

*	Population (000s)	19,840	Total health expenditure (%GDP)	6.8
	GNI per capita (PPP Int \$)	1,920	ICT Development Index rank	137
돌矣	Physician density (per 10 000 population)	0.14	Mobile-cellular subscriptions (% inhabitants)	91.23
0. <u>0</u>	Nurse and midwife density (per 10 000 population)	0.48	Internet users (% of individuals)	2.4
ٽ و	Hospital bed density (per 10 000 population)	4	Maternal mortality ratio (per 100 000 live births)	400
.=	Life expectancy at birth (years)	56	Infant mortality rate (per 100 000 live births)	40 [23-68]

eHealth policy/strategy Status of eHealth and women's and children's health policy/strategy	
National eHealth policy/strategy exists	Yes
Year adopted	2011
Implementation status	Partly implemented
Refers to the use of eHealth in women's and children's health policy/strategy	No
Special funding allocated for implementation	Yes
Women's and children's health	
National policy/strategy for women's and children's health exists	Yes
Policy/strategy refers to the use of eHealth, mHealth or social media	Yes

eHealth systemsAn overview of the types of eHealth systems in place, their purpose and level Electronic information system collects and reports births, deaths and causes of death data Yes - partial coverage Year introduced Before 2000 At least one electronic information system exists at the district level to collect and report health data Yes Yes Resource tracking system in place to report total health expenditure by financing source, per capita Type of resource tracking system Both Resource tracking system level National Resource tracking system in place to report total reproductive, maternal, newborn, and child Yes health (RMNCH) expenditure by financing source, per capita Both Type of resource tracking system Resource tracking system level National

Monitoring the status of women's and children's health An overview of the measurement of the 11 ColA indicators by monitoring frequency and format

Indicator measured	Monitor	Frequency	Format: Paper, Electronic, or Both
Maternal mortality ratio	Yes	Every 4 years	Both
Under 5 child mortality with the proportion of newborn deaths	Yes	Every 4 years	Both
Children under 5 who are stunted	Yes	Every 4 years	Both
Met need for contraception	Yes	Every 4 years	Both
Antenatal care coverage	Yes	Every year	Both
Prevention of mother-to-child HIV transmission (PMTCT)	Yes	Every year	Both
Skilled attendant at birth	Yes	Every year	Both
Postnatal care for mothers and babies	Yes	Every year	Both
Exclusive breastfeeding for six months	Yes	Every 4 years	Both
3 doses of the combined diphtheria, pertussis and tetanus vaccine	Yes	Every year	Both
Antibiotic treatment for pneumonia	Yes	Every year	Both

eHealth initiatives – national overview	
eHealth supports major women's and children's health initiatives	Yes
Funding sources	Public funding, Private funding, Donor funding, Public-private partnerships



No

Possible barriers to implementing eHealth services The most important barriers hindering the implementation of eHealth services

Continuing education in ICT for health professionals

Infrastructure - not yet adequate, accessible, or cost-effective to support desired services	Yes
Human resources - lack of suitably qualified or experienced professionals who can develop and implement eHealth projects and promote their use	Yes

ICT training	
Tertiary institutions offer ICT training for students of health sciences	Yes

Internet health information quality Approaches taken to ensure quality of health-related content on the Internet	
Voluntary compliance - by content providers or website owners to quality criteria for health-related sites	Yes
Government intervention - laws, regulations, quality directives or guidelines	Yes
Technology - filters and controls	Yes
Education programs - for consumers and professionals	Yes
Dedicated website(s) - concerning women's & children's health	No

Online safety for children Approaches taken by government to protect children in the online environment	
Government provides information and education to citizens on internet safety and literacy	Yes
Some initiatives are aimed specifically to protect children	Yes
Safety tools and security technologies are required by law for schools, libraries and other public places where children have Internet access	Yes
ISPs are legally mandated to provide online safety tools to protect children	Yes

Privacy and security of personal and health-related data Legislation to protect women and children	
Privacy laws exist to protect citizens' personal identifiable data irrespective of format (paper or digital)	Yes
Privacy laws exist to protect citizens' health data held in digitized format in an Electronic Medical Record (EMR) or Electronic Health Record (EHR)	No
Parental consent required for the creation of a child's EMR/EHR	No
Parental access to a child's EMR/EHR is possible	No
Correction of errors in a child's EMR/EHR is possible	No
Legislation exists enabling the sharing of EMR/EHR between health care entities within the same country	No
Parental consent is required	No
Legislation exists enabling the sharing of EMR/EHR between health care entities in other countries	No
Parental consent is required	No
Legislation exists which grants a child the right to control over its EMR/EHR	No
From age (years)	

Social media Countries are recognizing the benefit of using social media for health	
Some health programmes use social media (eg. Facebook, Twitter, YouTube)	Yes