

ndicators*	Population (000s)	15,083	Total health expenditure (%GDP)	6.7
	GNI per capita (PPP Int \$)	4,880	ICT Development Index rank	
	Physician density (per 10 000 population)	0.93	Mobile-cellular subscriptions (% inhabitants)	137.82
	Nurse and midwife density (per 10 000 population)		Internet users (% of individuals)	16.0
	Hospital bed density (per 10 000 population)	6	Maternal mortality ratio (per 100 000 live births)	120
	Life expectancy at birth (years)	69	Infant mortality rate (per 100 000 live births)	15 [10-23]

eHealth policy/strategy Status of eHealth and women's and children's health policy/strategy				
National eHealth policy/strategy exists	Yes			
Year adopted	2012			
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			

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	2008
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, 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	Both
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

Format: Paper, Electronic, or Both Indicator measured Monitor **Frequency** Maternal mortality ratio Yes Every year Both Under 5 child mortality with the proportion of newborn deaths Both Yes Every year Children under 5 who are stunted Yes Every 5 years Both Met need for contraception Both Yes Every 5 years Both Antenatal care coverage Yes Every year Prevention of mother-to-child HIV transmission (PMTCT) Yes Both Every year Skilled attendant at birth Yes Every year Both Postnatal care for mothers and babies No Exclusive breastfeeding for six months Yes Every 5 years Both Both 3 doses of the combined diphtheria, pertussis and tetanus vaccine Yes Every year Antibiotic treatment for pneumonia No

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



Possible	barriers <sup>•</sup>	to imple:	menting	eHealth s	services
The most impo	ortant barrier	s hindering the	e implementa	ation of eHealt	h 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

Legal - lack of legal frameworks to support implementation of eHealth services

Yes Yes

Infrastructure - not yet adequate, accessible, or cost-effective to support desired services 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

Voluntary compliance - by content providers or website owners to quality criteria for healthrelated 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)	
Parental consent required for the creation of a child's FMR/FHR	No

Parental access to a child's EMR/EHR is possible 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

Parental consent is required

Legislation exists enabling the sharing of EMR/EHR between health care entities in other countries

Parental consent is required

From age (years)

No

### Social media

Countries are recognizing the benefit of using social media for health

Legislation exists which grants a child the right to control over its EMR/EHR

Some health programmes use social media (eg. Facebook, Twitter, YouTube)

No