

17th E-Governance Seminar, Kerala



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WHO-GoI Country Cooperation Strategy 2012-17

1. Improving governance and stewarding
2. Providing Universal Health Coverage
3. Adapting services to the new epidemiological reality

3 things health systems do:

1. Provide personal services
2. Provide population services
3. Facilitate inter-sectoral action

Governance, a great territory for IT:

1. Measuring and registering for easy retrieval
2. Ensuring the transition from data to intelligence
3. Promoting homogeneous application of effective decisions

Scottish Parliament in Edinburgh

July, 1997: estimated cost, £ 40 million;

June 1999: budget raised to £ 109 million;

April 2000: legislators put a £ 195 million cap on costs;

November 2001: final costs estimated at £ 241 million;

Costs at the end of 2002: £ 294.6 million;

June 2003: estimate of £ 375.8 million;

2004: true final cost, £ 431 million.

(Watch out the "planning fallacy" -unrealistically close to the best-case scenarios; consult the statistics of similar cases!)

Puzzling question marks:

- a. 17% of people but 20% of BoD
 - b. 65% of deaths due to NCD; came unnoticed (diabetes!)
 - c. Only a fraction of resources devoted to them
 - d. Poor response to CDs (TB!)
 - e. Infant Mortality Rate, MMR and MDGs
- ... and many others

Now, harvest on your investments and give a new impulse to health:

1. Emphasize consensus on operations
2. Compatible approaches
3. Common platforms, if possible

Focusing pays off: 3 years without wild polio in India!

Thank you