



REWIRED FOR PEOPLE:

FROM PROGRAMS
TO JOURNEYS

Mariama's story

Mariama, a 9-year-old in Freetown, has frequent asthma attacks. Her mother does her best to manage, bringing her to the local Community Health Centre (CHC) whenever symptoms flare.

But the Community Health Officer (CHO) at the CHC can't see Mariama's past hospital admissions, nor the medicines she was prescribed there. At school, her teachers know she wheezes during play, but they have no clear instructions on what to do if she collapses.

When Mariama has a severe attack one night, her mother rushes her to the hospital. The emergency doctors stabilize her, but don't share discharge notes with the CHC or guidance with her family. A few weeks later, another attack begins the cycle again.

For Mariama, every episode feels like starting over. For her mother, it's endless worry and guesswork, a burden that isn't just emotional. For many families in LMICs, out-of-pocket costs regularly push household health spending into 'catastrophic' territory, over 10% of their budget ([WHO, 2019](#)).

For the CHO, it's another patient lost in the gaps between programs and facilities.

The Problem: Programs Are Vertical, Journeys Are Not

Health systems are built around vertical programs: maternal and child health, tuberculosis, HIV, non-communicable diseases, emergencies. **Each has its own funding, tools, and reporting systems.** But people don't live in silos. Their lives cut across these boundaries every day.

Patients face duplicate visits, repeated tests, and unsafe medications when programs don't connect. Caregivers shoulder the stress of navigating costs, paperwork, and unclear instructions. Health workers toggle between apps, duplicate reporting, and struggle without a full view of the patient's history.

Rashida's story in Bangladesh (Article 1) and Amara's in Kenya (Article 2) showed the same pattern at different life stages: pregnancy, postpartum care, and chronic disease.

Mariama's experience in Sierra Leone is another reminder: **fragmented programs create fragmented lives.**

Journeys in a Rewired System

A rewired health system doesn't eliminate programs — it connects them. Shared building blocks create journeys that flow seamlessly across conditions, providers, and settings.

Revisit Mariama's story.

Her asthma profile is anchored in her Patient Profile, so CHC, hospital, and pharmacy all see the same information. The CHO follows a digital workflow that integrates asthma care with other child health protocols, supported by up-to-date guidance from knowledge libraries. The hospital logs her admission into the same profile, automatically updating her care plan. Her mother receives reminders on medication use and clear instructions for emergencies. Even Mariama's school gets a simple action plan linked to her record.

This isn't just Mariama's journey. It's also her mother's. Instead of guessing and worrying, **she now has reminders, transparency on costs, and clear instructions — saving both time and money.**

And it's the CHO's journey too. Instead of juggling disconnected tools, she has one integrated platform that reduces duplication and frees up time for care. In systems that have rewired continuity, health workers reclaim up to **a fifth of their working hours** previously lost to duplicate reporting.

Patients, caregivers, and health workers all experience a different system when journeys are rewired.

REWIRED FOR PEOPLE

WHY JOURNEYS MATTER

Journeys are where health systems succeed or fail. A well-funded program may deliver impressive results on paper, but if patients fall through the cracks between programs, the outcomes unravel.

● **Better outcomes:** Patients complete treatment, chronic conditions are managed, and emergencies connect back to primary care. Higher continuity of primary care is consistently linked to fewer avoidable hospitalizations and lower costs ([PMC, 2024](#)).

● **Efficiency:** Less duplication of work, fewer wasted visits, and more time for real care. In many LMICs, health workers spend more than 20% of their time on duplicate reporting — time that could be freed for patient care.

● **Equity:** Elderly, children, migrants, and women no longer fall through program boundaries.

● **Trust:** Patients and caregivers feel supported; health workers feel empowered instead of overburdened.

When **journeys are seamless**, the health system earns legitimacy,
not only in statistics but in people's lived experience.

REWIRED FOR PEOPLE

From Programs to Journeys

Programs **remain essential**. They bring focus, funding, and expertise to specific conditions. But on their own, they create rigid silos. **Rewiring means keeping the strengths of programs while rebundling them around people's journeys.**

This shift requires more than technology. It requires intent:

- To design profiles, workflows, registries, and payments as shared assets.
- To let existing systems plug in rather than being discarded.
- To measure not just program outputs but whether people complete their journeys to health.

This is the people-centered promise of rewiring.



REWIRED FOR PEOPLE

In Closing

Whether it is Mariama in Sierra Leone, Rashida in Bangladesh, or Naliaka in Kenya, people don't experience programs, they experience journeys. Caregivers, health workers, and patients alike struggle when those journeys are fragmented.

Rewiring isn't about creating a new program boundary. It's about connecting programs into one flow of care that follows people across life stages and conditions.

Article 1 explained why rewiring is necessary.

Article 2 showed how building blocks make it possible.

This article has shown what rewiring means for people - patients, health workers and caregivers. The evidence is clear: [Where journeys are rewired, patients complete care more often; health workers spend less time on paperwork; and fewer households face catastrophic health spending \(PMC, 2024\).](#)

Next, we turn to the question funders and policymakers often ask first: **how do we pay for it?**

people
don't 
experience
programs,
they
experience
 **journeys.**

The evidence is
clear: **Where**
journeys are
rewired, patients
complete care
more often





Ruchika Singhal
President
Medtronic LABS



Dr. Nina Desai
Chief Strategic Partnerships Officer
Medtronic LABS



Dr. Ashwini Sharan
Board Member,
Medtronic LABS



Sunita Nadhamuni
Strategic Advisor
Medtronic LABS



Abhishek Jain
Digital Infrastructure Architect