ADOPTION OF INDIGENOUS ICT INNOVATION FOR MANAGEMENT OF HEALTH INFORMATION IN UGANDA

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Abstract

The National Development Plan 2010/2011-2014/2015 of Uganda identified four main focus areas. These include human resource development through health and education; physical infrastructure for energy and transportation; science, technology and innovation; and private sector support (National Planning Authority, 2010).

Today, innovation has undoubtedly remained one of the key drivers of economic and social development. This is also true for innovations for health care delivery.

On the other hand the quality of a country's health care delivery system is one of the measures of the quality of life of the citizens of that country. In fact the United Nation's Development Programme (UNDP) has consistently ranked those nations higher that have "better" health care systems. A survey of the Human Development Index (HDI) reports between 2008 and 2013 indicate that most of the countries that are ranked highly by UNDP have relatively better healthcare systems compared to those that are ranked at the bottom of the indices. It can therefore be asserted that a quality health care system` in a given is an indicator of a healthy and prosperous nation. Uganda's health care system is consistently ranked among the "poorest" in the world.

It should be noted that the espousal of ICT in healthcare system in the country has remained largely rudimentary and dominated by imported ICT solutions. Many of these have not solved the vital contextual problems of information management in health centres and have become the problem rather than the solution (Zucker, 2015). Many of the imported solutions lack ounces of contextual relevance to Uganda.

At the national level, there has been a rise in the celebration of indigenous innovations. Awards such as the Uganda Communications Commission (ACIA Annual Awards), Microsoft Imagine Awards and a myriad of ICT hackathons by leading telecommunication companies and ICT hubs have attracted participation from indigenous Ugandans (Khisa, 2014). Some of the said innovations have been efforts by Ugandan ICT innovators to develop tools that hold a huge potential of usefulness in various levels of the health sector.

In fact, some of these innovations have been awarded top honours by both domestic and international ICT jurists. These innovations have displayed the potential in promoting e-health initiatives in Uganda. Khisa further stresses that many solutions are discarded by despite clear

their novelty and idiosyncrasy. There is a clear need to develop an understanding of how to move these intellectual creations to ultimately transform healthcare delivery.

This study therefore will consider the diffusion models espoused by indigenous ICT innovators for health and propose a suitable diffusion model for successful adoption of indigenous ICT innovations for health information management and e-health in Uganda.

References

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