



2.2 Healthcare Indicators

As a pre-condition to participating in the global ICT community, the population must maintain a certain standard of health and wellness. Measuring overall health care quality is a complicated matter. That the study of ICTs in health care is still an emerging discipline adds greater complexity still. However, while ICTs can help increase the effectiveness of health services, they are not the only factor. Traditional measure of the effectiveness of health care are still applicable. This area examines selected inputs and outputs of the health care system – key indicators of citizen health and wellness.

Key Measures:

- *Life Expectancy at Birth*
- *Infant Mortality Rate*
- *Adult Prevalence of HIV/AIDS*
- *Health Expenditure per Capita*
- *Physicians per 1,000 Inhabitants*



Healthcare Indicators

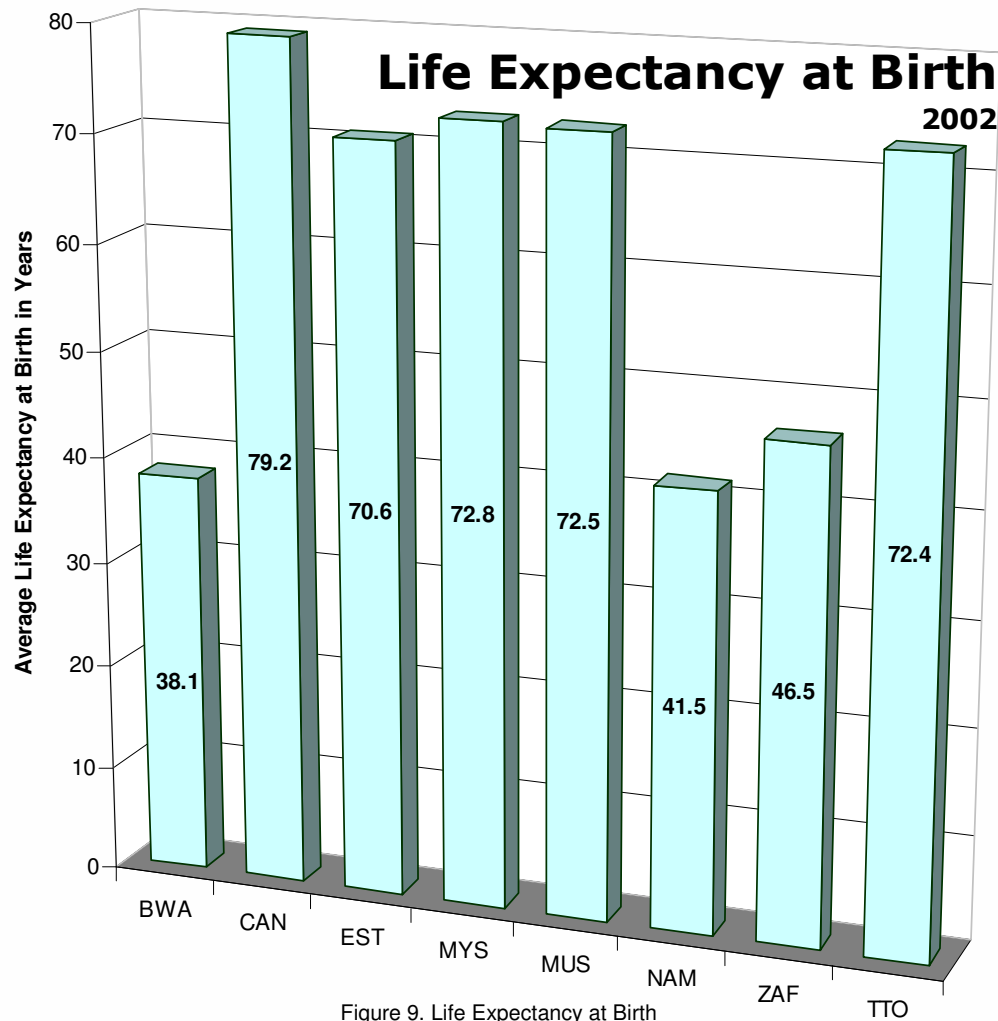


Figure 9. Life Expectancy at Birth

Source: Worldbank.org "Country Profiles", 2002

Life Expectancy at Birth

ICT is widely accepted as a "young person industry". As a rule, young people have grown-up with computers and sophisticated technology. They tend to understand and apply ICTs to greater effect than those who have learned modern technologies in their later years.

A very large gap exists between the life expectancy of citizens in southern African nations and citizens in the other countries surveyed. Many factors are responsible for life expectancy in Botswana being among the lowest in the world. This ICT study cannot hope to address the complexities of this issue. However, if the gap in ICT usage between Botswana and the comparator countries is to be narrowed, and Botswana is to leapfrog its competitors in ICT development, the country will need to make significant advances in extending the life expectancy of its population.



Healthcare Indicators

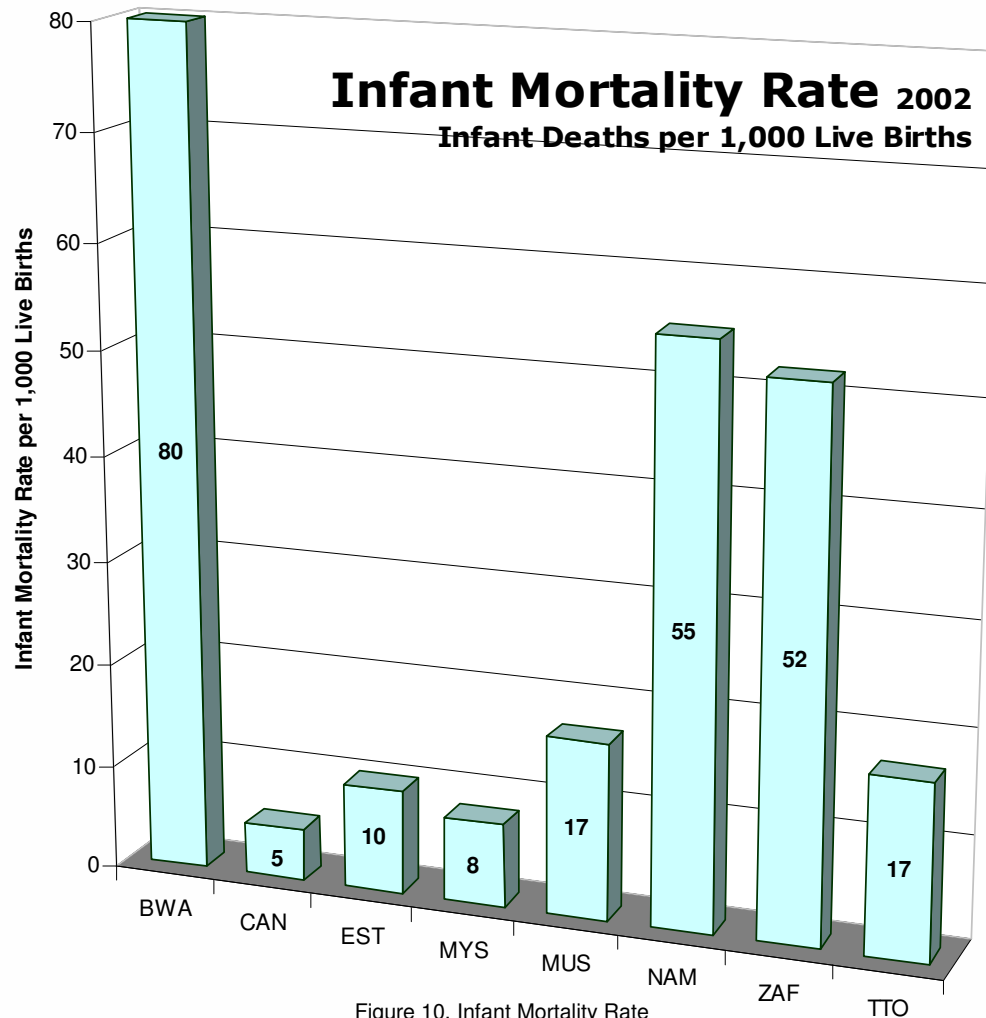


Figure 10. Infant Mortality Rate

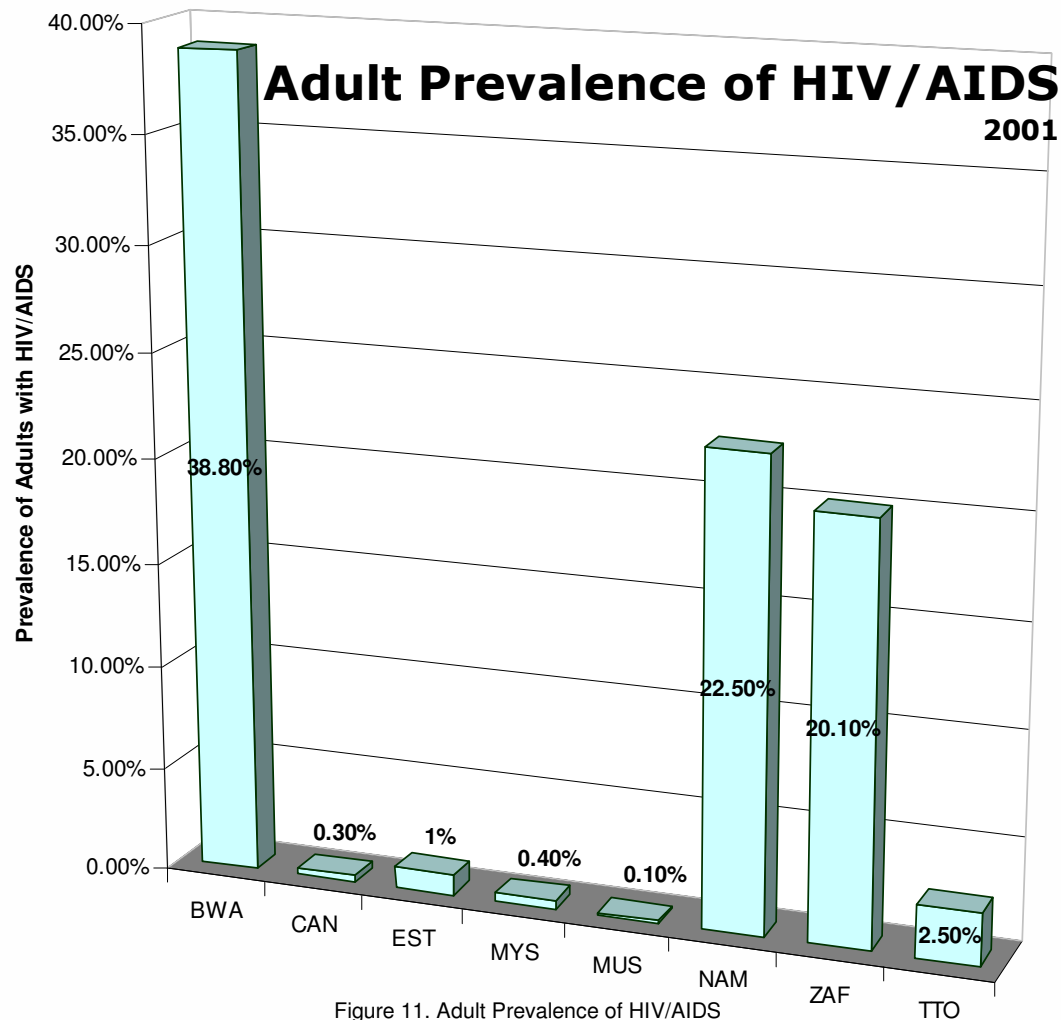
Source: Worldbank.org "Country Profiles", 2002

Infant Mortality Rate

Similarly, the infant mortality rate in Botswana is significantly out of proportion to that in the other countries in this study. With 80 infant deaths per 1,000 live births Botswana ranks among the poorest nations in this regard.



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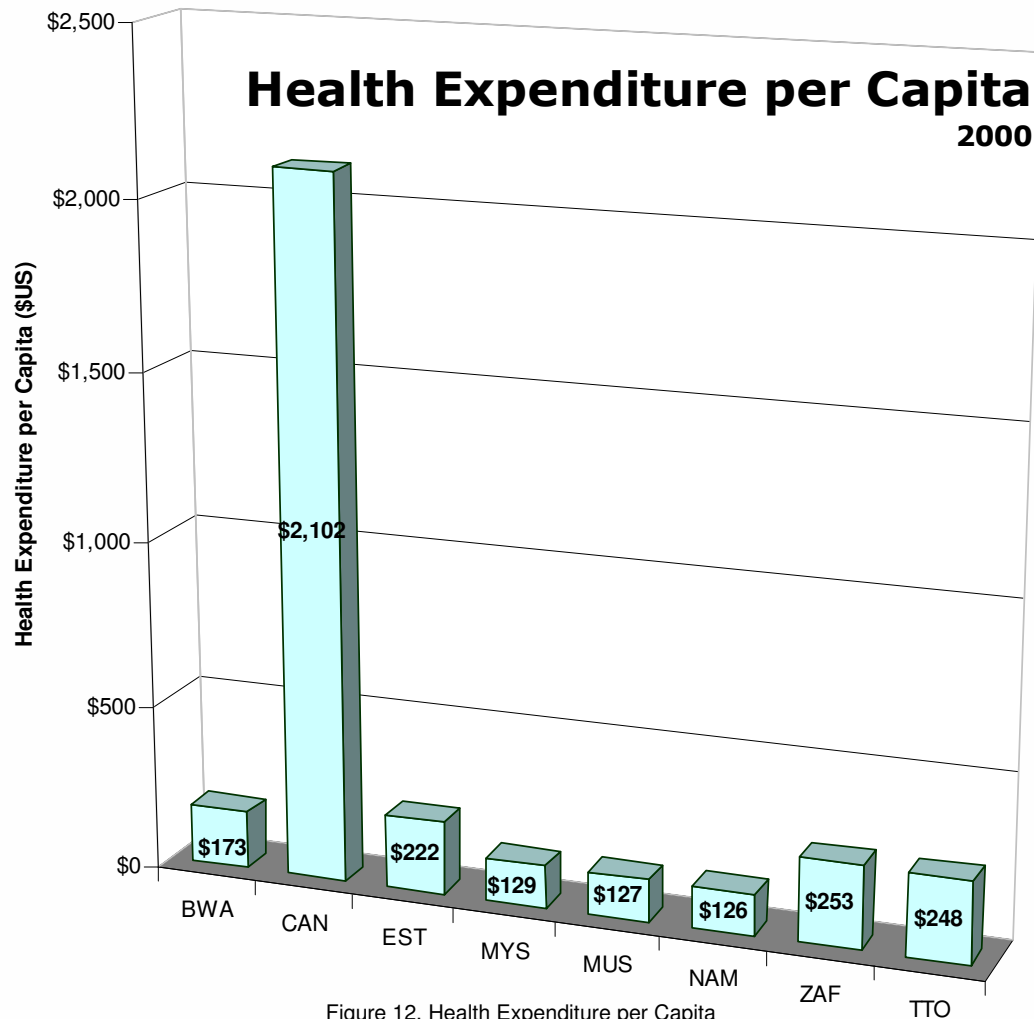
Source: CIA World Factbook, 2001

Adult HIV/AIDS Prevalence

The struggles of national governments in southern Africa in dealing with the AIDS pandemic are well documented. This chart simply affirms that the prevalence of HIV/AIDS in these countries is an ongoing source of tragedy, as disproportionate numbers of people are affected by this widespread disease.



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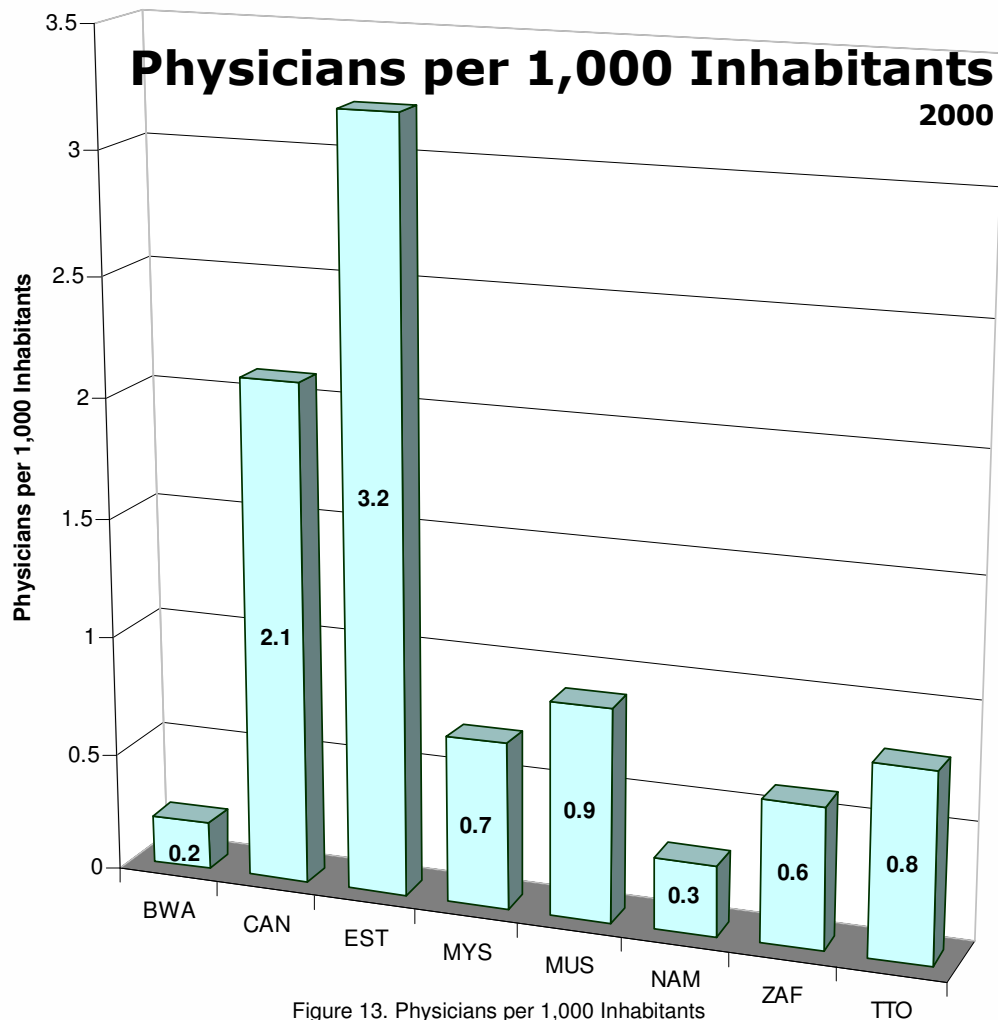
Health Expenditure per Capita

The measure "health expenditure per capita" is a function of many factors. Certainly a country's average income is a strong predictor of the level of spending on health services. So too is government prioritization of health care issues, and citizens' ability to influence health care policy. As a result of these two factors, health care spending in Canada remains high - the public zealously adheres to a policy of free health care for all. Another factor to consider is the realities of the AIDS pandemic, which has likely elevated health care spending in countries acutely affected by the disease.

Source: The World Bank "Health, Nutrition and Population 'HNP Stats'", 2000



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Physicians per 1,000 Inhabitants

Citizens often associate quality of health care with the ease of accessibility to physicians. Greater numbers of physicians per capita are assumed to represent greater ability for citizens to see professional health care. Surprisingly, given their unremarkable levels of health care spending, Estonia features more physicians per 1,000 inhabitants any other country studied. As with other indicators of health care quality, Botswana and Namibia trail the rest of the sample group.

Source: The World Bank "Health, Nutrition and Population 'HNP Stats'", 2000



Healthcare Indicators

Summary: Healthcare Indicators

This examination of healthcare quality in these sample countries represents a cursory glance at some of the most commonly cited healthcare indicators. Other studies present a more detailed assessment of health policy and practices - Appendix B. lists a number of such sources. Based on these few charts, it is simple to observe that the quality of healthcare in Botswana and its neighbours lags behind that achieved in other countries. There are no simple answers to this problem; in fact increased ICT usage may not be high on the list of remedies. This area of study reinforces that the Government of Botswana, while pursuing a path toward ICT development, must also contend with a number of other critical issues. However, new information about the application of ICT in healthcare may yet emerge, giving hope that new technologies can assist in addressing basic, human needs.