

Tajikistan

Country indicators*	Population (000s)	8,009	Total health expenditure (%GDP)	5.8
	GNI per capita (PPP Int \$)	2,180	ICT Development Index rank	
	Physician density (per 10 000 population)	1.90	Mobile-cellular subscriptions (% inhabitants)	81.51
	Nurse and midwife density (per 10 000 population)	4.48	Internet users (% of individuals)	14.5
	Hospital bed density (per 10 000 population)	52	Maternal mortality ratio (per 100 000 live births)	65
	Life expectancy at birth (years)	68	Infant mortality rate (per 100 000 live births)	23 [12-37]

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	Yes
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	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	Yes – full coverage
Year introduced	Before 2000
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	National level
Resource tracking system in place to report total reproductive, maternal, newborn, and child health (RMNCH) expenditure by financing source, per capita	
Type of resource tracking system	
Resource tracking system level	

Monitoring the status of women's and children's health

An overview of the measurement of the 11 CoIA indicators by monitoring frequency and format

Indicator measured	Monitor	Frequency	Format: Paper, Electronic, or Both
Maternal mortality ratio	Yes	Every year	Both
Under 5 child mortality with the proportion of newborn deaths	Yes	Every year	Both
Children under 5 who are stunted	Yes	Every year	Both
Met need for contraception	No		
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	No		
Exclusive breastfeeding for six months	Yes	Every year	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	No
Funding sources	

Possible barriers to implementing eHealth services

The most important barriers hindering the implementation of eHealth services

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
Financial - limited or no reimbursement by insurance companies for services; business models not yet developed for broad and sustainable eHealth delivery	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

Government intervention - laws, regulations, quality directives or guidelines	Yes
Official approval - certification, accreditation, seals of approval, or quality seals	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	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	
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)	No
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* Data source: www.who.int/goe/publications/cp_source2013

** Inconsistent data