

*	Population (000s)	1,231	Total health expenditure (%GDP)	8
, S	GNI per capita (PPP Int \$)	4,760	ICT Development Index rank	117
矣	Physician density (per 10 000 population)	0.17	Mobile-cellular subscriptions (% inhabitants)	65.39
<u>ŭ</u>	Nurse and midwife density (per 10 000 population)	1.60	Internet users (% of individuals)	20.8
p	Hospital bed density (per 10 000 population)	21	Maternal mortality ratio (per 100 000 live births)	320
.=	Life expectancy at birth (years)	50	Infant mortality rate (per 100 000 live births)	30 [17-51]

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	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	

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 – partial coverage
Year introduced	2011
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	Electronic
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	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	Every 5 years	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 5 years	Both
Prevention of mother-to-child HIV transmission (PMTCT)	Yes	Every 5 years	Both
Skilled attendant at birth	Yes	Every 5 years	Both
Postnatal care for mothers and babies	Yes	Every 5 years	Both
Exclusive breastfeeding for six months	Yes	Every 5 years	Both
3 doses of the combined diphtheria, pertussis and tetanus vaccine	Yes	Every 5 years	Both
Antibiotic treatment for pneumonia	Yes	Every 5 years	Both

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



Possible barriers	to imple	ementin	g eHealth	services
The most important barriers	hindorina	tha implama	ntation of alloa	th conject

<b>Leadership, governance and policy -</b> 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
<b>Services and applications -</b> existing eHealth services are inaccessible, unaffordable, or not appropriate for our needs	Yes
<b>Financial</b> - 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
Government website - providing education and information to information consumers	Yes
Dedicated website(s) - concerning women's & children's health	No

## Online safety for children

Approaches taken by government to protect children the original critical internation	
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	Do not know
ISPs are legally mandated to provide online safety tools to protect children	Do not know

# Privacy and security of personal and health-related data Legislation to protect women and children

Legislation to protect worther and children	
Privacy laws exist to protect citizens' personal identifiable data irrespective of format (paper or digital)	Do not know
Privacy laws exist to protect citizens' health data held in digitized format in an Electronic Medical Record (EMR) or Electronic Health Record (EHR)	Do not know
Parental consent required for the creation of a child's EMR/EHR	Do not know
Parental access to a child's EMR/EHR is possible	Do not know
Correction of errors in a child's EMR/EHR is possible	Do not know
Legislation exists enabling the sharing of EMR/EHR between health care entities within the same country	Do not know
Parental consent is required	Do not know
Legislation exists enabling the sharing of EMR/EHR between health care entities in other countries	Do not know
Parental consent is required	Do not know
Legislation exists which grants a child the right to control over its EMR/EHR	Do not know
From age (years)	

### Social media

Countries are recognizing the benefit of using social media for health

Come health programmer	use social media (ea. Facebook. Twitter. YouTube)	Yes
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