foundation (BMGF) India Office. The support on HTA institutionalisation has been led by iDSI core members, Imperial College London (ICL) together with the Health Intervention and Technology Assessment Program (HITAP), Ministry of Public Health, Thailand. Since 2017, various activities have been conducted, including training programs on HTA. Many of these activities have been conducted in collaboration with HTAIn, the HTA unit in the Department of Health Research (DHR), Ministry of Health and Family Welfare (MoHFW), which has set up a system of technical partners and resource hubs across the country to inform policy.

On 25-26 February 2019, ICL and the Center for Global Development (CGD) partnered with the Indian Institute of Public Health (IIPH) Shillong, a technical partner of HTAIn, to host an international seminar titled “Using Evidence for Decision-Making and Health Benefits Package Design”. This workshop was held in Guwahati, Assam, and primarily focused on the states in that belt of northeastern India. Contents for the program built on material from “*What’s In, What’s Out? Designing Benefits for Universal Health Coverage (UHC)*”, which elaborated on global case studies about developing a Health Benefits Packages (HBP) as well as the methods used to do the same¹. This workshop was timely, as India launched what has become the largest public health insurance scheme, Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (PM-JAY); state governments hold the mandate for implementation.

This report summarises proceedings of the workshop and articulates outcomes arising from HITAP’s participation. Two HITAP staff contributed as facilitators for group work sessions as well as note-takers in others, also extensively sharing experiences from the Thai context during discussions. All supporting information is provided in the appendices.

Summary of the workshop

The workshop was divided into four thematic areas: linking the benefits package to funding availability and using data to ensure this link, data requirements for reviewing and adjusting the package as needed, governance for UHC and the HBP, and finally considerations of ethics and equity in package decisions. The workshop aimed to share lessons on planning and operationalising HBPs in direct relation to India’s national and state level contexts. Participants from the national government, state governments of six states, namely Assam, Meghalaya, Nagaland, Manipur, Mizoram and Arunachal Pradesh, as well as related academic institutes and international organisations who support government agencies in India were in attendance. The agenda and list of participants is provided in Appendix 1 and 2, respectively.

¹ Available at this link: <https://www.cgdev.org/publication/whats-in-whats-out-designing-benefits-universal-health-coverage>

The workshop began with discussions on the role of HBP in the context of UHC. Presentations explored how ad hoc decision-making in provisioning care is unaccountable, not transparent and reduces overall health, given the opportunity costs. Expanding benefits without assessing direct opportunity costs would require an increase in the overall budget. However, when defining a package within budgetary constraints, HTA can help identify a mix of service provision that can maximise health. However, it was also stressed that HTA results do not provide a policy verdict themselves and that this decision must be made by, and owned by, country policy makers. The day concluded with group work about assessing priorities for data collection and analysis for developing an HBP. The second day of the workshop focused on governance structures required for HBPs, addressing issues such as the consideration of social and equity concerns when defining a package, as well as detailed discussions on benefit package development and implementation within national and state level contexts in the country.

Discussions then delved into practicalities of defining HBPs, specifically how packages must be carefully linked to available funding to be effective and recognising the process of package development as a continuous and iterative one. As costs, priorities and/or budgets change, the package and associated rates must also be modified to reflect these changes. This process of defining payment rates appropriately for different facility levels and geographic locations requires strong, reliable data. Effective policy also requires considering the realities of infrastructural capacity for service delivery and the impact of different payment structures on provider incentives. These issues are also closely associated to the need to define quality of services being delivered. To strengthen service quality, packages should specify the indications that treatments may be used for; there should also be a strong synergy between HTA evidence generated, HBP specifications and the standard treatment guidelines (STGs). The power of good data to provide grounding to policy and support effective implementation of the scheme through monitoring and evaluation was reiterated throughout the day. Beyond defining a good package and payment rates, policy makers must also address questions of patient uptake and usability of the scheme.

A representative from the National Health Authority (NHA), responsible for managing the PM-JAY, gave an overview of the structures being set up for the roll-out of the scheme. Policy determination, funding provision and management, and governance structures are split across national and state levels in PM-JAY, allowing a combination of central-level direction and resource allocation, but with enough flexibility for the scheme to meet the needs of the local context; an outline of roles played by different organisations within this setup was also given. There were some questions concerning NHA's authority, since its name change from the National Health Agency to the National Health Authority to confer more power and greater capability to implement its directives. Discussions moved to some practical measures being undertaken for implementing the scheme including policies regarding data collection, beneficiary identification, claims processing, and available public information about the scheme. The response suggested that cooperation between agencies such as the NHA, Quality Council of India and DHR is being used to recognise and minimise, any capacity gaps that may exist in individual agencies.

The workshop explored the concepts of governance and its associated principles as groundwork to strengthen effectiveness of an HBP. This included a group exercise in which participants read a hypothetical case of a state in the process of defining and implementing an HBP, to reflect on

governance processes and structures, and think about ways to strengthen them. Discussions also reflected on the significance of a range of principles including transparency, evidence-based policy and stakeholder engagement within this governance framework.

Discussions around India's roll-out of national insurance, as well as principles of good governance were directly linked to state level contexts through presentations made by representatives from State Health Agencies (SHA) responsible for implementing the scheme in Meghalaya, Assam and Nagaland. These speakers described insurance structures and policies in these states which aim to cover vulnerable populations and reduce out-of-pocket expenditure. Key challenges described at the state level include lack of finance to fully tackle out-of-pocket expenditure, data suggesting instances of misreporting claims submissions, lack of detail in package definitions allowing them to become a "catch-all" for any treatment, difficulty in identifying and reaching out to all potential beneficiaries and a lack of human, financial and infrastructural capacity in the state level offices to easily address these challenges, amongst others. A panel discussion with state-level speakers explored the state contexts and methods to alleviate challenges described, including cooperation across organisations, targeted infrastructural investment and better planning systems.

Ethical considerations are a key concern in India when defining health policy. The workshop engaged participants about the processes for considering ethics alongside efficiency or utility arguments in order to define appropriate policy. Ethical issues were discussed in relation to questions of equity, suffering, respect and human dignity, with the group thinking about each of these aspects in detail through a case-based group exercise. The event concluded with a session on "Next steps: making it happen" in which key themes and discussions from the previous two days were drawn together and contextualised to PM-JAY roll-out in India.

Outcomes of the workshop

HITAP was invited to join the workshop and assisted in facilitation of the workshop. In addition, HITAP staff were able to learn more about potential roles of HTA in the context of the PM-JAY roll-out in India and discuss findings with grant partners to inform iDSI work-planning. HITAP also had the opportunity to network with key individuals in India about future engagements.

Learning about the Indian PM-JAY to inform iDSI work plans

Over the course of two days, the primary focus was on methods to define the benefit package and implement its roll-out within PM-JAY. This provided iDSI core members with more clarity on how decisions were being made and at which levels, as well as a greater understanding of how HTA can be applied to strengthen policy. It became apparent that current definition of packages is not based on the systematic use of HTA evidence, and that there is need for strong linkages between HTA, benefit packages and STGs. State autonomy under the scheme suggests that HTA capacity will be required at national and state levels. HITAP and ICL staff met alongside the workshop to reflect on

these lessons for the iDSI engagement in India, both during the current phase of the grant, ending December 2019, and the subsequent phase which ICL will be taking forward in partnership with the Clinton Health Access Initiative (CHAI).

Networking for future engagements

The workshop was also an opportunity to build networks with key persons in India and strengthen iDSI work. During the workshop, HITAP met Dr. Arun Gupta who works with the NHA in Delhi. Subsequent to this meeting, HITAP was able to facilitate Dr. Gupta's involvement in a workshop on "Strategic Pricing of Health Technologies for Universal Health Coverage" held from 26-29 March 2019 in Bangkok, Thailand and delivered by the Access and Delivery Partnership (ADP) and the Management Sciences for Health (MSH). HITAP met with Dr. Gupta during this time to have a detailed discussion on learnings from the course as well as scope the potential for NHA to institutionalise HTA in the framework of PM-JAY.

Following the initial meeting, HITAP also reached out to Dr. Gupta to facilitate the participation of two members of NHA, financially supported by iDSI, for a "Leadership Development Programme (LDP)" organised by the National University of Singapore (NUS) on 24- 28 June 2019 and co-hosted by iDSI and ADP among other partners². HITAP further utilised networks made at the HBP workshop to promote participation of Indian policy makers in Thailand's Annual International Training Course (AITC) "Thai Universal Health coverage in Action" which was held on 19-30 August 2019, funded by the Thailand International Cooperation Agency (TICA) and organised by various institutions in Thailand, with support from HITAP. HITAP was able to share details of the event directly with NHA and SHAs from Manipur and Meghalaya, having met these representatives at the HBP event. These contacts further circulated these details to others who would benefit from the course. Links established at the HBP event were particularly relevant in publicising the AITC, as this course focused on the experiences of Thailand's National Health Security Office (NHSO) in managing the Universal Coverage Scheme, the public insurance scheme covering three quarters of the Thai population. NHSO plays a very similar role in Thailand to that envisioned for the NHA and SHA under PM-JAY in India. Applications were received and accepted from the NHA, as well as SHAs of Bihar, Uttar Pradesh (UP) and Manipur. The NHA and Bihar SHA participants were ultimately unable to join the event. Three participants joined from the Uttar Pradesh (UP) SHA and one from the Manipur SHA. Participation of one representative of the UP SHA and the one of Manipur were supported directly through the iDSI India grant³.

Links to the agendas for the events above are available in Appendix 3.

² Participants from NHA at the LDP: Jeetu Lal Meena- General Manager, Hospital Networking and Quality Assurance, National Health Authority, India, and Henna Dhawan- Senior Officer on Special Duty to CEO and Deputy General Manager, National Health Authority, India.

³ Participants at the AITC: Ms. Priyanka Pathak, UP SHA and Ms. Sonia Khuraijam, Manipur SHA were supported by HITAP through its iDSI India grant; Ms. Nitu Singh and Mr. Shivam Gupta, both from UP SHA were supported by TICA.

Appendix

1. Agenda



INDIAN
INSTITUTE OF
PUBLIC HEALTH
SHILLONG



International Seminar on Using Evidence for Decision-Making and Health Benefits Package Design

What's In, What's Out? Designing and Adjusting Health Benefits Plans for Universal Health Coverage

Monday, February 25th, 2019 – Tuesday, February 26th, 2019
Guwahati, Assam, India

Context:

Health benefits plans (HBP) are policy instruments used to set priorities for public spending on health. As India moves towards the achievement of UHC, finding methodologically robust and evidence-based answers to the challenges of defining which services should be publicly funded, for whom, and how becomes increasingly important. The introduction of Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (PM-JAY) brings with it an urgent need for State policymakers to rationalize multiple schemes, their benefits and their purchasing and contracting strategies, and enhance quality monitoring, to assure that public subsidies for insurance meet their objectives – not only for utilization, but for health outcomes and financial protection. This workshop draws on the book *What's In, What's Out? Designing Benefits for Universal Health Coverage* (UHC) and seeks to provide some answers, options and framing of choices in response to important challenges that State governments are facing in relation to the refining of their own State Insurance Schemes and associated HBPs and the rollout of PM-JAY.

This workshop aims to:

- (i) Describe the role of health benefits plans in modern health systems, drawing practical policy and implementation lessons

- (ii) Understand the main challenges facing state-level insurers and payers in India as regards benefits-related policies
- (iii) Present and discuss a range of concrete examples from Indian states, and how they may be relevant to state-level realities in benefits planning and implementation in India
- (iv) Discuss how health benefits plan-based policies can be operationalized considering resource and information constraints as well as context
- (v) Inform an issues paper for policymakers on the role of health benefits policy in insurance expansion and health reform in India

MONDAY FEBRUARY 25, 2019

9:00 am – 10:00 am

*Welcome inauguration and introductions
Shillong*

Chair: Prof Sandra Albert, IIPH

09:00 – 09:15 - Formal opening of the event and welcome to Assam/NE regional State representatives, Prof. Sandra Albert, IIPH Shillong

09:15 -09:30 - Chief Guest, Shri Samir Sinha, Principle Secretary Health, Government. of Assam

09:30 -09:45 - International Guest of Honor, Prof Kalipso Chalkidou, Director, iDSI

09:45 - 10:00 - lamp lighting ceremony, led by Prof Sandra Albert.

10:00: Vote of thanks, Dr Francoise Cluzeau, Imperial College London

10:00 am – 10:45 am

Role of HBP in UHC

Chair: Dr Francoise Cluzeau, Imperial College London, iDSI

10:00 – 10:05 - *Opening of the session and introduction to session speaker, - Dr Francoise Cluzeau, Imperial College, iDSI*

10:05 – 10:30: Presentation ‘The role of HBP in UHC’, *Amanda Glassman, CGD, iDSI*

10:30 – 10:45 -Open Q&A session

10:45 am – 11:00 am

Tea break

11:00 am - 12:00 pm

What is your HBP policy baseline? Where did you start? Chair: Prof Kalipso Chalkidou, CGD, iDSI

11:00 – 11:05 - *Opening of the session and introduction to session speaker - Prof Kalipso Chalkidou, CGD,*

11:05 – 11:35 - Presentation ‘What is your HBP policy Baseline?’ *Amanda Glassman, CGD, iDSI*

11:35 – 12:00 - Open Q&A session

12:00 pm – 13:00 pm

Lunch

MODULE 1: FINANCING, DATA AND QUALITY ISSUES IN HBP POLICY

13:00 pm – 15:00 pm

Connecting funding to priorities in HBP policy ***Chair: Dr Francoise Cluzeau, Imperial College London***

13:00 – 13:05 - *Opening of the session and introduction to session speakers, - Dr Francoise Cluzeau, Imperial College, iDSI*

13:05 – 13:30 - Presentation ‘Connecting funding to HBP priorities’, *Amanda Glassman, CGD*

13:30- 14:00 - Presentation ‘The Effects of Benefits Design on Public Health Insurance Effectiveness in India: A Case Study’, *Radhika Jain, Harvard University*

14:00 – 14:30 - Presentation ‘Using evidence to strengthen HBP implementation under PMJAY’, *Owen Smith, World Bank*

14:30 – 14:50 - Presentation ‘The Social Audit Act of the Govt Meghalaya’, *Shri Sampath Kumar*

14:50 – 15:00 - Open Q&A session

15:00 pm – 15:15 pm

Tea break

MODULE 2: METHODS FOR THE DEVELOPMENT AND ADJUSTMENT OF HBP

15:15 pm – 16:00 pm

Methods options for HBP

Chair: Dr Carleigh Krubiner, CGD, iDSI

15:15 – 15:20 *Opening of the session and introduction to session speaker(s), - Dr Carleigh Krubiner, CGD*

15:20 – 16:00 - Presentation ‘Understanding the role of different methods in defining and adjusting the HBP, what choices need to be made’, *Peter Smith, Imperial College London*

16:00 pm – 17:30 pm

Methods group work

Chair: Prof Peter Smith, Imperial College London

16:00 – 16:10: *Introduction of groupwork exercise – Prof Peter Smith, Imperial College London*

16:10 – 17:00 *Methods Case Study Group work – all participants.*

- Exercise to assess states’ priorities for data and analysis when considering development of a HBP. What has been used in your health system, what are issues, what are action areas?

17:00 – 17:30 *Groupwork Feedback*

17:30 - Wrap Up

Closing of the day and summary of key learning points – Dr Amanda Glassman, CGD

- Take-home message

TUESDAY FEBRUARY 26, 2019

9:00 am – 9:15 am

Check-in

09:00 – 09:15 - Opening of day 2 - Prof Kalipso Chalkidou, CGD & Amanda Glassman, CGD

MODULE 3: GOVERNANCE OF THE HBP POLICY

9:15 am – 10:15 am

Good governance for HBP design

Chair: Dr Nishant Jain, GIZ

09:15 – 09:15: Opening of the session and introduction to session speaker(s), - Dr Nishant Jain, GIZ

09:15 -09:30 - Presentation 'Governance under PMJAY', Dr Arun Gupta, National Health Agency,

09:30 – 10:00 'Understanding the nature and importance of principles of good governance', Amanda Glassman, CGD

10:00 – 10:15 – Question and Answer session

10:15– 11:30 am

Group work on governance

Chair: Prof Kalipso Chalkidou CGD,

iDSI

10: 15 – 10:20: Introduction of groupwork exercise – Prof Kalipso Chalkidou, CGD, iDSI

10:20 – 11:00: Governance Case Study Group work – all participants.

- Exercise to assess states' choices around governance and process underpinning the HBP policy

11:00 – 11:30: Groupwork Feedback

11:30 am – 11:45 am

Tea break

11:45 am – 13:00 pm

Examining current HBP provision in the North East region **Chair: Prof Sandra Albert, IIPH Shillong**

11:45 – 11:50 - Opening of the session and introduction to session speaker(s), - Prof Sandra Albert

11:50 – 12: 20 - Presentation 'Analysis of the Meghalaya Health Insurance Scheme (MHIS)', Dr Roshan Ronghang, IIPH Shillong

12:20 – 12:40 - Presentation 'The Health Benefits Package in Assam', Dr Anuj Gupte, Project Head, MD India Health Insurance

12:40 – 13:00 - Presentation 'The Health Benefits Package in Nagaland', Dr Kika Longkumer, Senior Nodal Officer, State Health Authority

13:00 pm – 14:00 pm

Lunch

MODULE 4: ETHICS & EQUITY IN HBP POLICY

14:00 pm – 15:00 pm

How to consider ethics & equity in HBP decisions **Chair: Dr Amanda Glassman, CGD**

14:00 – 14:05 Opening of the session and introduction to session speaker(s), - Dr Amanda Glassman

14:05 -14:30 - Presentation 'Ethics and equity in HBP decision making', Dr Carleigh Krubiner, CGD

14:30 – 14:55 - Presentation 'The Indian Scenario: Ethics and Equity in HBP', Prof Rama Baru, JNU

15:00 pm – 16:00 pm

Ethics Mini-Case Group Work

Chair: Dr Carleigh Krubiner, CGD,

iDSI

14:55- 15:00 – Introduction of groupwork exercise – Dr Carleigh Krubiner, CGD

15:00 – 15:30 – Ethics Case Study group work – all participants

- Exercise applying ethical considerations to specific cases of coverage decision that engage different kinds of ethical concerns and trade-offs

15:30 – 16:00 - Groupwork Feedback

16:00 pm – 16:15 pm

Tea break

16:15 pm – 16:45 pm

Next steps: making it happen

Chair: Prof Kalipso Chalkidou CGD, iDSI

16:15 – 16:20 – Introduction to the session, Prof Kalipso Chalkidou, CGD

16:20 – 16:45 – Presentation 'How to strengthen the HBP', Amanda Glassman, CGD

16:45 pm

Closing of conference

Closing address, Amanda Glassman, CGD

2. List of participants

#	Full name	Organisation/Affiliation	Location based	Role
1	Sandra Albert	IIPH-Shillong	Meghalaya	Speaker
2	Tiken Das	IIPH-Shillong	Meghalaya	Participant
3	Rituparna Ghosh	IIPH-Shillong	Meghalaya	Participant
4	Roshan Ronghang	IIPH-Shillong	Meghalaya	Speaker
5	Ibaplielad Jana	IIPH-Shillong	Meghalaya	Participant
6	Yoorisabha Mika Pde	IIPH-Shillong	Meghalaya	Facilitator/Participant
7	Rituraj Choudhury	IIPH-Shillong	Meghalaya	Event Manager
8	Chayanika Barua	IIPH-Shillong	Meghalaya	Event Manager
9	Dr. Lipika Nanda	IIPH	New Delhi	Participant
10	Alexo Esperato	BMGF India Office	New Delhi	Participant
11	Owen Smith	World Bank	New Delhi	Speaker
12	Nishant Jain	GIZ	New Delhi	Speaker
13	Rama Baru	Jawaharlal Nehru University	New Delhi	Speaker
14	Shveta Kalyanwala	Amaltas	New Delhi	Participant
15	Sam Diamond	CHAI	New Delhi	Participant
16	Chirag Sidana	CHAI	New Delhi	Participant
17	Amanda Glassman	CGD	Washington DC	Speaker
18	Kalipso Chalkidou	CGD	London	Speaker
19	Carleigh Krubiner	CGD	Washington DC	Speaker
20	Radikha Jain	CGD	Washington DC	Speaker
21	Peter Smith	Imperial	London	Speaker
22	Alex Winch	Imperial	London	Facilitator/Participant
23	Francoise Cluzeau	Imperial	London	Facilitator/Participant
24	Juliet Eames	HITAP	Bangkok	Facilitator/Participant
25	Saudamini Dabak	HITAP	Bangkok	Facilitator/Participant
26	Abha Mehndiratta	Imperial	New Delhi	Facilitator/Participant
27	Selvaraju Venkatachalam	Imperial	New Delhi	Facilitator/Participant
28	Sonata Dkhar	Megha Health Insurance Scheme (MHIS)	Meghalaya	Participant
29	Steven Bareh	Megha Health Insurance Scheme (MHIS)	Meghalaya	Participant
30	A Alda Passi	Megha Health Insurance Scheme (MHIS)	Meghalaya	Participant

#	Full name	Organisation/Affiliation	Location based	Role
31	Natus Ladia	Megha Health Insurance Scheme (MHIS)	Meghalaya	Participant
32	Dr Achyut Baishya	ED NHM	Guwahati/Assam	Participant
33	Dr. Subhajit Bhattacharjee	WHO	Guwahati/Assam	Participant
34	Dr Ashish Dadwal, Health Specialist for NE	UNICEF	Guwahati/Assam	Participant
35	Dr. Kika Longkumer	SNO, SHA(PMJAY)	Nagaland	Speaker
36	Dr. Sao Tunyi	Programme Management Consultant (GIZ), SHA, (PMJAY)	Nagaland	Participant
37	Ms. Alongla Aier	Technical State Coordinator (PWC), SHA(PMJAY)	Nagaland	Participant
38	Dr. Biakthansangi	CEO, SHA, AB-PMJAY	Mizoram	Participant
39	Dr. Isaac Lalrawngbawla	Medical Officer, SHA, AB-PMJAY	Mizoram	Participant
40	Mr. K Vanlalruata	Claims Processor, SHA, AB-PMJAY	Mizoram	Participant
41	Dr Tana Takum	CEO (CMAAY/ PMJAY)	Arunachal Pradesh	Participant
42	Dr Nabam Peter	Deputy CEO (CMAAY/PMJAY)	Arunachal Pradesh	Participant
43	Salam Govin Singh	Addl. State program Manager, NHM Manipur	Manipur	Participant
44	Rajkumar Momosana	State accountant, NHM Manipur	Manipur	Participant
45	Mr.Thongsunmuang Vualnam	Consultant, State Health Agency	Manipur	Participant
46	Dr.Nongthombam Pratapchandra Singh	Medical Officer, State Health Agency	Manipur	Participant
47	Dr Nivedita Barthakur Sondhi	i/c CEO, SHA, AAAS (Atal Amrit Abhiyan Society)	Guwahati/Assam	Speaker
48	Mr Jiten Singha	Senior Manager, SHA, AAAS (Atal Amrit Abhiyan Society)	Guwahati/Assam	Participant
49	Dr P.K.Dev Mahanta	Sr. Medical Officer, SHA, AAAS (Atal Amrit Abhiyan Society)	Guwahati/Assam	Participant
50	Dr Anuj Gupte	Project Head, MD India Health Insurance TPA Pvt Ltd, AAAS	Guwahati/Assam	Speaker
51	Henna Dhawan	Sr. Officer on Special duty & Deputy General Manager. AB-PMJAY, NHA	New Delhi	Participant
52	Dr Arun Gupta	Executive Director- Hospital Network and Quality, NHA, GoI	New Delhi	Participant
54	Mr P Sampath Kumar, IAS	Chief Executive Officer - MBDA	Meghalaya	Participant
55	Shri Sameer Kumar Sinha, IAS	Principal Secretary Health & F.W	Guwahati/Assam	Chief Guest

3. Event participation resulting from networking at workshop

- i. Strategic Pricing of Health Technologies for Universal Health Coverage held on 26-29 March 2019 in Bangkok, Thailand; organized by the Access and Delivery Partnership (ADP) and the Management Sciences for Health (MSH).
- ii. Leadership Development Programme (LDP), held on 24- 28 June 2019 in Singapore; organised by the National University of Singapore (NUS), International Decision Support Initiative (iDSI) and the Access and Delivery Partnership (ADP).
- iii. Annual International Training Course (AITC): “Thai Universal Health coverage in Action” held 19-30 August 2019 in Bangkok, Thailand; organized by

Link: <https://1drv.ms/u/s!AgWJO9PqiPQogtYfnfRUE6p62o9klA?e=R9GcJf>