Introduction to Minitrack: Information Technology in Health Care Settings in Countries with Developing Economies (CDEs)

Paul A. Fontelo  
Office of High Performance Computing and Communications  
National Library of Medicine  
fontelo@nlm.nih.gov

William G. Chismar  
Information Technology Management  
College of Business  
University of Hawai’i  
chismar@cba.hawaii.edu

Dennis J. Streveler  
Medical Informatics, Dept. of Information and Computer Science  
University of Hawai’i  
strev@hawaii.edu

Healthcare delivery systems around the world are facing a crisis precipitated by ever-escalating costs due to the epidemiologic transition, increasing costs of pharmaceuticals and medical technology, and an aging demographic.

Perhaps the world’s best opportunity to meet these challenges can be found by adopting and implementing health management information systems (HMIS) to increase accessibility, improve productivity and, finally, last but not least, to provide better quality health care.

Until recently the “developing world” could not afford to implement complex information technology in its health sector due to the high costs of computerization and the generally low capacity which was found in many/most CDEs.

Both of these factors are rapidly changing. Information technology, with few exceptions, continues to enjoy an ever-decreasing price point and a deflationary cycle. Increases in some software costs are offset by huge decreases in hardware costs. This makes HMIS projects more affordable with each passing day.

Likewise the educational institutions in many CDEs continue to stress computer science and related disciplines, graduating some of the world’s best experts in the field. India, for example, has become a powerhouse, and many other countries are rapidly following its example.

Finally, those organizations which provide funding for infrastructure projects, such as the World Bank, the Asian Development Bank, USAid and others, are increasingly funding such projects throughout, at the request of their clients.

This year is the first time that this conference has hosted this mini-track. Many of our papers this year are case studies of what has transpired in HMIS in a specific country. The countries include Fiji, Morocco, Portugal, Latvia, Cuba, Haiti, and Nigeria. The studies provide an interesting glimpse into the do’s and don’ts, the difficulties and the promises which have been experienced. Regardless of your host environment, whether you are from Hawaii, the USA mainland, the developed Asian countries or elsewhere, we can all learn from their experiences.