



**UNIVERSITY OF COLOMBO, SRI LANKA**

**UNIVERSITY OF COLOMBO SCHOOL OF COMPUTING**

**DEGREE OF BACHELOR OF INFORMATION TECHNOLOGY**

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### ***IT6303: e-Business Application***

#### **CASE STUDY**

The broad aim of the health policy of Sri Lanka is to increase life expectancy and the quality of life of its citizens. One of the strategic thrusts in healthcare is empowering communities towards more active participation on maintaining their health and strengthening the management functions of the health system. The Annual Health Bulletin states that in some districts, some of the common specialties such as general medicine, surgery, obstetrics and pediatrics are notably absent. Therefore, access to highly specialized consultancies such as neurosurgical, oncological, oncosurgical, fertility medicine, nephrological and endocrine medicine to name a few would involve the patient having to travel great distances and incurring heavy expenditure in obtaining such services. Especially, the follow up of post-operative and recovering patients after specialized treatment in a tertiary centre face greater difficulties as they have to travel for hours to meet the consultant.

Sri Lanka has three main levels of curative healthcare institutions: primary level in the rural sector, secondary level in the peripheral or urban sector and tertiary level teaching and large hospitals in the cities. There are 10 tertiary level hospitals, 27 secondary level hospitals and over 285 primary health care institutions. It is also stated that many of the medical specialists are concentrated in the Colombo district. However, Sri Lanka is fortunate in that the penetration of fixed line and mobile technology to rural areas is increasing at a rapid pace. According to the Telecom Regulatory Commission (TRC) statistics, the numbers of cellular mobile subscribers are placed as over 10 Million and the total tele-density (fixed and cellular) is nearly 70% in Sri Lanka. Sri Lanka is fortunate to have almost 100% fixed line connectivity to all the hospitals in the urban and rural areas of the country.

The rapidly growing population of elderly patients and the rising healthcare expenditure demands newer healthcare initiatives such as eHealthcare and Telemedicine. However, the challenge is in the introduction of eCare services to real life practice in a semi-urban and rural population in Sri Lanka. Internet based solutions could be adopted in the Sri Lankan context as the technology infrastructure is available in all teaching hospitals, base hospitals and some district hospitals. Though Internet penetration in Sri Lanka is low, accessibility is increasing due to cyber cafés, Nenasalas and many such resource centers being available island-wide.

Developing a successful eHealth strategy for a developing country requires the involvement and contribution of several key players such as Citizens, Patients, Medical Professionals, Hospital staff (consultants, doctors, nurses, administrative staff), Academia, Health-related businesses, Governments, International donor agencies, private and government ICT and Telecom service providers, etc who can play a major role in contributing to the infrastructure needed for an eHealth system.

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