

P#4	Population (000s)	14,865	Total health expenditure (%GDP)	5.7
_S	GNI per capita (PPP Int \$)	2,230	ICT Development Index rank	120
矣	Physician density (per 10 000 population)	0.23	Mobile-cellular subscriptions (% inhabitants)	131.96
<u>ပ</u>	Nurse and midwife density (per 10 000 population)	0.79	Internet users (% of individuals)	4.9
ق	Hospital bed density (per 10 000 population)		Maternal mortality ratio (per 100 000 live births)	461
·=	Life expectancy at birth (years)	65	Infant mortality rate (per 100 000 live births)	18 [11-29]

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		
Refers to the use of eHealth in women's and children's health policy/strategy		
Special funding allocated for implementation		
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	

<b>eHealth systems</b> 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	No		
Type of resource tracking system			
Resource tracking system level			
Resource tracking system in place to report total reproductive, maternal, newborn, and child health (RMNCH) expenditure by financing source, per capita	No		
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 ColA 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 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	Both
Skilled attendant at birth	Yes	Every year	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 year	Both
Antibiotic treatment for pneumonia	No		

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			
<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>Human resources</b> - lack of suitably qualified or experienced professionals who can develop and implement eHealth projects and promote their use	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	No		
Continuing education in ICT for health professionals	No		

Internet health information quality Approaches taken to ensure quality of health-related content on the Internet	
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	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	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)	No