

| | Population (000s) | 27,474 | Total health expenditure (%GDP) | 5.4 |
|-----|---|--------|--|------------|
| | GNI per capita (PPP Int \$) | 1,470 | ICT Development Index rank | |
| 들음 | Physician density (per 10 000 population) | | Mobile-cellular subscriptions (% inhabitants) | 59.62 |
| | Nurse and midwife density (per 10 000 population) | | Internet users (% of individuals) | 11.1 |
| O E | Hospital bed density (per 10 000 population) | 50 | Maternal mortality ratio (per 100 000 live births) | 170 |
| .= | Life expectancy at birth (years) | 68 | Infant mortality rate (per 100 000 live births) | 24 [18-32] |

| eHealth policy/strategy Status of eHealth and women's and children's health policy/strategy | | |
|---|-----|--|
| National eHealth policy/strategy exists | No | |
| Year adopted | | |
| Implementation status | No | |
| Refers to the use of eHealth in women's and children's health policy/strategy | No | |
| Special funding allocated for implementation | No | |
| 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 | No | |

| eHealth systems An 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 | No |
| Year introduced | |
| At least one electronic information system exists at the district level to collect and report health data | Yes |
| Resource tracking system in place to report total health expenditure by financing source, per capita | Yes |
| Type of resource tracking system | Both |
| Resource tracking system level | Regional/District level |
| Resource tracking system in place to report total reproductive, maternal, newborn, and child health (RMNCH) expenditure by financing source, per capita | Yes |
| Type of resource tracking system | Electronic |
| Resource tracking system level | National level |

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 | More than every 5 yrs | Both |
| Under 5 child mortality with the proportion of newborn deaths | Yes | Every 5 years | Both |
| Children under 5 who are stunted | Yes | Every 5 years | Both |
| Met need for contraception | Yes | Every 5 years | Both |
| Antenatal care coverage | Yes | Every year | Both |
| Prevention of mother-to-child HIV transmission (PMTCT) | Yes | Every year | Paper |
| 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 5 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, Public-private partnerships | | |



| Possible barriers to implementing eHealth services The most important barriers hindering the implementation of eHealth services | | | |
|---|-----|--|--|
| Leadership , governance and policy - country policy or strategy does not include eHealth as an approach to support women's and children's health | Yes | | |
| Infrastructure - not yet adequate, accessible, or cost-effective to support desired services | Yes | | |
| Standards - lack of nationally adopted standards (e.g.ICD, DICOM, HL7, SNOMED) for the systematic adoption of eHealth services or health information systems | 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 | | |
| Continuing education in ICT for health professionals | No | | |
| | | | |

| 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 |
| Dedicated website(s) - concerning women's & children's health | Yes |

| 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 | No |
| Some initiatives are aimed specifically to protect children | No |
| Safety tools and security technologies are required by law for schools, libraries and other public places where children have Internet access | No |
| ISPs are legally mandated to provide online safety tools to protect children | No |

| 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) | No |
| 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 | |
| Parental access to a child's EMR/EHR is possible | |
| Correction of errors in a child's EMR/EHR is possible | |
| Legislation exists enabling the sharing of EMR/EHR between health care entities within the same country | |
| Parental consent is required | |
| Legislation exists enabling the sharing of EMR/EHR between health care entities in other countries | |
| Parental consent is required | |
| Legislation exists which grants a child the right to control over its EMR/EHR | |
| 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 |