

CHAPTER 4

Country Social and Economic Development Plans

Countries' plans for social and economic development include expanding ICT infrastructure to support services such as the internet, broadband and mobile phones. For example, Kenya, Tanzania and Uganda are laying fibre optic cable across their countries as part of an international communication project that is laying cable under the Indian Ocean. In Bangladesh, the government is expanding the availability of broadband as part of its policy initiatives to stimulate economic opportunities. These types of projects provide opportunities for e-health piloting and scalability to a wider base of users. Table 4 provides examples of different types of ICT development.

Table 4. Examples of general development initiatives and their links to e-health

<i>General development theme</i>	<i>Initiative</i>	<i>E-health opportunity</i>	<i>Potential for e-health strategy</i>	<i>Opportunities for e-health policies and strategies</i>
Expansion of mobile phone networks	ICT suppliers	Communications between patients and professionals	Invest in disseminating health and healthcare data to patients	
Expansion of NGO activities	Provide impregnated nets to reduce incidence of malaria	Logistics and drugs information systems to support distribution	Invest in logistics systems to support NGOs	
Availability of health networks	Africa Health Infoway (AHI)	Expanded access to health and healthcare information for hospitals, districts and communities	Invest in access to healthcare, diagnosis, treatments, standards, health surveillance and health information	
Availability of Internet, broadband and mobile phones to support local communities	Expanding local small businesses	Increase demand for local access to broadband services	Take advantage of expanded communication networks for exchange of health and healthcare data	

These developments can also offer opportunities for healthcare organisations to share the costs of communication networks as part of affordable, long-term e-health strategies. It is consistent with the WHO perspective (WHO, 2007) that the Millennium Development Goals (MDGs) need:

- Increased investment in health systems and services
- Improvements in the performance of existing healthcare resources
- New ways to harness communities, NGOs and the private sector
- Specific initiatives in order to benefit the poor.

Success will be limited unless other sectors of the economy contribute to better health, such as expanding local business opportunities, increasing employment, reducing poverty and producing more food. E-health has to be part of this approach. ICT suppliers already provide a wide range of services to developing countries, and forecasts are that these will expand (Scott *et al.*, 2004). Increasing e-health capacity should rely as much as possible on the expansion of general infrastructure. In turn, e-health will increase the demand for ICT infrastructure and in so doing will contribute to general development. In this context, e-health plans and projects must integrate with initiatives of those ministries dealing with ICT and other technologies.

Table 5. Questions and answers on general ICT plans

<i>Questions for you</i>	<i>Answers</i>
Who can tell you more about your country's plans for general ICT development?	
What are the opportunities for e-health to link in to them?	
Which opportunities are the most important for your work?	

International e-health initiatives may also be relevant for countries' e-health strategies. The Africa Health Infoway (AHI) invests in 53 countries, enabling access to health and healthcare data for several hospitals and communities. This type of initiative can have a direct impact on e-health strategies.

Table 6. Questions and answers on Africa Health Infoway

<i>Questions for you</i>	<i>Answers</i>
What do you know about your country's links with the Africa Health Infoway?	
What are the opportunities for e-health to link into it?	
Which opportunities are the most important for your work?	

Your e-health strategies and plans must recognise that resources for e-health are scarce. Healthcare spending by governments in developing countries has increased steadily, but moderately, by about 0.5 per cent a year since the late 1990s (Goldsbrough *et al.*, 2007). This has largely reversed the decline in the mid-1990s, but spending has levelled off at about 2.5 per cent of gross domestic product (GDP). It represents about 6.5 per cent of government spending, again correcting a decline in the mid-1990s. Adding private spending on healthcare increases average spending to about 5.5 per cent of GDP. There is also a wide range of healthcare spending in developing countries: for example, the range is from Nigeria's government spending of less than 0.5 per cent of GDP in 2005 compared to Malawi's spending of about 37 per cent. However, changing this perspective for the value of GDP and the population, government healthcare spending for each person shows a different view. Nigeria is much closer to Malawi's spending, both below US\$25 per person per year, dropping Malawi to the bottom half of the ranking. Seychelles has the largest spending among developing countries – about US\$425 annually for each person. These findings confirm that e-health spending must be specifically targeted and carry low risks that are strictly mitigated.

These generalisations may not be helpful to you in planning your specific e-health investment. You will need to know more about the amount of money that your country has planned for healthcare and e-health spending over the next few years. This may not be available. A medium-term financial plan may not have been established as yet.

