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CONSULTATIVE MEETING

# Bringing Health Insurance to India's Urban Poor: Exploring the Contours of Collaborative Action

August 22, 2017 | New Delhi

Summary Report

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SUMMARY

# Consultative Meeting on Health Insurance Options for India's Urban Poor

On August 22, 2017, the USAID-supported global Health Finance and Governance (HFG) project and the Partnerships for Affordable Health Access and Longevity (PAHAL) project convened a consultation meeting in New Delhi to discuss health insurance options for the urban poor in India. The meeting provided key stakeholders—public and private insurance companies, service providers, network aggregators, and health financing experts—a forum to jointly deliberate on the issues and opportunities for providing health insurance to India's large population of low-income urban households. Altogether more than 50 stakeholders came together to discuss the country's insurance landscape and exchange experiences and ideas on designing innovative health insurance mechanisms.

The consultation meeting was structured in a workshop format, with panel discussions, interaction between participants, and group work on technical design themes. The multi-stakeholder panel comprised G. Srinivasan, Chairman-cum-Managing Director of The New India Assurance Co. Ltd., one of India's largest public insurers; Mayank Bathwal, Chief Executive Officer of Aditya Birla Health Insurance Co. Ltd., one of the country's leading private health insurance companies; Kaushik Sen, co-founder and Chief Executive Officer of Healthspring, a leading primary care provider; and Bob Fryatt, a public health and health financing expert and Director of the HFG project. Allyala Nandakumar, Chief Economist at the Bureau for Global Health, USAID, moderated the panel discussion. Each panel presentation, wherein the panelists shared their perspectives and outlined their methods and approaches, elicited dialogue and thought-provoking discussion among participants. Three multi-stakeholder groups, comprising about 10 members each, worked closely to tackle key design issues in formulating a health insurance product for low-income urban customers. The group work resulted in a host of innovative ideas, strategies, and action plans to address the issues.

The consultation clarified the lens through which insurance options for the urban poor must be seen. It reaffirmed the role health insurance could and should play in making quality care accessible to the poor without the risk of further impoverishment. Initial consensus emerged on the need for a collaborative public-private response to the urban poor's health insurance needs, which must extend to primary care and wellness. The role innovation, data, and technology will play in designing simple, cost-effective, and customer-centric insurance products emerged as another point of agreement. The participants agreed that arriving at comprehensive and sustainable solutions will require accelerated action toward piloting of insurance products in diverse geographies.

The health insurance market in India is poised for geometric growth over the coming five to ten years. Catalyzing and capturing this growth to address the needs of a vast segment of the country's population will require collective thinking and joint effort from multiple players. By bringing multiple stakeholders to the same table, the consultation meeting has laid the foundations for a robust collaborative response.

# Outlining the Goals and Agenda of the Meeting

Sanjeev Gaikwad, Abt Associates, welcomes participants to the consultation meeting

The consultation meeting began with a brief inaugural address by Sanjeev Gaikwad, India Country Representative at Abt Associates, which is implementing the USAID-supported Health Finance and Governance (HFG) project globally. Welcoming the participants to a day of vigorous discussion, he lauded the effort for bringing key stakeholders—public and private insurance players, healthcare service providers, network aggregators, and health financing experts—to the same platform to deliberate health insurance options for India's large population of low-income urban households. He highlighted the need for disruptive health insurance products that make the required services available to this population at a cost they can afford. Gaikwad also provided the participants a brief overview of the three seminal reports HFG has brought out on India's insurance landscape. The publications[1,2,3] are a result of HFG's rigorous contribution over the past year to build a strong knowledge base on health insurance in India.

Joining Gaikwad in welcoming the attendees were Lysander Menezes, Chief of the Party, HFG India project, and L.M. Singh, Project Director of the USAID-supported Partnerships for Affordable Health Access and Longevity (PAHAL) project. The two projects jointly organized the consultation meeting to facilitate stakeholder discussion on health insurance imperatives for the urban poor. In his address Singh provided information on PAHAL and its aims and approaches to make affordable healthcare accessible to low-income urban communities. Reiterating the goal of the meeting—to bring the different players together—he highlighted the need for adopting an inclusive ecosystem approach and promoting a new breed of entrepreneurs in the sector. The goals and agenda of the meeting were further elaborated by Menezes, who emphasized leveraging data to design innovative, localized insurance products that cater to specific needs in specific geographies.

L.M. Singh, PAHAL, calls for partnerships and collaboration

Lysander Menezes, HFG India, outlines the agenda of the meeting

The consultation meeting was initiated with the ceremonious lighting of lamp, a cultural symbol for invocation of knowledge.

[1]Bhat, Ramesh. August 2017. Navigating Health Financing and Insurance Options for Urban Poor in India. Bethesda, MD: Health Finance and Governance Project, Abt Associates Inc.
[2]Bhat, Ramesh, Lysander Menezes, and Carlos Avila. August 2017. Review of Community/Mutual-Based Health Insurance and Their Role in Strengthening the Financial Protection System in India. Bethesda, MD: Health Finance and Governance Project, Abt Associates Inc.
[3]Jain, Nishant. August 2017. Role of Government-funded and Community-based Health Insurance Schemes in Moving toward Universal Health Coverage in India. Bethesda, MD: Health Finance and Governance Project, Abt Associates Inc.

THEME ADDRESS

# Underlining the Need for Quality, Affordable Healthcare

Xerses Sidhwa, Director, Health Office at USAID/India, delivered the theme address, championing the power of creativity and collaboration to solve complex problems. Expressing his concern about 40 million people in India being pushed into poverty each year due to huge medical expenses, he spoke of the need for different types of safety nets, one of which is health insurance. He emphasized there was a need for addressing the costs not only of inpatient tertiary care, but also of outpatient primary care and wellness. Pressing for a customer-centric approach, he advocated for products that take into account customers' perspectives to provide them the solutions they require.

Sidhwa spoke of USAID's partnership with the Government of India to strengthen health systems and improve access to quality care. He shared with the participants USAID's focus on demonstrating new ideas and models that are cost efficient and scalable. Sidhwa ended his address by once again welcoming the diverse stakeholders present in the room to a day of discussion, knowledge exchange, and learning. Key messages from the address are presented below.

Xerses Sidhwa, USAID/India, delivers the theme address at the consultation

## KEY MESSAGES

- USAID is a long-term partner to the Government of India and is committed to improved health outcomes
- High out-of-pocket health expenditure is a major challenge, as it limits access and pushes people into poverty
- Innovative, out-of-the-box thinking is required to design cost-effective, sustainable solutions
- Opportune time to look at creative solutions, as the insurance regulator in India has introduced the concept of pilot products
- Need for ideas and models that can be piloted and scaled up
- Collaboration between diverse players—public and private—is crucial
- Insurance product design should seek to address inpatient as well as outpatient primary care
- Focus on prevention and wellness will promote well-being and reduce long-term costs
- Consumer perspective is important to understand what products they need and want

**PANEL DISCUSSION**

# Exploring Pathways for Expansion of Healthcare Services to the Urban Poor

# Setting the Stage

The first half of the consultation meeting was organized as a panel discussion, bringing together public and private insurers, heath service networks, and health financing experts to discuss approaches for protecting the urban poor from onerous health expenditures. The format of the panel discussion and other planned activities was explained by Jawara Lumumba, who coordinated the day's proceedings. Lumumba represents the Training Resources Group, a U.S.-based management consulting and training firm that is HFG's project partner. Encouraging open exchange of ideas, Lumumba called for dialogue, interactivity, and vibrant discussions.

Jawara Lumumba, Training Resources Group, explains the meeting format

The panel discussion was moderated by Allyala Nandakumar, Chief Economist at the Bureau for Global Health, USAID. He introduced each panelist, providing a brief summary of their current roles and responsibilities as well as their body of work. The multi-stakeholder panel at the consultation meeting comprised: G. Srinivasan, Chairman-cum-Managing Director of The New India Assurance Co. Ltd., one of India's largest public insurers; Mayank Bathwal, Chief Executive Officer of Aditya Birla Health Insurance Co. Ltd., one of the country's leading private health insurance companies; Kaushik Sen, co-founder and Chief Executive Officer of Healthspring, a leading primary care provider; and Bob Fryatt, public health and health financing expert and Director of the global HFG project. The panel discussion was planned as two sets of dialogues: one in which private and public insurers each shared their perspectives and the other in which health financing and provider network initiatives spoke of their methods and approaches. Each panel presentation followed discussion and interaction with participants.

Allyala Nandkumar, USAID/Washington, introduces the panel

(Left to right: Mayank Bathwal, Aditya Birla Health Insurance; G. Srinivasan, The New India Assurance Company; Kaushik Sen, Healthspring; Bob Fryatt, HFG; and Allyala Nandakumar, USAID/Washington)

PANEL DISCUSSION

# Dialogue 1: Perspective Sharing by Public and Private Health Insurers

## Mayank Bathwal, Chief Executive Officer, Aditya Birla Health Insurance

The panel discussion began with a presentation by Mayank Bathwal, who leads one of India's major private insurance companies. Bathwal began his address by highlighting the enormous growth opportunity in the health insurance space and the need for making insurance inclusive. Elaborating on his company's initiative in the space, he spoke of efforts to expand funding coverage beyond inpatient hospitalization and of health influencing the customers by creating the right access to the health and wellness ecosystem, such as by bringing outpatient care into the product line, incentivizing the customer for better health behaviors, and preventive screening.

Bathwal expressed hope about the planned piloting of an innovatively designed health insurance product, undertaken in collaboration with HFG and PAHAL. Key messages from the address and the interaction with participants are summarized below.

Mayank Bathwal, Aditya Birla Health Insurance, calls for expansion of insurance coverage

### KEY MESSAGES

- Health metrics and quality of care have improved but inequalities in access remain
- Challenges are emanating from both pattern and incidence of the disease burden
- About 27% of the urban population is poor, impacted by both communicable and non-communicable diseases
- Private sector has a major role to play and must work alongside government
- Insurance sector is seeing strong growth, but not meeting the huge and growing healthcare financing needs of the population
- Health insurance industry's role must go beyond tertiary care to health promotion and preventive primary care, that is, much before the patient reaches the hospital
- Health promotion and prevention would be critical for improving the health outcomes of both rural and urban poor and controlling long-term costs
- Insurance must play a health influencer's role with customers to improve health outcomes
- Control over the provider network will ensure quality of service and plug leakages and abuse
- Technology must be leveraged for improved policy management, monitoring, and user experience

PANEL DISCUSSION

# Dialogue 1: Perspective Sharing by Public and Private Health Insurers

## G. Srinivasan, Chairman-cum-Managing Director, The New India Assurance

The second panel speaker was G. Srinivasan, insurance industry stalwart and the head of India's largest public health insurance company. Srinivasan began his address by showing appreciation for and interest in USAID's endeavors in the area and offered support from the side of New India Assurance. He pointed to the low level of public health spending, pervasive healthcare infrastructure gaps, and high out-of-pocket spending as major issues confronting the health sector in India. With the fast pace of urbanization expected to bring almost 50% of India's population to urban centers, he called for proactive thinking on how the healthcare needs of this huge population would be met.

Identifying health insurance as an important aspect of health financing, Srinivasan stressed reaching out to communities, particularly the youth, with information; offering standard products with cashless facility; and exploring options to assist people with premium payment. The health insurance sector, he foresaw, was slated for big growth of about 40–45% in five years and about 70% in ten years. Key messages from the discussion and participant interaction are summarized below.

G. Srinivasan, New India Assurance, shares ideas to improve insurance penetration

### KEY MESSAGES

- Health insurance industry is expected to witness geometric growth over the next 5–10 years
- Need for a proactive strategy to meet the healthcare needs of the growing urban population
- Need to create awareness in the community, especially among the young, to bridge the trust gap and break the mental block against insurance
- Need to develop low-cost, standard products so that insurance is easy to buy and understand
- Need to develop a simple, cashless model that makes the product easy to use
- Products should be developed in consultation with self-help groups (SHGs) and NGOs to make the products more customer centric
- State must play an important role in premium payment, along with NGOs and SHGs
- Customers can be aided through innovations like premium payment in installments and bank loans for health insurance premiums
- Community-based micro-insurance models have worked well and must be scaled up
- Collective action of the insurance industry can help bring down claims and prices
- Need to create service delivery infrastructure, such as doctor networks, that can be managed by insurers

PANEL DISCUSSION

# Dialogue 2: Experience Sharing by Health Financing and Provider Network Initiatives

## Kaushik Sen, Chief Executive Officer, Healthspring

The next panel speaker, representing the service delivery side, was Kaushik Sen, co-founder and head of a leading healthcare delivery network in India. Sen explained to the participants the approach his service delivery model was taking to create a consumer-facing ecosystem of healthcare delivery. The network's goal is to bring back family medicine, providing patients trustworthy medical guidance with access to primary and preventive care and reliable referral.

Sen saw his service delivery network as aligned long-term with insurance, together safeguarding the rights of patients and creating a system that makes it easy for them to access healthcare, from primary to tertiary. Healthspring, he said, had already begun working with some insurers to provide insurance products to existing customers, and to launch a new product for diabetes. Sen argued for a focus on preventive care to not only ensure better health outcomes but also to keep the system cost of care low. He stressed making access easier for patients and sorting out their healthcare choices. Key messages from his address and the interaction with participants are summarized below.

Kaushik Sen, Healthspring, emphasizes the need for safeguarding patient interest

### KEY MESSAGES

- Need to look beyond individual components of care to the overall system cost of care
- Focus on primary and preventive care is crucial to reduce long-term costs
- Need for an integrated system to provide care right from primary all the way to tertiary
- Access to primary care can make the benefit of insurance seem very tangible to customers
- Need to build a relationship of trust and guardianship with customers
- Crucial to safeguard the rights of patients and help them navigate the health system through the entire episode of care
- Business and technological innovations needed to develop a system for reasonably priced healthcare
- Indigenous consumer-driven models needed to cater to specific needs
- Need to explore bundled products that bring customers a range of benefits
- Customer education and feedback are important to, respectively, provide an understanding of costs and keep check on quality

PANEL DISCUSSION

# Dialogue 2: Experience Sharing by Health Financing and Provider Network Initiatives

## Bob Fryatt, Director, Health Finance and Governance (HFG) project

The last speaker of the panel session was Bob Fryatt, public health and health financing expert and lead for the HFG project being implemented in over 30 countries. Fryatt brought to the discussion a flavor of HFG's global work in the health financing space. He mentioned the experiments undertaken in Africa, briefly describing how the mutuals and community-based health insurance schemes started in Benin and Ethiopia have developed over time and will eventually become integrated into the national health insurance scheme.

Speaking of the disproportionate reliance on out-of-pocket health spending in India, Fryatt pressed for innovative health financing mechanisms that ensure for the poor access to quality healthcare without the risk of impoverishment. He spoke of the work HFG had done in India to document the country's health insurance landscape and innovations. Taking over from Fryatt, Lysander Menezes, the project's Chief of Party in India, shared more information about HFG's work in the country. He provided a summary of programmatic efforts toward increased health insurance coverage, aimed primarily at supporting the design, piloting, and scaling of localized solutions. Key messages from the address and the interaction with participants are summarized below.

Bob Fryatt, HFG, shares insights from international implementation experience

### KEY MESSAGES

- Positive trend of public health outcomes being linked to health insurance in the popular discourse
- Need to catalyze local experiments and capture and share learning
- International experience points to experimentation, evaluation, and expansion as key stages of growth
- Regulation has a major role to play in the growth trajectory
- Getting the public and private players and regulators on the same page is critical
- Partnerships with demand aggregators and health service delivery networks are vital
- Need to explore disaggregated, regional player models
- Successful health mutual models need to be scaled up
- Cost-effectiveness must be an essential objective
- Evaluation and evidence of impact are crucial as the product goes from pilot to scale
- Need for all industry players to lobby for investment in health and health infrastructure

# Observations and Summing Up

The panel presentations generated stimulating conversations among meeting participants and pointed to some major ideas and lessons that must inform the path ahead. Wrapping up the session, Mr. Nandakumar summarized the major points that had emerged as key imperatives for developing a comprehensive health insurance strategy for India's urban poor. He highlighted the emerging consensus on the need for a collaborative public-private response. Expressing enthusiasm about the expected geometric growth of India's health insurance industry, Nandakumar hoped the market would not bypass the needs of a vast population of urban poor. He reaffirmed the meeting's consensus on designing simple, cost-effective, and customer-centric insurance products that address specific needs of different segments. Echoing the views shared by panelists, Nandakumar also pointed to the need for extending insurance coverage beyond tertiary care to primary care and wellness. Key messages from his address are presented below.

Allyala Nandakumar, USAID/Washington, summarizes the key takeaways from the panel discussion

## KEY MESSAGES

- Addressing the health financing problem in India demands a private sector solution combined with a public financing solution
- The need is for innovative, region-specific approaches in both an insurance product design and a service delivery model
- The health insurance industry is expected to witness geometric growth in India, forecast to grow by about 40–70% in the next 5–10 years
- The low-income segment represents a large market, given that about 30-40% of the population, or 300–400 million people, are near poor or above poverty line
- Insurance products must be simple and adapted to the market in which they are offered and to the population segment being targeted
- Geometric growth of health insurance would create a huge demand for healthcare, requiring the service delivery side to catch up
- The value of insurance must go beyond just protection from catastrophic spending to promoting health and wellness and ensuring quality of care. There is need for innovation in insurance product design to bring in the element of primary care and wellness
- Insurance can be a powerful tool to make the health industry responsive to consumer needs
- Insurance companies can play a major role in organizing service delivery markets, especially on the outpatient side
- Driven by growth in technology and pharmaceuticals, the health markets will remain dynamic, requiring service delivery and insurance models to change with time

GROUP WORK

# Developing Task Matrixes for Expanding Healthcare Services to the Urban Poor

# Group 1: Collaborative Arrangements

Group 1 discusses opportunities for leveraging collaborative arrangements

Archana Vaze, Insurance Institute of India, shares the group's proposed strategies

The second half of the consultation meet entailed group work on technical design themes. Three multi-stakeholder groups, comprising about 10 members each, worked closely to tackle the key design issues in formulating a health insurance product for low-income urban customers. Besides coming up with ideas and strategies, the technical discussion groups were also required to propose an action plan for the next 90 days to move the process forward.

Group 1 deliberated on the collaborative arrangements required to bring health insurance to the urban poor. The points under discussion included: existing collaborative arrangements that could be leveraged, new arrangements and opportunities that need to be explored; strategies for building these collaborations; major institutional and systemic issues in implementing these collaborations; and the role that key stakeholders could play. The main ideas and action points that emanated from this discussion are presented here.

## KEY IDEAS AND STRATEGIES

- The first issue to be tackled is the definition of urban poor. A suggestion was to include people who are living in a slum, are from the unorganized sector, and earn daily income of about INR 125–900 (USD 2–14).
- The collaborative arrangements should look at ways to aggregate the urban poor, possibly through existing aggregators like micro-finance institutions (MFIs), *grahak panchayats*, trade unions, and informal social bodies.
- Region-specific aggregators, new and existing, need to be identified for each segment.
- Conventional and unconventional channels of distribution must be leveraged. The issue of trustworthiness is important, given the existing trust deficit between insurers and beneficiaries.
- Intermediaries could include field health workers like Accredited Social Health Activists (ASHAs) and Mahila Arogya Samitis, as they already interface with beneficiaries on health.
- Contact points in the community, like clinics, places of worship, ration shops, postmen, and barbers, could be used for distribution and premium collection.
- Training of intermediaries is crucial. The training material should be in vernacular language and include case studies and success stories.
- The incentive structure for intermediaries must be attended to; an approach could be to pitch it as secondary/additional source of income.
- Awareness building and customer education are required to promote understanding on why insurance is important and how benefits can be availed.
- There is a need to simplify insurance products and ensure transparency so that people understand what the product offers and how the claims process works.
- Expand the use of technology, for example, automated health insurance through mobile recharge, where a top-up could bring a person certain amount of health insurance funded by the mobile network's corporate social responsibility (CSR) funds.

### ACTION PLAN[4]

- Develop a toolkit to identify aggregators/partners
- Check the availability of training materials in the public domain
- (Subsequently) Develop an advocacy toolkit comprising IEC materials for beneficiaries and intermediaries

[4]As part of the discussion, the group also proposed stakeholders who could take on the planned activities: Abt Associates and IPE Global could take on the first task, the second could be handled by Indian Institute of Insurance, and the third by Abt Associates and IPE Global.

# Group 2: Strategies for Efficient Service Delivery Systems

Group 2 discusses strategies to ensure effective service delivery

Gaurav Tripathi, Aditya Birla Health Insurance, and Ankita Chobisa, Hannover Re, present the group's ideas

The second technical discussion group focused on ideas and strategies to ensure efficiency in service delivery. The group tackled a range of issues, including: challenges that hinder efficient delivery of services to enrolled beneficiaries; possible approaches to overcome these challenges; strategies to capture primary and preventive care; awareness-building strategies to maximize policy utilization; and ways to make a complex product offering simple to understand and use. The key ideas and action points that emanated from this discussion are presented here.

## KEY IDEAS AND STRATEGIES

Focus on customer education is very important. In the absence of awareness about the product, its features, and service delivery points, utilization rates will remain low even if a proper service delivery model is in place.

Customers should be made aware of the services covered, the services excluded, and the hospitals empaneled.

Best practices from Rashtriya Swasthya Bima Yojana (RSBY), the government-run health insurance program, should be adopted, such as package rates, cashless and paperless claims management, use of technology, and fraud control and hospital audits.

The insurance product should be simple, comprehensive, and affordable, and the processes for securing benefits and claims should be easy.

A health card should be issued to each beneficiary household, to serve as an identity card as well as carry all the required information in an easy-to-understand format.

The already existing hospital network of the third-party administrator (TPA) or NGO should be used to reduce costs and save on the effort of bringing them on board.

Network hospitals must be obliged to carry out preventive health camps and engage mobile vans, if possible, for outreach.

Coverage of high cost illness involves several technicalities and grievances, a replenishment or top-up cover may be looked at to cover critical illnesses.

Technology must be leveraged for enrollment, possibly exploring linkage with the Aadhaar number.

Technology must be deployed to monitor exploitation of policyholders, fraud, and unwarranted/ excessive utilization by service providers.

Provider services must be regularly monitored and evaluated on such parameters as customer satisfaction, time taken for admission/discharge, and disease relapse.

### ACTION PLAN

- Identify hospitals that could be part of the provider network and preferred provider networks
- Devise agreeable package rates in consultation with hospitals
- Explore introduction of technology, such as for automation of claims

# Group 3: Coverage and Product Design

Group 3 discusses issues of coverage and product design

Roshan Nair, VOTO Mobile, presents the group's main ideas

The third group deliberated on the issue of designing for the urban poor an affordable and commercially viable health insurance product with expanded coverage. The group explored multiple facets of the issue, including: ways of incorporating preventive care coverage into product design, possible approaches (pilots) for exploring this further, price impact for the insurer and the community, and major issues that must be addressed to realize any opportunities. A summary of the key ideas and action points that emerged from the discussion are presented here.

## KEY IDEAS AND STRATEGIES

The urban poor is not a homogenous community but a diverse population with widely varying needs and requirements from health programs.

Deep-dive market research is necessary to come up with customer-centric designs for different segments of the market.

Market segmentation can be done on the basis of geography, characteristics of the community, and beneficiary profile.

Existing MFIs and community-based organizations can be part of the initial research and product design.

A thorough risk factor mapping of the target population is necessary before deciding on the detailed dimensions of the product and determining what will be covered.

A product pricing approach that ensures maximum benefit for the customer with minimum exposure for the insurance company is desirable.

Insurance companies should not look at outpatient coverage in the same terms as inpatient coverage. There is need for innovation when it comes to covering outpatient expenses.

Product prototype should be tested in the community to understand what the uptake is for different services. Testing will also be required to ascertain elasticity of price.

The delivery mechanism should be robust, easy-to-track, low-cost to run, and enable ongoing engagement with the community.

MFIs with last-mile coverage and community-based organizations with institutional capacity and historical presence in the community can be preferred partners for product distribution.

Creation of a closed ecosystem of hospitals, insurers, TPA networks, and the customer is important.

There is need for creating awareness on health, possibly through health camps. A group product with a discount for those who are members of a health club may also be an idea worth trying.

### ACTION PLAN

- Identify a distribution partner with broad-based reach in the community
- Initiate risk factor mapping of the target population
- Design a survey to understand the community's needs and propensity to pay

# Path Ahead and Vote of Thanks

The consultation meeting concluded with a closing address by Nandakumar, who extended a warm note of thanks to participants for a day of thought-provoking discussions. Lauding the rich learning and knowledge exchange, he hoped the insights would catalyze and inform the design of comprehensive, affordable, and scalable health insurance solutions for the urban poor. He hoped for accelerated action toward piloting of four insurance products in four different geographies. Speaking further on the path ahead, he expressed hope that public and private insurers, aggregators, and providers would come together to create a working group and a community of practice that reconvenes to strengthen the learning agenda.

Allyala Nandakumar, USAID/Washington, thanks participants for the enriching discussions

Sanjeev Gaikwad, Abt Associates, joined Nandakumar in delivering the vote of thanks, applauding the participants' enthusiasm and engagement. Gaikwad also thanked the USAID team in India for facilitating this dialogue. He extended a special note of thanks to Nandakumar, who, as the moving spirit behind the HFG-PAHAL partnership, provided his intellectual and strategic guidance to the effort all along.

ANNEXURE I

# Agenda of the Consultation Meeting

## CONSULTATION MEETING

**Bringing Health Insurance to India's Urban Poor: Exploring the Contours of Collaborative Action**

August 22, 2017
The Taj Mahal Hotel, Mansingh Road, New Delhi

| | |
|---|---|
| **8.30 AM – 9.00 AM** | Registration |
| **9.00 AM – 9.30 AM** | Welcome Address<br>Lighting of the Lamp<br>Goals and Agenda of Meeting |
| **9.30 AM – 9.45 AM** | Theme Address |
| **10.00 AM – 10.20 AM** | Coffee |
| **10.20 AM – 10.35 AM** | Opening Remarks: Setting the Stage for a Panel Discussion on Expansion of Healthcare Services to the Urban Poor |
| **10.35 AM – 11.35 AM** | Panel Discussion - Dialogue 1: Perspective Sharing by Public and Private Health Insurers |
| **11.40 AM – 12.40 PM** | Panel Discussion - Dialogue 2: Experience Sharing by Health Financing and Provider Network Initiatives |
| **12.40 PM – 1.00 PM** | Closing of Panel: Observations and Summing Up |
| **1.00 PM – 2.00 PM** | Lunch |
| **2.00 PM – 3.30 PM** | Group Work: Beginning to Develop Task Matrixes for Addressing a Major Design Problem<br>Group 1 - Collaborative Arrangements<br>Group 2 - Strategies for Efficient Service Delivery Systems<br>Group 3 - Coverage and Product Design |
| **3.30 PM – 3.45 PM** | Tea |
| **3.45 PM – 4.45 PM** | Report-outs: Presentation of Key Points by Groups |
| **4.45 PM – 5.00 PM** | Summing Up: Path Ahead and Vote of Thanks |
| **5.00 PM – 6.00 PM** | Networking |

ANNEXURE 2

# List of Participants

| S.No. | Name | Organization |
|---|---|---|
| 1 | Aditi Attrey | IPE Global |
| 2 | Alia Kauser | HFG |
| 3 | Allyala K. Nandakumar | USAID/Washington |
| 4 | Aloke Gupta | HFG |
| 5 | Ankita Chobisa | Hannover Re |
| 6 | Archana Vaze | Insurance Institute of India |
| 7 | Arindam Mukherjee | Insurance Institute of India |
| 8 | Arman Oza | HFG |
| 9 | Bob Fryatt | HFG |
| 10 | Brijraj Sharma | Search & Service Society |
| 11 | Devashish Bhattacharya | HFG |
| 12 | G. Srinivasan | The New India Assurance Co. Ltd. |
| 13 | Gaurav Tripathi | Aditya Birla Health Insurance Co. Ltd. |
| 14 | Gautam Chakraborty | USAID/India |
| 15 | Gautam Sen | Wellspring Healthcare Pvt. Ltd./Healthspring |
| 16 | George Thomas | Insurance Institute of India |
| 17 | Jawara Lumumba | Training Resources Group |
| 18 | Kaushik Sen | Wellspring Healthcare |
| 19 | Kavita Sharma | HFG |
| 20 | L.M. Singh | IPE Global, Project PAHAL |
| 21 | Lysander Menezes | HFG |
| 22 | MaltiJaiswal | Health Insurance TPA of India Ltd |
| 23 | Manmeet Bhalla | HFG |
| 24 | Mark Austin | USAID/Washington |
| 25 | Mayank Bathwal | Aditya Birla Health Insurance Services |
| 26 | Mayur Surendra | Medi Assist |
| 27 | Namita Wadhwa | IPE Global |
| 28 | Neelam Bhatia | IPE Global |
| 29 | Neeta Rao | USAID/India |
| 30 | Nehal Sanghvi | USAID/India |
| 31 | Nishant Jain | GIZ |
| 32 | Pompy Sridhar | Merck for Mothers |
| 33 | Pratyaya Mitra | HFG |
| 34 | Priyanka Saksena | WHO |
| 35 | Rahul Dutta | HFG |
| 36 | Rajeev Tewari | Bhoruka Charitable Trust |
| 37 | Ramesh Bhat | HFG |
| 38 | Rashmi Kukreja | HFG |
| 39 | Ritesh Chandra | Aditya Birla Health Insurance Co. Ltd. |
| 40 | Roshan Nair | VOTO Mobile |
| 41 | Sailesh Kumar | IPE Global |
| 42 | Sainath Banerjee | IPE Global |
| 43 | Sanjay Joshi | Directorate of Local Bodies, Government of Rajasthan |
| 44 | Sanjeev Gaikwad | HFG |
| 45 | Shikha Arha | National Urban Livelihoods Mission (NULM), Sirohi, Rajasthan |
| 46 | Shikha Saxena | Medi Assist |
| 47 | Shirish Bhattarai | VOTO Mobile |
| 48 | Sundeep Kapila | Swasth Foundation |
| 49 | Vijaybhasker Srinivas M | LifeSpring Hospitals |
| 50 | Viplav Vinod | HFG |
| 51 | Xerses Sidhwa | USAID/India |