PREFACE

1. As on 1st March, 2011 India's population stood at 1.21 billion comprising of 623.72 million (51.54%) males and 586.46 million (48.46%) females. India, which accounts for world's 17.5 % population, is the second most populous country in the world next only to China (19.4%).

2. Although non-communicable diseases like cancer, diabetes, cardiovascular diseases, chronic obstructive pulmonary diseases, etc are on the rise due to change in life style, communicable diseases continue to be a major public health problem in India. Many communicable diseases like tuberculosis, leprosy, vector borne diseases (Malaria, Kala-azar, Dengue fever, Chikungunya, Filaria, Japanese encephalitis), water-borne diseases (Cholera, Diarrhoeal diseases, Viral hepatitis A & E, Typhoid fever etc), Zoonotic diseases (Rabies, Plague, Leptospirosis, Anthrax, Brucellosis, Salmonellosis etc), and vaccine preventable diseases (Measles, Diphtheria, Tetanus, Pertussis, Poliomyelitis, Viral Hepatitis B etc) are endemic in the country.

3. In addition to these endemic diseases, there is always a threat of new emerging and re-emerging infectious diseases

like Nipah virus, Avian influenza, SARS, pandemic H1N1 influenza, Hanta virus etc. Local or widespread outbreaks of these diseases result in high morbidity, mortality and adverse socio-economic impact on the low-income populace of India.

4. Hence, improvement in the standard of living and health status of the Indian population has remained one of the important objectives of the Government of India. The five year plans had reflected long-term vision consistent with the international aspirations and UN resolutions of which India has also been a signatory. These long-term goals have been stressed in 'National Population Policy', 'National Health Policy', etc. These goals have to be achieved through improving the access to and utilization of Health services, Family Welfare and Nutrition Services with special focus on underserved and under privileged segments of population.

5. As per National Health Accounts (NHA2009), the "Out of Pocket"(OOP) expenditure in India in 2004-05 was more than two- thirds of total health spending, which is high compared to global standards. Moreover, rural households accounted for 62 percent of the total OOP expenditure by households for availing different health care services while urban households accounted for 38 percent. Such high share of OOP expenditure aggravates the inequities by impoverishing the poor further.

6. The poor in India have limited access to health services due to limited purchasing power, residence in poor areas, and inadequate health literacy. This produces significant gaps in health care delivery among a population that has a disproportionately large burden of disease. They frequently use the private health sector, due to perceived or actual gaps in public services.

7. A subset of private health organizations, some called social enterprises, have developed novel approaches to increase the availability, affordability and quality of health care services to the poor through innovative health service delivery models. In India, many organisations are experimenting and innovating to ensure low-cost health services of high quality for low-income populace. There is a growing interest, around the world, in the new practices being developed by these organisations.

8. In this dissertation, an attempt has been made to identify and document some of these organisations and their successful interventions. Some of the selected organizations/healthcare providers are for-profit, some are non-profit; some offer hospital-based services while others are engaged in community-based services; some work closely with the government and some work independently. What these organisations have in common is their endeavour to ensure

affordability and access to services, though their approaches are varying.

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