

**Additional File 2.**

|    | Case  | Type of work <sup>s</sup> | Beneficiary* | Source of funding |  |                   |                      |                 | Financial stability of the programme, and related comments.   |
|----|---|---------------------------|--------------|-------------------|--|-------------------|----------------------|-----------------|---|
|    |   |                           |              | Donor             | Government   | Cross-subsidy     | Revenue <sup>#</sup> | Venture capital |   |
| 1. | Private hospital and its associated non-profit foundation | Cooperation of S and V    | N            |                   | Yes (existing hospitals)                           | Yes               | Yes                  |                 | Financially stable. A successful scale up in private-public partnership with a state government. The government is contemplating taking this programme all-India. |
| 2. | Government hospital                                       | S, E                      | Both         |                   | Yes  |                   |                      |                 | Stable, dependent on government funding   |
| 3. | Non-profit  | S, I, V                   | N            | Yes               | Yes (ASHA programme)                               |                   | Yes (experimental)   |                 | Dependent on donor funding. Planning expansion to one other state. Cannot go further due to lack of funds.  |
| 4. | Non-profit hospital                                       | S, V                      | N            |                   |  | Yes (at start up) | Yes                  |                 | Self-financing if good patient volume. Another state has copied this model.   |
| 5. | Non-profit hospital                                       | S                         | N            | Yes               | Yes (doctors in government primary health centres) | Yes               | Yes                  |                 | Self-financing if good patient volume.  |
|    |   | V                         | N            | Yes               | Yes (satellite)                                    | Yes               |                      |                 |   |
| 6. | For-profit hospital                                       | E, V                      | N            | Yes               | Yes (satellite)                                    | Yes               |                      |                 | The work cannot be scaled up without funding.   |
| 7. | For-profit hospital                                       | S, E                      | Both         |                   | Yes (satellite + others)                           | Yes               |                      |                 | Sustainable only as a CSR activity.   |
| 8. | Non-profit hospital                                       | V                         | N            | Yes               | Yes  | Yes               | Yes                  |                 | Constant struggle for donations   |

|     |   |      |        |     |  |     |     |     |   |
|-----|---|------|--------|-----|--|-----|-----|-----|---|
|     |   |      |        |     | (satellite)  |     |     |     | generates uncertainty about the programme's future.   |
| 9.  | For-profit hospital                                 | S    | Near U |     |  |     | Yes | Yes | Business model is still evolving.   |
| 10. | For-profit company                                  | S    | U      |     |  |     | Yes | Yes | Business model is still evolving.   |
| 11. | International non-profit                            | E, D | N      | Yes | Yes (ASHA programme)   |     |     |     | It rides on the ASHA programme. It is not interested or capable of enlarging scale on its own.  |
| 12. | International non-profit                            | S    | N      | Yes |  |     | Yes |     |   |
|     |   | S, D | N      | Yes | Yes  |     |     |     | TB follow up programme rides on a government programme (a belief that for scale up, the government should fund and the private sector should deliver) |
| 13. | Not-profit foundation linked to for-profit hospital | S, E | Near U |     | Yes (satellite)  | Yes | Yes |     | Only sustainable as a CSR programme of the hospital.  |
| 14. | Non-profit hospital                                 | S, V | N      | Yes | Yes (satellite)  | Yes | Yes |     | Cannot expand without further funding.  |
| 15. | For-profit company                                  | I    | U      |     |  |     | Yes | Yes | Business model is still evolving.   |
| 16. | Non-profit research organization                    | I    | Both   | Yes | Yes (existing programme of one state government for one programme) |     |     |     | Business model is still evolving.   |
| 17. | Non-profit hospital                                 | D    | Both   | Yes | Yes (mainly  |     |     |     | Very large scale due to GoI   |

|     |                                       |   |          |     |                               |  |  |  |   |
|-----|---------------------------------------|---|----------|-----|-------------------------------|--|--|--|---|
|     | and foreign non-profit                |   |          |     | existing infrastructure)      |  |  |  | involvement.  |
| 18. | Non-profit organization               | I | N        | Yes | Yes (ASHA programme)          |  | Yes  |  | Business model is still evolving.   |
| 19. | Non-profit academic institute         | D | N        | Yes | Yes (existing infrastructure) |  |  |  | A pilot study not intended to be scaled up. A belief that the government would have to support the programme if it had to be scaled up. |
| 20. | Non-profit organization               | I | Both     | Yes | Use of logo                   |  | Yes (corporate sponsorship + user charges) |  | Corporate sponsorship enabled large scale up.   |
| 21. | Non-profit company                    | D | Mainly N | Yes | Yes (ASHA programme)          |  |  |  | The programme cannot be scaled up without government funding.   |
| 22. | International non-profit organization | D | U        | Yes |                               |  |  |  | The programme cannot be scaled up without government funding.   |

\*Beneficiary could be Non-urban (N), Urban (U) or both.

# Revenue could be from patients or other sources such as advertising.

§ Abbreviations for the categories of work

S Stationary telemedicine

V Telemedicine van

E Education of health professionals or activists

I IT-enabled health information for patients

D Data collection or monitoring