



Socio-economic implications of implementing an E-He@lth system: The Case of Mauritius

Nicolas Ragodoo
Faculty of Social Studies & Humanities
University of Mauritius

n.ragodoo@uom.ac.mu



Mauritius: Key facts

- **Population:** 1st July 2011: 1,286,340 (↑ 5,127)
Growth rate of 0.4% over the population of 1st July 2010
- **Life expectancy at Birth (2008):**
Male: 69.3 Female: 76.1
- **Total Fund dedicated to Social Sector:**
Rs 29 Bn (US\$ 1 bn) (2010)
- **Health Sector Expenditure:** 7.4 Bn Rs (US\$ 284 m)
(Year 2010)
- **Total Health Expenditure as % of GDP:** 5.7% (2010)



Mauritius Health Care System

- Free & Universal public health system + Private Health Care

Public Health Care:

- 5 regional hospitals
- 5 Specialist hospitals
- Over 130 Area health centres/ Medi-clinics/ Community hospitals and Community health centres
- More than 700 doctors

Private health care system

- More than 20 clinics
- □ 650 Doctors



-
- In spite of the massive investment of public funds: The public health care is still operating on a 'manual' mode
 - Jan 2009: Cabinet agreed to the implementation of a national e-health Strategic plan for Mauritius, defining the ICT strategy
 - Emphasis: Improving quality and Service delivery.
 - He@lth 2015
 - Primary aim: Evaluate the socio-economic cost and benefits associated with the implementation of an electronic Health Card in the Mauritian context.



Method

- Evaluation of the present system amongst a representative sample of service-users
- Pre-disposition to change
- Level of awareness
- Implications



Key findings

Very negative image of the Actual model

Duplication/Paper-work	Lack of vital information
Poor Record/ follow up	-Appointments/ Scheduling -Waiting time

E-Health system positively considered

Registration/ Admin Burden ↓	Reports
Pharmaceutical / Timely medication	Flexibility
Vaccinations	Accountability of health providers



Reservations

- In case of failure / crash of the system
- Confidential/ sensitive nature of information
- Security issues
- Lack of information on the functions and flexibility as well as the estimated cost and duration of project
- Elderly: higher resistance



Conclusions/ Recommendations

- Need to be pro-active
- Progressive implementation of system
- Run both systems concurrently so as to boost confidence of patients
- Communicate extensively, and be ready to face 'teething' problems
- Constantly reviewing and upgrading the system to ensure that there is no leakage at any point in time