Atlas of eHealth Country Profiles

eHealth and innovation in women's and children's health

Based on the findings of the 2013 survey of ColA countries by the WHO Global Observatory for eHealth





















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Experts in 64 responding countries contributed to this work by sharing their knowledge and completing the survey. We wish to acknowledge the special effort made by Bangladesh contributors in piloting the survey and providing valuable feedback before its launch.

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Misha Kay of WHO managed this project.

A guide to the country profiles

Background

This Atlas presents data collected on 64 of 75 United Nations Commission on Information and Accountability (CoIA) countries. The Commission developed an accountability framework with three interconnected processes – monitoring, reviewing and action. It focused specifically on these 75 countries as together they have 98% of the world's maternal and child mortality. The survey was undertaken by the WHO Global Observatory for eHealth between June and October 2013 and represents the most current information on the use of eHealth for women and children in these countries.

The objective of the country profiles is to describe the current status of the use of ICT for women's and children's health in CoIA countries. The country survey tools may be downloaded from the following web site: http://www.who.int/goe. All country profiles can be accessed at the same URL.

Methodological considerations

A total of 64 CoIA countries, representing 85% response rate, completed the survey. This is the highest response rate for any GOe survey to date. The survey responses were based on self-reporting by a selected group of eHealth and women's and children's health experts for each participating country. While survey responses were checked for consistency and accuracy, it was not possible to verify all responses to every question. The scope of the survey was broad; survey questions covered diverse areas of eHealth, from electronic information systems to record births and deaths and causes of death, to policy issues and legal frameworks. While every effort was made to select the best national experts to complete the instrument, it was not possible to determine whether they had the collective eHealth and women's and children's health knowledge to answer each question.

Quality assurance

Country profiles are intended to provide a 'snapshot' of the status of eHealth for women's and children's health in ColA countries according to selected indicators. The Global Observatory for eHealth implemented a range of measures to assure their quality. The questionnaires received from participating countries were reviewed for completeness. External sources of information were used for validation of the data and to resolve inconsistencies. Data were reviewed before entry and after layout for publication.

Presentation of secondary data

The following indicators were selected for each country to complement the country profile information. Indicators and their sources are included below.

- 1. Population in thousands (per 100 000 population). World Population Prospects. New York, United States, United Nations Population Division, 2012: http://esa.un.org/wpp/sources/country.aspx.
- 2. Gross national income (GNI) per capita (international \$). PPP int. \$ = Purchasing Power Parity at international dollar rate (2013). World Development Indicators Database, 2013. Washington, DC, World Bank, 2013: http://data.worldbank.org.
- 3. Physician density (per 1 000 population). WHO World Health Statistics. Geneva, Switzerland, World Health Organization, 2009: http://www.who.int/whosis/whostat/EN_WHS09_Table6.pdf.
- **4. Nurse and midwife density (per 10 000 population).** WHO World Health Statistics. Geneva, Switzerland, World Health Organization, 2009: http://www.who.int/whosis/whostat/EN_WHS09_Table6.pdf.
- 5. Hospital bed density (per 10 000 population).

EURO Region: European Health for All Database (HFA-DB). Copenhagen, Denmark, WHO Regional Office for Europe, 2013: .

WPRO Region: Western Pacific Region Countries and Areas. Manila, Philippines, WHO Regional Office for Western Pacific, 2014: http://www.wpro.who.int/countries/en.

SEARO Region: South-East Asia Region Countries. New Delhi, India, WHO Regional Office for South-East Asia, 2014: http://www.searo.who.int/countries/en.

PAHO Region: Pan-American Health Organization Regional Core Health Data Initiative. WHO Region for Pan-America, 2013: http://www1.paho.org/English/SHA/coredata/tabulator/newTabulator.htm.

- **6. Life expectancy at birth (years).** WHO Mortality Database. Geneva, Switzerland, World Health Organization, 2012: http://apps.who.int/healthinfo/statistics/mortality/whodpms.
- 7. Total health expenditure (%GDP). World Health Statistics. Geneva, Switzerland, World Health Organization, 2010: http://www.who.int/whosis/whostat/2010/en.
- 8. ICT Development Index Rank. Measuring the Information Society. Geneva, Switzerland, International Telecommunication Union, 2012: http://www.itu.int/en/ITU-D/Statistics/Documents/publications/mis2012/MIS2012_without_Annex_4.pdf.
- Mobile-cellular subscriptions (% inhabitants). ICT-Eye: Key ICT Data and Statistics. Geneva, Switzerland, International Telecommunication Union, 2014: http://www.itu.int/ITU-D/ICTEYE/Indicators/Indicators.aspx.
- **10. Internet users (% of individuals).** ICT-Eye: Key ICT Data and Statistics. Geneva, Switzerland, International Telecommunication Union, 2014: http://www.itu.int/ITU-D/ICTEYE/Indicators/Indicators.aspx.
- 11. Maternal mortality ratio (per 100 000 live births). Trends in maternal mortality: 1990 to 2010 WHO, UNICEF, UNFPA and The World Bank estimates. Geneva, Switzerland, World Health Organization, 2012: http://whqlibdoc.who.int/publications/2012/9789241503631_eng.pdf?ua=1.
- **12. Infant mortality rate (probability of dying between birth and age 1 per 1000 live births).** World Population Prospects. New York, United States, United Nations Population Division, 2012: http://esa.un.org/wpp/sources/country.aspx.



	Population (000s)	29,825	Total health expenditure (%GDP)	9.6
2	GNI per capita (PPP Int \$)	1,560	ICT Development Index rank	
:	Physician density (per 10 000 population)	0.19	Mobile-cellular subscriptions (% inhabitants)	60.35
5	Nurse and midwife density (per 10 000 population)	0.07	Internet users (% of individuals)	5.5
5	Hospital bed density (per 10 000 population)	4	Maternal mortality ratio (per 100 000 live births)	460
	Life expectancy at birth (years)	60	Infant mortality rate (per 100 000 live births)	36 [25-51]

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	Yes			
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	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	

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

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
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 trainina

<u> </u>	
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

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

Online safety for children

Approaches taken by government to protect children in the chil	
Government provides information and education to citizens on internet safety and literacy	No
Some initiatives are aimed specifically to protect children	
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	No
Parental access to a child's EMR/EHR is possible	Yes
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	No
Parental consent is required	
Legislation exists enabling the sharing of EMR/EHR between health care entities in other countries	No
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

No



*	Population (000s)	20,821	Total health expenditure (%GDP)	3.5
	GNI per capita (PPP Int \$)	5,400	ICT Development Index rank	139
들음	Physician density (per 10 000 population)		Mobile-cellular subscriptions (% inhabitants)	48.61
our	Nurse and midwife density (per 10 000 population)	1.66	Internet users (% of individuals)	16.9
O E	Hospital bed density (per 10 000 population)	8	Maternal mortality ratio (per 100 000 live births)	1,400
_ .=	Life expectancy at birth (years)	51	Infant mortality rate (per 100 000 live births)	45 [26-76]

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	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	No
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	

Indicator measured	Monitor	Frequency	Format: Paper, Electronic, or Both
Maternal mortality ratio			
Under 5 child mortality with the proportion of newborn deaths	Yes	Every year	Paper
Children under 5 who are stunted	Yes	Every year	Paper
Met need for contraception	Yes	Every year	Paper
Antenatal care coverage	Yes	Every year	Paper
Prevention of mother-to-child HIV transmission (PMTCT)	Yes	Every year	Paper
Skilled attendant at birth	Yes	Every year	Paper
Postnatal care for mothers and babies	No		
Exclusive breastfeeding for six months	No		
3 doses of the combined diphtheria, pertussis and tetanus vaccine	Yes	Every year	Paper
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			
Legal - lack of legal frameworks to support implementation of eHealth services	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					
Dedicated website(s) - concerning women's & children's health					
Online safety for children					

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	
Safety tools and security technologies are required by law for schools, libraries and other public places where children have Internet access	
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)	Do not know
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



Population (000s)		9,309	Total health expenditure (%GDP)	5.2
GNI per capita (PPP Int \$)		9,310	ICT Development Index rank	61
Physician density (per 10 000 p	opulation)	3.38	Mobile-cellular subscriptions (% inhabitants)	108.77
Nurse and midwife density (per 10	000 population)	6.84	Internet users (% of individuals)	54.2
Hospital bed density (per 10 00	0 population)	75	Maternal mortality ratio (per 100 000 live births)	43
Life expectancy at birth (years)		71	Infant mortality rate (per 100 000 live births)	15 [9-25]

eHealth policy/strategy Status of eHealth and women's and children's health policy/strategy	
National eHealth policy/strategy exists	Yes
Year adopted	2003
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	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	2001
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	

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	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 year	Both
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	Yes		
Funding sources	Public funding, public-private partnerships		



Possible barriers to implementing eHealth services The most important barriers hindering the implementation of eHealth services	
Legal - lack of legal frameworks to support implementation of eHealth services	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	Yes

Internet health information quality Approaches taken to ensure quality of health-related content on the Internet	
Government intervention - laws, regulations, quality directives or guidelines, Education programs - for consumers and professionals, 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	No
Some initiatives are aimed specifically to protect children	
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)	Yes
Privacy laws exist to protect citizens' health data held in digitized format in an Electronic Medical Record (EMR) or Electronic Health Record (EHR)	Yes
Parental consent required for the creation of a child's EMR/EHR	Yes
Parental access to a child's EMR/EHR is possible	Yes
Correction of errors in a child's EMR/EHR is possible	Yes
Legislation exists enabling the sharing of EMR/EHR between health care entities within the same country	Yes
Parental consent is required	No
Legislation exists enabling the sharing of EMR/EHR between health care entities in other countries	No
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)	Yes



	Population (000s)	155,000	Total health expenditure (%GDP)	3.7
2	GNI per capita (PPP Int \$)	2,030	ICT Development Index rank	135
	Physician density (per 10 000 population)	0.36	Mobile-cellular subscriptions (% inhabitants)	63.76
	Nurse and midwife density (per 10 000 population)	0.22	Internet users (% of individuals)	6.3
5	Hospital bed density (per 10 000 population)	3	Maternal mortality ratio (per 100 000 live births)	240
	Life expectancy at birth (years)	70	Infant mortality rate (per 100 000 live births)	24 [20-31]

eHealth policy/strategy Status of eHealth and women's and children's health policy/strategy			
National eHealth policy/strategy exists	Yes		
Year adopted	2009		
Implementation status	Yes		
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	Yes		

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 – partial coverage
Year introduced	2010
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, Local 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	Paper
Resource tracking system level	National level

Indicator measured	Monitor	Frequency	Format: Paper, Electronic, or Both
Maternal mortality ratio	Yes	Every 5 years	Paper
Under 5 child mortality with the proportion of newborn deaths	Yes	Every 2 years	Paper
Children under 5 who are stunted	Yes	Every 2 years	Paper
Met need for contraception	Yes	Every 2 years	Paper
Antenatal care coverage	Yes	Every 2 years	Paper
Prevention of mother-to-child HIV transmission (PMTCT)	Yes	Every year	Paper
Skilled attendant at birth	Yes	Every 2 years	Paper
Postnatal care for mothers and babies	Yes	Every 2 years	Paper
Exclusive breastfeeding for six months	Yes	Every 2 years	Paper
3 doses of the combined diphtheria, pertussis and tetanus vaccine	Yes	Every year	Both
Antibiotic treatment for pneumonia	Yes	Every 2 years	Paper

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



Possib	le barr	riers to	impl	emer	nting el	l ealth	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	Yes

ICT training

<u> </u>	
Tertiary institutions offer ICT training for students of health sciences	Yes
Continuing education in ICT for health professionals	Yes

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
Education programs - for consumers and professionals	Yes
Government website - providing education and information to information consumers	Yes
Dedicated website(s) - concerning women's & children's health	Yes

Online safety for children

Approaches taken by government to protect children in the children 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	No
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	No
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



■ Bolivia (Plurinational State of)

*	Population (000s)	10,496	Total health expenditure (%GDP)	4.9
	GNI per capita (PPP Int \$)	4,880	ICT Development Index rank	99
들矣	Physician density (per 10 000 population)	1.22	Mobile-cellular subscriptions (% inhabitants)	90.44
10 O	Nurse and midwife density (per 10 000 population)		Internet users (% of individuals)	34.2
ر کے ا	Hospital bed density (per 10 000 population)	11	Maternal mortality ratio (per 100 000 live births)	190
.=	Life expectancy at birth (years)	67	Infant mortality rate (per 100 000 live births)	19 [13-28]

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	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	Yes – partial coverage
Year introduced	2010
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	

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 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	
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

Tertiary institutions offer ICT training for students of health sciences	Yes
Continuing education in ICT for health professionals	Yes
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
Government website - providing education and information to information consumers	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	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	No
Parental access to a child's EMR/EHR is possible	No
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	No
Parental consent is required	No
Legislation exists enabling the sharing of EMR/EHR between health care entities in other countries	No
Parental consent is required	No
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

ICT training

^{*} Data source: www.who.int/goe/publications/cp_source2013 ** Inconsistent data



	Population (000s)	2,004	Total health expenditure (%GDP)	5.1
	GNI per capita (PPP Int \$)	16,060	ICT Development Index rank	108
ountr) icator	Physician density (per 10 000 population)	0.34	Mobile-cellular subscriptions (% inhabitants)	153.79
0. <u>i</u>	Nurse and midwife density (per 10 000 population)	2.84	Internet users (% of individuals)	11.5
ΰ́	Hospital bed density (per 10 000 population)	18	Maternal mortality ratio (per 100 000 live births)	160
.=	Life expectancy at birth (years)	66	Infant mortality rate (per 100 000 live births)	29 [10-63]

eHealth policy/strategy Status of eHealth and women's and children's health policy/strategy	
National eHealth policy/strategy exists	Yes
Year adopted	2009
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	
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	Do not know

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	Do not know
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	No
Type of resource tracking system	
Resource tracking system level	

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	Yes	Every year	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 year	Both
Exclusive breastfeeding for six months	No		
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, Donor funding



Possible barriers to implementing eHealth services The most important barriers hindering the implementation of eHealth services

Legal - lack of legal frameworks to support implementation of eHealth services	Yes
Infrastructure - not yet adequate, accessible, or cost-effective to support desired services	Yes
Financial - limited or no reimbursement by insurance companies for services; business models	Yes

ICT training

Tertiary institutions offer ICT training for students of health sciences	Yes
Continuing education in ICT for health professionals	Yes

Internet health information quality

Approaches taken to ensure quality of neatin-related content on the internet	
Government intervention - laws, regulations, quality directives or guidelines	Yes
Technology - filters and controls	Yes
Education programs - for consumers and professionals	Yes
Dedicated website(s) - concerning women's & children's health	Do not know

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	Do not know
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

Logistation to protect worther and crimater	
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)	Do not know
Parental consent required for the creation of a child's EMR/EHR	No
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	No
Legislation exists enabling the sharing of EMR/EHR between health care entities in other countries	Do not know
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

C I III		/ l l	T '11
Some health programmes use s	saciai media	IDA FACADAAN	INVITTOR YOUTHINGS
30116 HEAIII DIOGIAITINES 036 S		TEG. I GCEDOOK,	I MILIEL TOOLODET

Do not know

■ Burkina Faso

*	Population (000s)	16,460	Total health expenditure (%GDP)	6.5
	GNI per capita (PPP Int \$)	1,490	ICT Development Index rank	154
들祭	Physician density (per 10 000 population)	0.05	Mobile-cellular subscriptions (% inhabitants)	60.61
ountr icato	Nurse and midwife density (per 10 000 population)	0.57	Internet users (% of individuals)	3.7
O B	Hospital bed density (per 10 000 population)	4	Maternal mortality ratio (per 100 000 live births)	300
.=	Life expectancy at birth (years)	56	Infant mortality rate (per 100 000 live births)	28 [17-46]

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	Yes		
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	Yes		

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 – 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	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

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 year	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 year	Both
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	Yes
Funding sources	Public funding, Donor funding, Public-private partnerships, Other sources



Human resources - lack of suitably qualified or experienced professionals who can develop and implement eHealth projects and promote their use

Services and applications - existing eHealth services are inaccessible, unaffordable, or not appropriate for our needs

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

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Yes		

Yes

Yes

ICT training

Tertiary institutions offer ICT training for students of health sciences

Continuing education in ICT for health professionals

Yes

Internet health information quality

Approaches taken to ensure auality of health-related content on the Internet

Approximation and an arrangement of the arrangement	
Voluntary compliance - by content providers or website owners to quality criteria for health-related sites	Yes
Government intervention - laws, regulations, quality directives or guidelines	Yes
Technology - filters and controls	Yes
Official approval - certification, accreditation, seals of approval, or quality seals	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

Some initiatives are aimed specifically to protect children

Safety tools and security technologies are required by law for schools, libraries and other public places where children have Internet access

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

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)	Yes
Parental consent required for the creation of a child's EMR/EHR	No
Parental access to a child's EMR/EHR is possible	No
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	Yes
Parental consent is required	No
Legislation exists enabling the sharing of EMR/EHR between health care entities in other countries	Yes
Parental consent is required	No
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



	Population (000s)	9,850	Total health expenditure (%GDP)	8.7
	GNI per capita (PPP Int \$)	550	ICT Development Index rank	
둗엁	Physician density (per 10 000 population)		Mobile-cellular subscriptions (% inhabitants)	22.81
	Nurse and midwife density (per 10 000 population)		Internet users (% of individuals)	1.2
ΰ	Hospital bed density (per 10 000 population)	19	Maternal mortality ratio (per 100 000 live births)	800
.=	Life expectancy at birth (years)	53	Infant mortality rate (per 100 000 live births)	36 [21-61]

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

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	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	

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

eHealth initiatives – national overview	
eHealth supports major women's and children's health initiatives	Yes
Funding sources	Public funding, Donor funding



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	

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	

Approaches taken to ensure quality of nealth-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	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	
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	
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)	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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Cambodia

*	Population (000s)	14,865	Total health expenditure (%GDP)	5.7
SIC	GNI per capita (PPP Int \$)	2,230	ICT Development Index rank	120
쑱	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
פ	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	

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	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			

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				
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			
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	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



■ Central African Republic

*	Population (000s)	4,525	Total health expenditure (%GDP)	3.8
	GNI per capita (PPP Int \$)	1,080	ICT Development Index rank	156
ountry icato	Physician density (per 10 000 population)	0.05	Mobile-cellular subscriptions (% inhabitants)	25.26
<u>5.</u> 5	Nurse and midwife density (per 10 000 population)	0.26	Internet users (% of individuals)	3.0
ਹੁੰਦ	Hospital bed density (per 10 000 population)	10	Maternal mortality ratio (per 100 000 live births)	890
.=	Life expectancy at birth (years)	48	Infant mortality rate (per 100 000 live births)	41 [25-68]

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	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	No
Resource tracking system in place to report total health expenditure by financing source, per capita	No
Type of resource tracking system	Both
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	

Indicator measured	Monitor	Frequency	Format: Paper, Electronic, or Both
Maternal mortality ratio	Yes	Every 4 years	Both
Under 5 child mortality with the proportion of newborn deaths	Yes	Every 4 years	Both
Children under 5 who are stunted	Yes	Every year	Both
Met need for contraception	Yes	Every 4 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 4 years	Both
Postnatal care for mothers and babies	No		
Exclusive breastfeeding for six months	Yes	Every 4 years	Both
3 doses of the combined diphtheria, pertussis and tetanus vaccine	Yes	Every year	Both
Antibiotic treatment for pneumonia		Every year	Both

eHealth initiatives – national overview	
eHealth supports major women's and children's health initiatives	No
Funding sources	



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

Continuing education in ICT for health professionals

No 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

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

ISPs are legally mandated to provide online safety tools to protect children

Government provides information and education to citizens on internet safety and literacy

No

Some initiatives are aimed specifically to protect children

Safety tools and security technologies are required by law for schools, libraries and other public places where children have Internet access

No

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

No

Parental consent required for the creation of a child's EMR/EHR

Medical Record (EMR) or Electronic Health Record (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 No

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

No

No

** Inconsistent data



*	Population (000s)	1,390,000	Total health expenditure (%GDP)	5.2
	GNI per capita (PPP Int \$)	9,040	ICT Development Index rank	78
들矣	Physician density (per 10 000 population)	1.46	Mobile-cellular subscriptions (% inhabitants)	80.76
0. <u>0</u>	Nurse and midwife density (per 10 000 population)	1.51	Internet users (% of individuals)	42.3
ΰĒ	Hospital bed density (per 10 000 population)	42	Maternal mortality ratio (per 100 000 live births)	37
.=	Life expectancy at birth (years)	76	Infant mortality rate (per 100 000 live births)	9 [6-12]

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	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 – partial coverage
Year introduced	2005
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	Paper
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	No
Type of resource tracking system	
Resource tracking system level	

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

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



Possible barriers to implementing eHealth services The most important barriers hindering the implementation of eHealth services		
Legal - lack of legal frameworks to support implementation of eHealth 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	Yes	

ICT training	
Tertiary institutions offer ICT training for students of health sciences	Yes
Continuing education in ICT for health professionals	No

not yet developed for broad and sustainable eHealth delivery

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
Government intervention - laws, regulations, quality directives or guidelines	Yes
Technology - filters and controls	Yes
Education programs - for consumers and professionals	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)	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)	No		
Parental consent required for the creation of a child's EMR/EHR	No		
Parental access to a child's EMR/EHR is possible	Yes		
Correction of errors in a child's EMR/EHR is possible	Yes		
Legislation exists enabling the sharing of EMR/EHR between health care entities within the same country	No		
Parental consent is required			
Legislation exists enabling the sharing of EMR/EHR between health care entities in other countries	No		
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)	Yes



*	Population (000s)	718	Total health expenditure (%GDP)	5.3
	GNI per capita (PPP Int \$)	1,210	ICT Development Index rank	138
돌	Physician density (per 10 000 population)	0.15	Mobile-cellular subscriptions (% inhabitants)	39.51
0. <u>0</u>	Nurse and midwife density (per 10 000 population)		Internet users (% of individuals)	6.0
ΰĒ	Hospital bed density (per 10 000 population)	22	Maternal mortality ratio (per 100 000 live births)	280
.=	Life expectancy at birth (years)	62	Infant mortality rate (per 100 000 live births)	31 [17-54]

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	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	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	

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	More than every 5 yrs	Both
Children under 5 who are stunted	Yes	More than every 5 yrs	Both
Met need for contraception	Yes	More than every 5 yrs	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	More than every 5 yrs	Both
Postnatal care for mothers and babies	No		
Exclusive breastfeeding for six months			
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	Public funding, Donor funding, Public-private partnerships



Possible barriers to im	plementing	a eHealth services
The most important barriers hinderi		

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 trainina

<u> </u>	
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 a

Area en es raixent de en sere quaim, en ricament en		
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	No	

Online safety for children

Approaches taken by government to project children in the origine 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	Do not know
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)	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	No
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	Do not know
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



*	Population (000s)	19,840	Total health expenditure (%GDP)	6.8
Z S	GNI per capita (PPP Int \$)	1,920	ICT Development Index rank	137
	Physician density (per 10 000 population)		Mobile-cellular subscriptions (% inhabitants)	91.23
0. <u>i</u>	Nurse and midwife density (per 10 000 population)	0.48	Internet users (% of individuals)	2.4
ΰ	Hospital bed density (per 10 000 population)	4	Maternal mortality ratio (per 100 000 live births)	400
.=	Life expectancy at birth (years)	56	Infant mortality rate (per 100 000 live births)	40 [23-68]

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	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	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
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

Indicator measured	Monitor	Frequency	Format: Paper, Electronic, or Both
Maternal mortality ratio	Yes	Every 4 years	Both
Under 5 child mortality with the proportion of newborn deaths	Yes	Every 4 years	Both
Children under 5 who are stunted	Yes	Every 4 years	Both
Met need for contraception	Yes	Every 4 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 year	Both
Exclusive breastfeeding for six months	Yes	Every 4 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, Donor funding, Public-private partnerships



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
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 adjugation 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
Government intervention - laws, regulations, quality directives or guidelines	Yes
Technology - filters and controls	Yes
Education programs - for consumers and professionals	Yes
Pedicated 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	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	No
Parental access to a child's EMR/EHR is possible	No
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	No
Parental consent is required	No
Legislation exists enabling the sharing of EMR/EHR between health care entities in other countries	No
Parental consent is required	No
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)	Yes



Country

Democratic People's Republic of Korea

	Population (000s)	24,763	Total health expenditure (%GDP)	
ors.	GNI per capita (PPP Int \$)		ICT Development Index rank	1
웆	Physician density (per 10 000 population)		Mobile-cellular subscriptions (% inhabitants)	6.87
<u>ပ</u>	Nurse and midwife density (per 10 000 population)		Internet users (% of individuals)	
D L	Hospital bed density (per 10 000 population)	132	Maternal mortality ratio (per 100 000 live births)	81
	Life expectancy at birth (years)	69	Infant mortality rate (per 100 000 live births)	16 [12-21]

eHealth policy/strategy Status of eHealth and women's and children's health policy/strategy			
National eHealth policy/strategy exists	Yes		
Year adopted	2008		
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	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	2008
At least one electronic information system exists at the district level to collect and report health data	No
Resource tracking system in place to report total health expenditure by financing source, per capita	Yes
Type of resource tracking system	Paper
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	Paper
Resource tracking system level	National level, Regional/District level

Indicator measured	Monitor	Frequency	Format: Paper, Electronic, or Both
Maternal mortality ratio	Yes	Every 3 years	Both
Under 5 child mortality with the proportion of newborn deaths	Yes	Every year	Paper
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	Paper
Prevention of mother-to-child HIV transmission (PMTCT)	No		
Skilled attendant at birth	Yes	Every year	Both
Postnatal care for mothers and babies	Yes	Every 3 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	Paper
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 funding, Donor funding



Possible barriers to implementing eHealth services The most important barriers hindering the implementation of eHealth services	
Legal - lack of legal frameworks to support implementation of eHealth services	Yes
Infrastructure - not yet adequate, accessible, or cost-effective to support desired services	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	
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	Do not know		
Some initiatives are aimed specifically to protect children	Do not know		
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	
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)	Yes



■ Democratic Republic of the Congo

	Population (000s)	65,705	Total health expenditure (%GDP)	8.5
2	GNI per capita (PPP Int \$)	390	ICT Development Index rank	147
֡֝֟֟֟֓֟֟֟֟֝֟֟֟֓֓֓֓֟֟֓֓֓֟֟֓֓֓֓֓֟֟֓֓֓֓֓֟֓֓֓֓֓֓	Physician density (per 10 000 population)	0.11	Mobile-cellular subscriptions (% inhabitants)	30.58
ر	Nurse and midwife density (per 10 000 population)		Internet users (% of individuals)	1.7
3	Hospital bed density (per 10 000 population)	8	Maternal mortality ratio (per 100 000 live births)	540
1	Life expectancy at birth (years)	49	Infant mortality rate (per 100 000 live births)	44 [25-70]

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	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	Electronic
Resource tracking system level	National
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

Indicator measured	Monitor	Frequency	Format: Paper, Electronic, or Both
Maternal mortality ratio			
Under 5 child mortality with the proportion of newborn deaths			
Children under 5 who are stunted			
Met need for contraception			
Antenatal care coverage			
Prevention of mother-to-child HIV transmission (PMTCT)			
Skilled attendant at birth			
Postnatal care for mothers and babies			
Exclusive breastfeeding for six months			
3 doses of the combined diphtheria, pertussis and tetanus vaccine			
Antibiotic treatment for pneumonia			

eHealth initiatives – national overview	
eHealth supports major women's and children's health initiatives	
Funding sources	



Democratic Republic of the Congo

Possible	barriers t	a imp	lementing	eHealth	services
	D GILLOID I				

The most important barriers hindering the implementation of eHealth services

ICT training

Tertiary institutions offer ICT training for students of health sciences

Continuing education in ICT for health professionals

No

Internet health information quality

Approaches taken to ensure quality of health-related content on the Internet

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

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

Some initiatives are aimed specifically to protect children

Safety tools and security technologies are required by law for schools, libraries and other public places where children have Internet access

ISPs are legally mandated to provide online safety tools to protect children

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)

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 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)



*	Population (000s)	860	Total health expenditure (%GDP)	7.9
	GNI per capita (PPP Int \$)	2,100	ICT Development Index rank	131
들矣	Physician density (per 10 000 population)		Mobile-cellular subscriptions (% inhabitants)	24.72
ountr) icatoi	Nurse and midwife density (per 10 000 population)	0.80	Internet users (% of individuals)	8.3
טַ פַ	Hospital bed density (per 10 000 population)	14	Maternal mortality ratio (per 100 000 live births)	200
.=	Life expectancy at birth (years)	58	Infant mortality rate (per 100 000 live births)	31 [19-51]

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	
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	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	2010
At least one electronic information system exists at the district level to collect and report health data	No
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	

Indicator measured	Monitor	Frequency	Format: Paper, Electronic, or Both
Maternal mortality ratio	Yes	Every 5 years	Paper
Under 5 child mortality with the proportion of newborn deaths	Yes	Every 5 years	Paper
Children under 5 who are stunted	Yes	Every 5 years	Paper
Met need for contraception	Yes	Every 5 years	Paper
Antenatal care coverage	Yes	Every 5 years	Paper
Prevention of mother-to-child HIV transmission (PMTCT)	Yes	Every year	Both
Skilled attendant at birth	Yes	Every 5 years	Paper
Postnatal care for mothers and babies	Yes	Every year	Both
Exclusive breastfeeding for six months	Yes	Every 5 years	Paper
3 doses of the combined diphtheria, pertussis and tetanus vaccine	Yes	Every 5 years	Paper
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	o implem	nenting eH	ealth services
The most important harriors	hindaring tha	implementation	of alloalth convices

	<i>-</i>
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
Standards - lack of nationally adopted standards (e.g.ICD, DICOM, HL7, SNOMED) for the systematic adoption of eHealth services or health information systems	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 qualityApproaches taken to ensure quality of health-related content on the Internet

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 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	
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	
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	
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

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Some nealth broardmes	ilise social media tea facebook Twit	ter Youllinei No



■ Equatorial Guinea

	Population (000s)	736	Total health expenditure (%GDP)	4
	GNI per capita (PPP Int \$)	18,570	ICT Development Index rank	
	Physician density (per 10 000 population)		Mobile-cellular subscriptions (% inhabitants)	68.05
<u>0.5</u>	Nurse and midwife density (per 10 000 population)		Internet users (% of individuals)	13.9
ОБ	Hospital bed density (per 10 000 population)	21	Maternal mortality ratio (per 100 000 live births)	240
.=	Life expectancy at birth (years)	54	Infant mortality rate (per 100 000 live births)	34 [19-58]

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	No
Women's and children's health	
National policy/strategy for women's and children's health exists	No
Policy/strategy refers to the use of eHealth, mHealth or social media	

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	No
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	

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

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
Human resources - lack of suitably qualified or experienced professionals who can develop and implement eHealth projects and promote their use	Yes
Services and applications - existing eHealth services are inaccessible, unaffordable, or not appropriate for our needs	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

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

Online safety for children

Approaches taken by government to protect children in the online environment

The state of the s	
Government provides information and education to citizens on internet safety and literacy	No
Some initiatives are aimed specifically to protect children	Do not know
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

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

Social media

From age (years)

Countries are recognizing the benefit of using social media for health

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

No

No



*	Population (000s)	91,729	Total health expenditure (%GDP)	4.7
	GNI per capita (PPP Int \$)	1,110	ICT Development Index rank	151
들矣	Physician density (per 10 000 population)	0.03	Mobile-cellular subscriptions (% inhabitants)	22.37
ountr icato	Nurse and midwife density (per 10 000 population)	0.25	Internet users (% of individuals)	1.5
טַ פַ	Hospital bed density (per 10 000 population)	63	Maternal mortality ratio (per 100 000 live births)	350
.=	Life expectancy at birth (years)	60	Infant mortality rate (per 100 000 live births)	29 [17-47]

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	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

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	Regional/District level

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 year	Both
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 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	Yes
Funding sources	Public funding, Donor funding



Yes

Possible barriers to implementing eHealth services The most important barriers hindering the implementation of eHealth services	
Legal - lack of legal frameworks to support implementation of eHealth services	Yes
Infrastructure - not yet adequate, accessible, or cost-effective to support desired services	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

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	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	Do not know
Some initiatives are aimed specifically to protect children	
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)	Yes
Parental consent required for the creation of a child's EMR/EHR	Yes
Parental access to a child's EMR/EHR is possible	
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	
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)	Yes

ICT training

Tertiary institutions offer ICT training for students of health sciences



	Population (000s)	1,791	Total health expenditure (%GDP)	4.4
, S	GNI per capita (PPP Int \$)	1,830	ICT Development Index rank	128
쑱	Physician density (per 10 000 population)	0.11	Mobile-cellular subscriptions (% inhabitants)	85.20
<u>.</u>	Nurse and midwife density (per 10 000 population)	0.87	Internet users (% of individuals)	12.4
p	Hospital bed density (per 10 000 population)	11	Maternal mortality ratio (per 100 000 live births)	360
-=	Life expectancy at birth (years)	58	Infant mortality rate (per 100 000 live births)	28 [17-48]

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

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	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	

Indicator measured	Monitor	Frequency	Format: Paper, Electronic, or Both
Maternal mortality ratio	Yes	More than every 5 yrs	Paper
Under 5 child mortality with the proportion of newborn deaths	Yes	Every 5 years	Paper
Children under 5 who are stunted	Yes	Every 5 years	
Met need for contraception	Yes	More than every 5 yrs	Paper
Antenatal care coverage	Yes	Every 5 years	Paper
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	No		
Exclusive breastfeeding for six months	Yes	Every 5 years	Paper
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 imple	ementing	eHealth	services
The most important harriers	: hindering th	ne implementa	ation of eHeal	th 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 trainina

Tertiary institutions offer ICT training for students of health sciences	Yes
Continuing education in ICT for health professionals	No

Internet health information qualityApproaches 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	

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	No
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)	Ν	10)



*	Population (000s)	25,366	Total health expenditure (%GDP)	4.8
, SE	GNI per capita (PPP Int \$)	1,910	ICT Development Index rank	113
욅	Physician density (per 10 000 population)	0.09	Mobile-cellular subscriptions (% inhabitants)	100.99
<u>:</u>	Nurse and midwife density (per 10 000 population)	1.05	Internet users (% of individuals)	17.1
ק	Hospital bed density (per 10 000 population)	9	Maternal mortality ratio (per 100 000 live births)	350
.=	Life expectancy at birth (years)	64	Infant mortality rate (per 100 000 live births)	28 [17-47]

eHealth policy/strategy Status of eHealth and women's and children's health policy/strategy	
National eHealth policy/strategy exists	Yes
Year adopted	2005
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	Yes

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 – partial 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	Electronic
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	Regional/District level

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 3 years	Both
Children under 5 who are stunted	Yes	Every 3 years	Both
Met need for contraception	Yes	Every 3 years	Both
Antenatal care coverage	Yes	Every year	Electronic
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 year	
Exclusive breastfeeding for six months	Yes	Every 3 years	Both
3 doses of the combined diphtheria, pertussis and tetanus vaccine	Yes	Every year	Both
Antibiotic treatment for pneumonia	Yes	Every 3 years	Both

eHealth initiatives – national overview	
eHealth supports major women's and children's health initiatives	Yes
Funding sources	Donor funding



Possible	barriers t	o imp	lementing	g 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
Financial - limited or no reimbursement by insurance companies for services; business models	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

not yet developed for broad and sustainable eHealth delivery

Approaches taken to choose quality of the aim related certifing of the limitation	
Voluntary compliance - by content providers or website owners to quality criteria for health-related sites	Yes
Government intervention - laws, regulations, quality directives or guidelines	Yes
Technology - filters and controls, Official approval - certification, accreditation, seals of approval, or quality seals	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 in the online environment

7 9	
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	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)	Yes
Parental consent required for the creation of a child's EMR/EHR	Yes
Parental access to a child's EMR/EHR is possible	Yes
Correction of errors in a child's EMR/EHR is possible	Yes
Legislation exists enabling the sharing of EMR/EHR between health care entities within the same country	Yes
Parental consent is required	Yes
Legislation exists enabling the sharing of EMR/EHR between health care entities in other countries	No
Parental consent is required	
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

Some health programmes use social media (ea. Facebook, Twitter, YouTube)	Ye	
Some nealth broatammes use social media tea, racebook, twitter, toutubet	16.	į

^{*} Data source: www.who.int/goe/publications/cp_source2013 ** Inconsistent data



*	Population (000s)	15,083	Total health expenditure (%GDP)	6.7
	GNI per capita (PPP Int \$)	4,880	ICT Development Index rank	
들었	Physician density (per 10 000 population)	0.93	Mobile-cellular subscriptions (% inhabitants)	137.82
ountr icato	Nurse and midwife density (per 10 000 population)		Internet users (% of individuals)	16.0
تع	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

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	to imple	menting	eHealth:	services
The most impo	ortant barrier	rs hinderina th	e implement	ation of eHeal	th services

Leadership, governance and policy - country policy or strategy does not include eHealth as an Yes approach to support women's and children's health

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

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

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

Voluntary compliance - by content providers or website owners to quality criteria for healthrelated sites

Yes

Yes

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

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	No
Parental access to a child's EMR/EHR is possible	No
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



*	Population (000s)	11,451	Total health expenditure (%GDP)	6
	GNI per capita (PPP Int \$)	970	ICT Development Index rank	152
들일	Physician density (per 10 000 population)	0.10	Mobile-cellular subscriptions (% inhabitants)	41.75
0. <u>0</u>	Nurse and midwife density (per 10 000 population)	0.04	Internet users (% of individuals)	1.5
O E	Hospital bed density (per 10 000 population)	3	Maternal mortality ratio (per 100 000 live births)	610
.=	Life expectancy at birth (years)	55	Infant mortality rate (per 100 000 live births)	34 [20-56]

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	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	Paper
Resource tracking system level	National level, Regional/ District level, Local 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

Format: Paper, Electronic, or Both Indicator measured Monitor **Frequency** 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 Met need for contraception Both Antenatal care coverage Prevention of mother-to-child HIV transmission (PMTCT) Skilled attendant at birth Postnatal care for mothers and babies Exclusive breastfeeding for six months 3 doses of the combined diphtheria, pertussis and tetanus vaccine Antibiotic treatment for pneumonia

eHealth initiatives – national overview	
eHealth supports major women's and children's health initiatives	Yes
Funding sources	Public funding, Private funding, Donor funding



Yes

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
Legal - lack of legal frameworks to support implementation of eHealth services	Yes
Infrastructure - not yet adequate, accessible, or cost-effective to support desired services	Yes

Financial - limited or no reimbursement by insurance companies for services; business models

not yet developed for broad and sustainable eHealth delivery

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		
Government intervention - laws, regulations, quality directives or guidelines	Yes	
Technology - filters and controls, Official approval - certification, accreditation, seals of approval, or quality seals	Yes	
Education programs - for consumers and professionals	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 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	
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	No
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



*	Population (000s)	10,174	Total health expenditure (%GDP)	7.9
	GNI per capita (PPP Int \$)	1,220	ICT Development Index rank	
들矣	Physician density (per 10 000 population)	0.25	Mobile-cellular subscriptions (% inhabitants)	59.91
ount icate	Nurse and midwife density (per 10 000 population)		Internet users (% of individuals)	10.9
ΰ	Hospital bed density (per 10 000 population)	13	Maternal mortality ratio (per 100 000 live births)	350
.=	Life expectancy at birth (years)	63	Infant mortality rate (per 100 000 live births)	25 [17-36]

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	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	National
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

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 2 years	Paper
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 year	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 2 years	Paper
3 doses of the combined diphtheria, pertussis and tetanus vaccine	Yes	Every year	Paper
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 funding, Donor funding



Yes

Possible barriers to implementing eHealth services The most important barriers hindering the implementation of eHealth services	
Legal - lack of legal frameworks to support implementation of eHealth services	Yes
Infrastructure - not yet adequate, accessible, or cost-effective to support desired services	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	

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

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)	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	No
Parental access to a child's EMR/EHR is possible	No
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	No
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



*	Population (000s)	1,240,000	Total health expenditure (%GDP)	3.9
Z _s Z	GNI per capita (PPP Int \$)	3,910	ICT Development Index rank	121
ountry icatol	Physician density (per 10 000 population)	0.65	Mobile-cellular subscriptions (% inhabitants)	69.92
<u>0.5</u>	Nurse and midwife density (per 10 000 population)	1.00	Internet users (% of individuals)	12.6
ΰ	Hospital bed density (per 10 000 population)	9	Maternal mortality ratio (per 100 000 live births)	200
.=	Life expectancy at birth (years)	65	Infant mortality rate (per 100 000 live births)	31 [24-39]

eHealth policy/strategy Status of eHealth and women's and children's health policy/strategy	
National eHealth policy/strategy exists	Yes
Year adopted	2006
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	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	2009
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, Local 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, Regional/ District level, Local level

Indicator measured	Monitor	Frequency	Format: Paper, Electronic, or Both
Maternal mortality ratio	Yes	Every 3 years	Both
Under 5 child mortality with the proportion of newborn deaths	Yes	Every year	Both
Children under 5 who are stunted	Yes	Every 3 years	Both
Met need for contraception	Yes	Every 3 years	Both
Antenatal care coverage	Yes	Every year	Both
Prevention of mother-to-child HIV transmission (PMTCT)			
Skilled attendant at birth	Yes		Both
Postnatal care for mothers and babies	Yes	Every year	Both
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			

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



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	Yes

ICT trainina

1 0 1 in cumum 9	
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 chaste quality of fleatin-fleated content of the internet		
Government intervention - laws, regulations, quality directives or guidelines	Yes	
Technology - filters and controls	Yes	
Education programs - for consumers and professionals	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

7.5	
Government provides information and education to citizens on internet safety and literacy	Yes
Some initiatives are aimed specifically to protect children	Do not know
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)	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

53



į.	Population (000s)	247,000	Total health expenditure (%GDP)	2.7
S	GNI per capita (PPP Int \$)	4,730	ICT Development Index rank	97
뚩	Physician density (per 10 000 population)	0.20	Mobile-cellular subscriptions (% inhabitants)	114.22
<u>ပ</u>	Nurse and midwife density (per 10 000 population)	1.38	Internet users (% of individuals)	15.4
פ	Hospital bed density (per 10 000 population)	6	Maternal mortality ratio (per 100 000 live births)	220
=	Life expectancy at birth (years)	69	Infant mortality rate (per 100 000 live births)	15 [12-19]

eHealth policy/strategy Status of eHealth and women's and children's health policy/strategy	
National eHealth policy/strategy exists	Yes
Year adopted	2002
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	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	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	Paper
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	No
Type of resource tracking system	
Resource tracking system level	

Indicator measured	Monitor	Frequency	Format: Paper, Electronic, or Both
Maternal mortality ratio	Yes	Every 4 years	Paper
Under 5 child mortality with the proportion of newborn deaths	Yes		Both
Children under 5 who are stunted	Yes	Every 3 years	Paper
Met need for contraception	Yes		Both
Antenatal care coverage	Yes		Both
Prevention of mother-to-child HIV transmission (PMTCT)			
Skilled attendant at birth	Yes		Both
Postnatal care for mothers and babies	Yes		Both
Exclusive breastfeeding for six months	Yes	Every year	Both
3 doses of the combined diphtheria, pertussis and tetanus vaccine	Yes		Paper
Antibiotic treatment for pneumonia	Yes	Every year	

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



Possible barriers	o implem	nenting eH	ealth services
The most important harriors	hindaring tha	implementation	of alloalth convices

e most important barriers hindering the implementation of eHealth servic

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
Infrastructure - not yet adequate, accessible, or cost-effective to support desired services	Yes
Financial - limited or no reimbursement by insurance companies for services; business models not yet developed for broad and sustainable eHealth delivery	Yes

ICT trainina

101 11 111 111	
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 ensore quality of health-related content of the intenter			
Voluntary compliance - by content providers or website owners to quality criteria for health-related sites	Yes		
Technology - filters and controls	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

Legislation to proteet werther and crimater	
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)	Yes
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	Do not know
Legislation exists enabling the sharing of EMR/EHR between health care entities in other countries	Yes
Parental consent is required	Do not know
Legislation exists which grants a child the right to control over its EMR/EHR	
From age (years)	

Social mediaCountries are recognizing the benefit of using social media for health

Some health programmes use social media (eg. Facebook, Twitter, YouTube)	
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*	Population (000s)	32,778	Total health expenditure (%GDP)	8.3
rs.	GNI per capita (PPP Int \$)	4,230	ICT Development Index rank	
웆	Physician density (per 10 000 population)	0.61	Mobile-cellular subscriptions (% inhabitants)	81.63
<u>:</u>	Nurse and midwife density (per 10 000 population)	1.38	Internet users (% of individuals)	7.1
р	Hospital bed density (per 10 000 population)	13	Maternal mortality ratio (per 100 000 live births)	63
·=	Life expectancy at birth (years)	69	Infant mortality rate (per 100 000 live births)	19 [13-28]

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		

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 – partial coverage
Year introduced	2004
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	

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

eHealth initiatives – national overview			
eHealth supports major women's and children's health initiatives	No		
Funding sources			



Possible	barriers t	o imp	lementing	g 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
Legal - lack of legal frameworks to support implementation of eHealth services	Yes
Infrastructure - not yet adequate, accessible, or cost-effective to support desired services	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	No
Continuing education in ICT for health professionals	No

Internet health information qualityApproaches taken to ensure quality of health-related content on the Internet

No Dedicated website(s) - concerning women's & children's health

Online safety for children Approaches taken by government to protect

Approaches taken by government to protect children the children the children the children to t	
Government provides information and education to citizens on internet safety and literacy	Do not know
Some initiatives are aimed specifically to protect children	
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	Do not know

Privacy and security of personal and health-related data

Legislation to protect worther 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



*	Population (000s)	43,178	Total health expenditure (%GDP)	4.5
Z _* Z	GNI per capita (PPP Int \$)	1,730	ICT Development Index rank	116
들음	Physician density (per 10 000 population) Nurse and midwife density (per 10 000 population)	0.18	Mobile-cellular subscriptions (% inhabitants)	
<u>.;</u>	Nurse and midwife density (per 10 000 population)	0.79	Internet users (% of individuals)	32.1
טַפ	Hospital bed density (per 10 000 population)		Maternal mortality ratio (per 100 000 live births)	360
.=	Life expectancy at birth (vears)	60	Infant mortality rate (per 100 000 live births)	27 [16-46]

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	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	Yes

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 – partial coverage
Year introduced	2012
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

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 year	Both
Prevention of mother-to-child HIV transmission (PMTCT)	Yes	Every year	Both
Skilled attendant at birth	Yes	Every 5 years	Both
Postnatal care for mothers and babies	Yes	Every year	Both
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 5 years	Both

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



Possible barriers to implementing eHealth services The most important barriers hindering the implementation of eHealth services

The mest imperiant barriers timesting the implementation of cheatins of vices	
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
Infrastructure - not yet adequate, accessible, or cost-effective to support desired services	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 neutri-related content of the internet		
Voluntary compliance - by content providers or website owners to quality criteria for health-related sites	Yes	
Government intervention - laws, regulations, quality directives or guidelines	Yes	
Technology - filters and controls	Yes	
Education programs - for consumers and professionals	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

На не на	
Government provides information and education to citizens on internet safety and literacy	Yes
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	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)	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	No
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	No
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)	
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Yes



Kyrgyzstan

	Population (000s)	5,474	Total health expenditure (%GDP)	6.5
	GNI per capita (PPP Int \$)	2,230	ICT Development Index rank	
	Physician density (per 10 000 population)		Mobile-cellular subscriptions (% inhabitants)	124.18
<u>0.5</u>	Nurse and midwife density (per 10 000 population)		Internet users (% of individuals)	21.7
o E	Hospital bed density (per 10 000 population)	51	Maternal mortality ratio (per 100 000 live births)	71
.=	Life expectancy at birth (years)	69	Infant mortality rate (per 100 000 live births)	14 [9-22]

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	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	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	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	Paper
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	No
Type of resource tracking system	
Resource tracking system level	

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	Paper
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 year	Both
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	Yes
Funding sources	Other sources



Possible barriers to implementing eHealth services The most important barriers hindering the implementation of eHealth services	
Legal - lack of legal frameworks to support implementation of eHealth 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	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	

Approaches taken to discre deality of health tolated content of the line the	
Voluntary compliance - by content providers or website owners to quality criteria for health-related sites	Yes
Education programs - for consumers and professionals	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 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	
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)	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	No
Parental access to a child's EMR/EHR is possible	No
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	No
Parental consent is required	
Legislation exists enabling the sharing of EMR/EHR between health care entities in other countries	No
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

^{*} Data source: www.who.int/goe/publications/cp_source2013 ** Inconsistent data



Lao People's Democratic Republic

*	Population (000s)	6,646	Total health expenditure (%GDP)	2.8
, SE	GNI per capita (PPP Int \$)	2,690	ICT Development Index rank	123
ato	Physician density (per 10 000 population)	0.19	Mobile-cellular subscriptions (% inhabitants)	64.70
<u>:</u>	Nurse and midwife density (per 10 000 population)	0.82	Internet users (% of individuals)	10.7
ק	Hospital bed density (per 10 000 population)	7	Maternal mortality ratio (per 100 000 live births)	470
-=	Life expectancy at birth (years)	68	Infant mortality rate (per 100 000 live births)	27 [19-40]

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	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	National 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	

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	Yes	Every year	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 year	Both
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	



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
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	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	
Voluntary compliance - by content providers or website owners to quality criteria for health-related sites	Yes
Education programs - for consumers and professionals	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

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

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

No

No



Lesotho

*	Population (000s)	2,052	Total health expenditure (%GDP)	12.8
*s	GNI per capita (PPP Int \$)	2,170	ICT Development Index rank	126
돌	Physician density (per 10 000 population)	0.05	Mobile-cellular subscriptions (% inhabitants)	75.30
0. <u>0</u>	Nurse and midwife density (per 10 000 population)		Internet users (% of individuals)	4.6
ΰ	Hospital bed density (per 10 000 population)	13	Maternal mortality ratio (per 100 000 live births)	620
.=	Life expectancy at birth (years)	50	Infant mortality rate (per 100 000 live births)	45 [27-78]

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	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		

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	
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	

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	More than every 5 yrs	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	No
Funding sources	



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		
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	
Voluntary compliance - by content providers or website owners to quality criteria for health-related sites	Yes
Government intervention - laws, regulations, quality directives or guidelines	Yes
Technology - filters and controls	Yes
Official approval - certification, accreditation, seals of approval, or quality seals	Yes
Dedicated website(s) - concerning women's & children's health	

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)	No
, ,	



*	Population (000s)	4,190	Total health expenditure (%GDP)	19.5
≥ c	GNI per capita (PPP Int \$)	580	ICT Development Index rank	146
	Physician density (per 10 000 population)		Mobile-cellular subscriptions ($\%$ inhabitants)	57.12
<u>0.5</u>	Nurse and midwife density (per 10 000 population)	0.27	Internet users (% of individuals)	3.8
O P	Hospital bed density (per 10 000 population)	8	Maternal mortality ratio (per 100 000 live births)	770
.=	Life expectancy at birth (years)	59	Infant mortality rate (per 100 000 live births)	27 [16-45]

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	Yes	

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 – partial coverage
Year introduced	2010
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	No
Type of resource tracking system	
Resource tracking system level	

Indicator measured	Monitor	Frequency	Format: Paper, Electronic, or Both
Maternal mortality ratio	Yes	Every 5 years	Paper
Under 5 child mortality with the proportion of newborn deaths	Yes	Every 5 years	Paper
Children under 5 who are stunted	Yes	Every 2 years	Paper
Met need for contraception	Yes	Every 5 years	Paper
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 year	Both
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	Yes
Funding sources	Public funding, Private funding, Donor 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			
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			

ertiary institutions offer ICT training for students of health sciences	Yes
Continuing education in ICT for health professionals	No

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	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	
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	No
Parental access to a child's EMR/EHR is possible	Yes
Correction of errors in a child's EMR/EHR is possible	Yes
Legislation exists enabling the sharing of EMR/EHR between health care entities within the same country	No
Parental consent is required	
Legislation exists enabling the sharing of EMR/EHR between health care entities in other countries	No
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)	Do not know

Madagascar

*	Population (000s)	22,294	Total health expenditure (%GDP)	4.1
7	GNI per capita (PPP Int \$)	930	ICT Development Index rank	149
웆	Physician density (per 10 000 population)	0.16	Mobile-cellular subscriptions (% inhabitants)	39.38
<u>ပ</u>	Nurse and midwife density (per 10 000 population)		Internet users (% of individuals)	2.1
pu	Hospital bed density (per 10 000 population)	2	Maternal mortality ratio (per 100 000 live births)	240
.=	Life expectancy at birth (years)	66	Infant mortality rate (per 100 000 live births)	22 [13-37]

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	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 – partial 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			
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				

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 year	Both
Prevention of mother-to-child HIV transmission (PMTCT)	Yes	Every year	Both
Skilled attendant at birth	Yes	Every 5 years	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	No
Funding sources	



Possible barriers to im	plementina	eHealth services
The most important barriers hinderi		

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
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 trainina

<u> </u>	
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

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

Online safety for children Approaches taken by government to protect children

Approaches raker by government to protect of march in the crimina criminal	
Government provides information and education to citizens on internet safety and literacy	No
Some initiatives are aimed specifically to protect children	
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)	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	
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	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

No



*	Population (000s)	15,906	Total health expenditure (%GDP)	8.4
sic×*	GNI per capita (PPP Int \$)	730	ICT Development Index rank	145
들음	Physician density (per 10 000 population)		Mobile-cellular subscriptions (% inhabitants)	29.21
oun	Nurse and midwife density (per 10 000 population)	0.34	Internet users (% of individuals)	4.4
o B	Hospital bed density (per 10 000 population)	13	Maternal mortality ratio (per 100 000 live births)	460
	Life expectancy at birth (years)	58	Infant mortality rate (per 100 000 live births)	24 [15-40]

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	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 – 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	Paper
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	Paper
Resource tracking system level	National level

Indicator measured	Monitor	Frequency	Format: Paper, Electronic, or Both
Maternal mortality ratio	Yes	Every 5 years	Paper
Under 5 child mortality with the proportion of newborn deaths	Yes	Every 5 years	Paper
Children under 5 who are stunted	Yes	Every 5 years	Paper
Met need for contraception	Yes	Every 5 years	Paper
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	Paper
Exclusive breastfeeding for six months	Yes	Every 5 years	Paper
3 doses of the combined diphtheria, pertussis and tetanus vaccine	Yes	Every year	Paper
Antibiotic treatment for pneumonia	Yes	Every 5 years	Paper

eHealth initiatives – national overview	
eHealth supports major women's and children's health initiatives	Yes
Funding sources	Public funding, Donor funding, Other sources



Possible barriers to im	plementing	a eHealth services
The most important barriers hinderi		

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 trainina

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

Approaches taken to chick quality of the anni total occurrent of the internet		
Government intervention - laws, regulations, quality directives or guidelines	Yes	
Education programs - for consumers and professionals	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 a maren three or mine 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	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	No				
Parental access to a child's EMR/EHR is possible	No				
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	No				
Parental consent is required					
Legislation exists enabling the sharing of EMR/EHR between health care entities in other countries	No				
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

me health programmes use social media (e.g. Facebook, Twitter, YouTube)	Do not know

■ Mauritania

	Population (000s)	3,796	Total health expenditure (%GDP)	5.4
2	GNI per capita (PPP Int \$)	2,480	ICT Development Index rank	133
틝	Physician density (per 10 000 population)	0.13	Mobile-cellular subscriptions (% inhabitants)	106
<u>ပ</u>	Nurse and midwife density (per 10 000 population)	0.67	Internet users (% of individuals)	5.4
<mark>ס</mark>	Hospital bed density (per 10 000 population)	4	Maternal mortality ratio (per 100 000 live births)	510
	Life expectancy at birth (years)	59	Infant mortality rate (per 100 000 live births)	34 [20-56]

eHealth policy/strategy Status of eHealth and women's and children's health policy/strategy				
National eHealth policy/strategy exists	Yes			
Year adopted	2010			
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			

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	Both			
Resource tracking system level	National			
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			

Indicator measured	Monitor	Frequency	Format: Paper, Electronic, or Both
Maternal mortality ratio	Yes	Every 4 years	Paper
Under 5 child mortality with the proportion of newborn deaths	Yes	Every year	Paper
Children under 5 who are stunted	Yes	Every year	Paper
Met need for contraception	Yes	Every year	Paper
Antenatal care coverage	Yes	Every year	Paper
Prevention of mother-to-child HIV transmission (PMTCT)	Yes	Every year	Paper
Skilled attendant at birth	Yes	Every year	Paper
Postnatal care for mothers and babies	Yes	Every year	Paper
Exclusive breastfeeding for six months	Yes	Every year	Paper
3 doses of the combined diphtheria, pertussis and tetanus vaccine	Yes	Every year	Paper
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	



Yes

Possible barriers	o impl	ementiı	ng eHealth	services
The most important barriers	hindorina	the implem	antation of allog	lth convious

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

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101 Halling	
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
Technology - filters and controls	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 geventiment to protect children the entitle entitle the			
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

Legislation to protect worther 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	No
Parental consent is required	
Legislation exists enabling the sharing of EMR/EHR between health care entities in other countries	No
Parental consent is required	
Legislation exists which grants a child the right to control over its EMR/EHR	No
From age (years)	

Social mediaCountries are recognizing the benefit of using social media for health

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

No

73



*	Population (000s)	121,000	Total health expenditure (%GDP)	6.2
	GNI per capita (PPP Int \$)	16,450	ICT Development Index rank	83
들음	Physician density (per 10 000 population)	1.96	Mobile-cellular subscriptions (% inhabitants)	83.35
<u>i</u>	Nurse and midwife density (per 10 000 population)	3.98	Internet users (% of individuals)	38.4
ΰĒ	Hospital bed density (per 10 000 population)	16	Maternal mortality ratio (per 100 000 live births)	50
.=	Life expectancy at birth (years)	75	Infant mortality rate (per 100 000 live births)	7 [5-10]

eHealth policy/strategy Status of eHealth and women's and children's health policy/strategy	
National eHealth policy/strategy exists	Yes
Year adopted	Before 2000
Implementation status	Yes
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	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 – 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	
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	

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

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



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
Legal - lack of legal frameworks to support implementation of eHealth 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

ICT training

101 Hamming	
Tertiary institutions offer ICT training for students of health sciences	Do not know
Continuing education in ICT for health professionals	No

Internet health information quality Approaches taken to ensure quality of health-related content on the Interne

Approaches taken to choose dealing of the aim telefold content of the important	
Technology - filters and controls	Yes
Voluntary compliance - by content providers or website owners to quality criteria for health-related sites	Yes
Government intervention - laws, regulations, quality directives or guidelines	Yes
Education programs - for consumers and professionals	Yes
Dedicated website(s) - concerning women's & children's health	Yes

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	Do not know
Some initiatives are aimed specifically to protect children	Do not know
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	Yes

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

Legislation to profect worthern 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)	Yes
Parental consent required for the creation of a child's EMR/EHR	No
Parental access to a child's EMR/EHR is possible	No
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	Yes
Parental consent is required	No
Legislation exists enabling the sharing of EMR/EHR between health care entities in other countries	Do not know
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 nealth			
Some health programmes use social media (eg. Egcebook, Twitter YouTube)	Yes		



Population (000s)	32,521	Total health expenditure (%GDP)	6
GNI per capita (PPP Int \$)	5,060	ICT Development Index rank	89
Physician density (per 10 000 population)	0.62	Mobile-cellular subscriptions (% inhabitants)	119.97
Nurse and midwife density (per 10 000 population)	0.89	Internet users (% of individuals)	55.0
Hospital bed density (per 10 000 population)	11	Maternal mortality ratio (per 100 000 live births)	100
Life expectancy at birth (years)	72	Infant mortality rate (per 100 000 live births)	18 [12-25]

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	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	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	2005
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, Local 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	

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 year	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	
Postnatal care for mothers and babies	Yes	Every year	
Exclusive breastfeeding for six months	Yes	Every 5 years	
3 doses of the combined diphtheria, pertussis and tetanus vaccine	Yes	Every year	
Antibiotic treatment for pneumonia	Yes	Every year	

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	to impl	lementing	g eHealth	services
The properties and another services	بم امانه ما میزنم م	وره ووره المروون والجر	totion of allow	مممن ممم

The most important barriers hindering the implementation ot eHealth services

Legal - lack of legal frameworks to support implementation of eHealth 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
Services and applications - existing eHealth services are inaccessible, unaffordable, or not	Yes

appropriate for our needs

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

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	Do not know
Some initiatives are aimed specifically to protect children	
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	Do not know

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)	Do not know
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	Do not know
Parental consent is required	
Legislation exists enabling the sharing of EMR/EHR between health care entities in other countries	Do not know
Parental consent is required	
Legislation exists which grants a child the right to control over its EMR/EHR	Do not know
From age (years)	18

Social media

Countries are recognizing the benefit of using social media for health

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

Mozambique

	Population (000s)	25,203	Total health expenditure (%GDP)	6.6
2	GNI per capita (PPP Int \$)	1,000	ICT Development Index rank	148
	Physician density (per 10 000 population)	0.03	Mobile-cellular subscriptions (% inhabitants)	36.24
<u>ပ</u>	Nurse and midwife density (per 10 000 population)	0.34	Internet users (% of individuals)	4.8
<mark>ס</mark>	Hospital bed density (per 10 000 population)	7	Maternal mortality ratio (per 100 000 live births)	490
	Life expectancy at birth (years)	53	Infant mortality rate (per 100 000 live births)	30 [19-50]

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

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 – partial coverage
Year introduced	2010
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	Paper
Resource tracking system level	Ao nível nacional
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	

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	
Met need for contraception	Yes	Every 5 years	
Antenatal care coverage	Yes	Every 5 years	Both
Prevention of mother-to-child HIV transmission (PMTCT)	Yes	Every 2 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			

eHealth initiatives – nationa	l overview	
eHealth supports major women's and child	lren's health initiatives	Yes
Funding sources		Donor funding, Public-private partnerships



Possible	barriers t	o imple	menting	eHealth	services
The most impo	ortant barriers	hinderina th	e implementa	ation of eHeal	th services

Infrastructure - not yet adequate, accessible, or cost-effective to support desired services	Yes
Human resources - lack of suitably qualified or experienced professionals who can develop and implement eHealth projects and promote their use	Yes
Services and applications - existing eHealth services are inaccessible, unaffordable, or not appropriate for our needs	Yes

ICT training

101 11 11111119	
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
Government website - providing education and information to information consumers	Yes
Dedicated website(s) - concerning women's & children's health	

Online safety for children

Approaches taken by government to protect children in the offine environment	
Government provides information and education to citizens on internet safety and literacy	No
Some initiatives are aimed specifically to protect children	
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	Do not know

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

Legislation to protect worther and entitle th	
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)	Do not know
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	No
Parental consent is required	
Legislation exists enabling the sharing of EMR/EHR between health care entities in other countries	Do not know
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

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Some health programmes use	SOCIAL ITI	eala lea.	racebook, iv	virier, toutu	Dei
		(- 3 -			/

No



Country

	Population (000s)	52,797	Total health expenditure (%GDP)	2
ors.	GNI per capita (PPP Int \$)		ICT Development Index rank	134
쑱	Physician density (per 10 000 population)		Mobile-cellular subscriptions (% inhabitants)	
<u>:</u>	Nurse and midwife density (per 10 000 population)	0.86	Internet users (% of individuals)	1.1
	Hospital bed density (per 10 000 population)		Maternal mortality ratio (per 100 000 live births)	200
-=	Life expectancy at birth (years)	65	Infant mortality rate (per 100 000 live births)	26 [19-36]

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	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	No
Year introduced	
At least one electronic information system exists at the district level to collect and report health data	No
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	Do not know
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

Format: Paper, Electronic, or Both Indicator measured Monitor Frequency Maternal mortality ratio Yes Every year Paper Under 5 child mortality with the proportion of newborn deaths Every year Paper Yes Children under 5 who are stunted Yes Every 3 years Paper Met need for contraception More than every 5 yrs Paper Yes Antenatal care coverage Yes Every year Paper Prevention of mother-to-child HIV transmission (PMTCT) Every year Paper Yes Skilled attendant at birth Yes Every year Paper Postnatal care for mothers and babies Yes Every year Paper Exclusive breastfeeding for six months Yes Every 3 years Paper 3 doses of the combined diphtheria, pertussis and tetanus vaccine Yes Every 3 years Paper Antibiotic treatment for pneumonia Yes Every year Paper

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		
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	
Infrastructure - not yet adequate, accessible, or cost-effective to support desired services	Yes	
Human resources - lack of suitably qualified or experienced professionals who can develop	Yes	

ICT training	
Tertiary institutions offer ICT training for students of health sciences	No
Continuing education in ICT for health professionals	No

and implement eHealth projects and promote their use

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
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 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	
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	Do not know

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)	Yes



	Population (000s)	27,474	Total health expenditure (%GDP)	5.4
	GNI per capita (PPP Int \$)	1,470	ICT Development Index rank	
들었	Physician density (per 10 000 population) Nurse and midwife density (per 10 000 population)	0.21	Mobile-cellular subscriptions (% inhabitants)	59.62
<u>0.</u>	Nurse and midwife density (per 10 000 population)		Internet users (% of individuals)	11.1
טַפ	Hospital bed density (per 10 000 population)		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

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

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	

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



*	Population (000s)	17,157	Total health expenditure (%GDP)	5.3
2	GNI per capita (PPP Int \$)	760	ICT Development Index rank	157
矣	Physician density (per 10 000 population)	0.02	Mobile-cellular subscriptions (% inhabitants)	31.45
<u>ပ</u>	Nurse and midwife density (per 10 000 population)	0.14	Internet users (% of individuals)	1.4
р	Hospital bed density (per 10 000 population)	3	Maternal mortality ratio (per 100 000 live births)	590
.=	Life expectancy at birth (years)	56	Infant mortality rate (per 100 000 live births)	28 [17-48]

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	No	
Women's and children's health		
National policy/strategy for women's and children's health exists	No	
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 – partial 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, Regional/District 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			

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 year	Both
Met need for contraception	Yes	Every 5 years	Both
Antenatal care coverage	Yes	Every year	Paper
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 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	Yes
Funding sources	Public funding, Private funding, Donor funding, Public-private partnerships



Yes

No

Possible barriers to implementing eHealth services The most important barriers hindering the implementation of eHealth services

not yet developed for broad and sustainable eHealth delivery

Continuing education in ICT for health professionals

Leadership, governance and policy - country policy or strategy does not include eHealth as an approach to support women's and children's health	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	Yes

ICT training	
Tertiary institutions offer ICT training for students of health sciences	Yes

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		
Government intervention - laws, regulations, quality directives or guidelines	Yes		
Education programs - for consumers and professionals	Yes		
Official approval - certification, accreditation, seals of approval, or quality seals	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	Do not know	
Some initiatives are aimed specifically to protect children		
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)	No
Privacy laws exist to protect citizens' health data held in digitized format in an Electronic Medical Record (EMR) or Electronic Health Record (EHR)	Yes
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	No
Parental consent is required	
Legislation exists enabling the sharing of EMR/EHR between health care entities in other countries	No
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

^{*} Data source: www.who.int/goe/publications/cp_source2013 ** Inconsistent data



*	Population (000s)	169,000	Total health expenditure (%GDP)	5.3
	GNI per capita (PPP Int \$)	2,450	ICT Development Index rank	122
들음	Physician density (per 10 000 population)	0.40	Mobile-cellular subscriptions (% inhabitants)	
<u>0.5</u>	Nurse and midwife density (per 10 000 population)	1.61	Internet users (% of individuals)	32.9
O E	Hospital bed density (per 10 000 population)	5	Maternal mortality ratio (per 100 000 live births)	630
.=	Life expectancy at birth (years)	53	Infant mortality rate (per 100 000 live births)	39 [24-64]

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	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	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			

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 2 years	Both
Children under 5 who are stunted	Yes	Every 2 years	Both
Met need for contraception	Yes	Every 2 years	Both
Antenatal care coverage	Yes	Every 2 years	Both
Prevention of mother-to-child HIV transmission (PMTCT)	Yes	Every year	Both
Skilled attendant at birth	Yes	Every 2 years	Both
Postnatal care for mothers and babies	Yes	Every year	Both
Exclusive breastfeeding for six months	Yes	Every 2 years	Both
3 doses of the combined diphtheria, pertussis and tetanus vaccine	Yes	Every year	Both
Antibiotic treatment for pneumonia	Yes	Every 3 years	Both

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 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	Yes		

ICT training	
Tertiary institutions offer ICT training for students of health sciences	Yes
Continuing education in ICT for health professionals	No

not yet developed for broad and sustainable eHealth delivery

Internet health information quality Approaches taken to ensure quality of health-related content on the Internet	
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	No
Parental access to a child's EMR/EHR is possible	Yes
Correction of errors in a child's EMR/EHR is possible	Yes
Legislation exists enabling the sharing of EMR/EHR between health care entities within the same country	No
Parental consent is required	
Legislation exists enabling the sharing of EMR/EHR between health care entities in other countries	No
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)	Do not know



*	Population (000s)	179,000	Total health expenditure (%GDP)	2.5
	GNI per capita (PPP Int \$)	2,880	ICT Development Index rank	129
	Physician density (per 10 000 population)		Mobile-cellular subscriptions (% inhabitants)	67.06
0. <u>i</u>	Nurse and midwife density (per 10 000 population)	0.56	Internet users (% of individuals)	10.0
o E	Hospital bed density (per 10 000 population)	6	Maternal mortality ratio (per 100 000 live births)	260
.=	Life expectancy at birth (years)	67	Infant mortality rate (per 100 000 live births)	42 [30-60]

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			

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 – partial coverage
Year introduced	2006
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	No
Type of resource tracking system	
Resource tracking system level	

Indicator measured	Monitor	Frequency	Format: Paper, Electronic, or Both
Maternal mortality ratio	Yes	Every 3 years	Both
Under 5 child mortality with the proportion of newborn deaths	Yes	Every 3 years	Both
Children under 5 who are stunted	Yes	Every year	Both
Met need for contraception	Yes	Every year	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 year	Both
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	Yes
Funding sources	Public funding, Private funding, Donor funding, Public-private partnerships



Possible	barriers	to imple	menting	eHealth:	services
The most impo	ortant barrier	rs hinderina th	e implement	ation of eHeal	th services

The most important batters till defing the implementation of eneath 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

V- -

Standards - lack of nationally adopted standards (e.g.ICD, DICOM, HL7, SNOMED) for the systematic adoption of eHealth services or health information systems

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

Continuing education in ICT for health professionals

No

Internet health information quality

Approaches taken to ensure quality of health-related content on the Internet

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

No

Some initiatives are aimed specifically to protect children

Safety tools and security technologies are required by law for schools, libraries and other public places where children have Internet access

places where children have Internet access

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)	Do no
Parental consent required for the creation of a child's EMR/EHR	

Do not know

Parental consent required for the creation of a child's E

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

ountry No

Parental consent is required

No

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

ntries No

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



Papua New Guinea

*	Population (000s)	7,167	Total health expenditure (%GDP)	4.3
	GNI per capita (PPP Int \$)	2,740	ICT Development Index rank	
	Physician density (per 10 000 population)		Mobile-cellular subscriptions (% inhabitants)	
<u>ii.</u>	Nurse and midwife density (per 10 000 population)	0.46	Internet users (% of individuals)	2.3
טַ פַ	Hospital bed density (per 10 000 population)		Maternal mortality ratio (per 100 000 live births)	230
.=	Life expectancy at birth (years)	63	Infant mortality rate (per 100 000 live births)	24 [15-36]

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	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	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	No
Type of resource tracking system	
Resource tracking system level	

Indicator measured	Monitor	Frequency	Format: Paper, Electronic, or Both
Maternal mortality ratio	Yes	More than every 5 yrs	Paper
Under 5 child mortality with the proportion of newborn deaths	Yes	More than every 5 yrs	Paper
Children under 5 who are stunted	Yes	More than every 5 yrs	Paper
Met need for contraception	Yes	Every year	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 year	Both
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	



Yes

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
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

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
Technology - filters and controls	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 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	
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	Do not know

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	No
Parental access to a child's EMR/EHR is possible	No
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	No
Parental consent is required	
Legislation exists enabling the sharing of EMR/EHR between health care entities in other countries	No
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)	Yes

ICT training

Tertiary institutions offer ICT training for students of health sciences



*	Population (000s)	29,988	Total health expenditure (%GDP)	4.8
	GNI per capita (PPP Int \$)	10,090	ICT Development Index rank	92
돌矣	Physician density (per 10 000 population)		Mobile-cellular subscriptions (% inhabitants)	
0. <u>0</u>	Nurse and midwife density (per 10 000 population)	1.27	Internet users (% of individuals)	38.2
ٽ و	Hospital bed density (per 10 000 population)	15	Maternal mortality ratio (per 100 000 live births)	67
.=	Life expectancy at birth (years)	77	Infant mortality rate (per 100 000 live births)	9 [6-14]

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	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	2012
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	Regional/District level

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	Yes	Every year	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 year	Both
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	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 to implementing eHealth services The most important barriers hindering the implementation of eHealth services

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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
Human resources - lack of suitably qualified or experienced professionals who can develop	Yes

ICT training

101 1141111119	
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

Approaches taken to ensure quality of fleath related content of the internet	
Voluntary compliance - by content providers or website owners to quality criteria for health-related sites	Yes
Government intervention - laws, regulations, quality directives or guidelines	Yes
Technology - filters and controls	Yes
Education programs - for consumers and professionals	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	No
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 project women 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)	Yes
Parental consent required for the creation of a child's EMR/EHR	No
Parental access to a child's EMR/EHR is possible	Yes
Correction of errors in a child's EMR/EHR is possible	Yes
Legislation exists enabling the sharing of EMR/EHR between health care entities within the same country	Yes
Parental consent is required	Yes
Legislation exists enabling the sharing of EMR/EHR between health care entities in other countries	No
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. Egcebook, Twitter YouTube)	No	

93

Philippines

	Population (000s)	96,707	Total health expenditure (%GDP)	4.1
2	GNI per capita (PPP Int \$)	4,380	ICT Development Index rank	98
	Physician density (per 10 000 population)	1.15	Mobile-cellular subscriptions (% inhabitants)	106.51
1	Nurse and midwife density (per 10 000 population)	6.00	Internet users (% of individuals)	36.2
5	Hospital bed density (per 10 000 population)	5	Maternal mortality ratio (per 100 000 live births)	99
	Life expectancy at birth (years)	69	Infant mortality rate (per 100 000 live births)	14 [9-22]

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	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	Yes	

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 – partial coverage
Year introduced	2004
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	

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	Paper
Children under 5 who are stunted	Yes	Every 5 years	Paper
Met need for contraception	Yes	Every 5 years	Paper
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 year	Both
Exclusive breastfeeding for six months	Yes	Every 5 years	Paper
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, Donor funding



Possible barriers to implementing eHealth services The most important barriers hindering the implementation of eHealth services	
Legal - lack of legal frameworks to support implementation of eHealth services	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
Education programs - for consumers and professionals	Yes
Government website - providing education and information to information consumers	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	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)	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	No
Parental access to a child's EMR/EHR is possible	Yes
Correction of errors in a child's EMR/EHR is possible	Yes
Legislation exists enabling the sharing of EMR/EHR between health care entities within the same country	No
Parental consent is required	
Legislation exists enabling the sharing of EMR/EHR between health care entities in other countries	No
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)	Yes



*	Population (000s)	11,458	Total health expenditure (%GDP)	10.8
L	GNI per capita (PPP Int \$)	1,320	ICT Development Index rank	141
矣	Physician density (per 10 000 population)	0.06	Mobile-cellular subscriptions (% inhabitants)	49.67
<u>ပ</u>	Nurse and midwife density (per 10 000 population)	0.69	Internet users (% of individuals)	8.0
pu	Hospital bed density (per 10 000 population)	16	Maternal mortality ratio (per 100 000 live births)	340
.=	Life expectancy at birth (years)	60	Infant mortality rate (per 100 000 live births)	21 [13-35]

eHealth policy/strategy Status of eHealth and women's and children's health policy/strategy				
National eHealth policy/strategy exists	Yes			
Year adopted	2006			
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	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	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 – full coverage
Year introduced	2009
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	
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	
Type of resource tracking system	Electronic
Resource tracking system level	National level

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

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



No

Possible barriers to implementing eHealth services The most important barriers hindering the implementation of eHealth services

ICT training

Tertiary institutions offer ICT training for students of health sciences

Continuing education in ICT for health professionals

Internet health information quality

Approaches taken to charge quality of fleath-fleated content of the internet				
Government intervention - laws, regulations, quality directives or guidelines	Yes			
Technology - filters and controls	Yes			
Education programs - for consumers and professionals	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	

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)	
Privacy laws exist to protect citizens' health data held in digitized format in an Electronic Medical Record (EMR) or Electronic Health Record (EHR)	Yes
Parental consent required for the creation of a child's EMR/EHR	Yes
Parental access to a child's EMR/EHR is possible	Yes
Correction of errors in a child's EMR/EHR is possible	Yes
Legislation exists enabling the sharing of EMR/EHR between health care entities within the same country	Yes
Parental consent is required	No
Legislation exists enabling the sharing of EMR/EHR between health care entities in other countries	Yes
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)	Yes
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*	Population (000s)	5,979	Total health expenditure (%GDP)	18.8
	GNI per capita (PPP Int \$)	1,340	ICT Development Index rank	
둗矣	Physician density (per 10 000 population)	0.02	Mobile-cellular subscriptions (% inhabitants)	36.96
ount icate	Nurse and midwife density (per 10 000 population)	0.17	Internet users (% of individuals)	1.3
عَق	Hospital bed density (per 10 000 population)	4	Maternal mortality ratio (per 100 000 live births)	890
.=	Life expectancy at birth (years)	47	Infant mortality rate (per 100 000 live births)	50 [29-82]

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	Yes

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 – partial 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, Regional/District 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	

Indicator measured	Monitor	Frequency	Format: Paper, Electronic, or Both
Maternal mortality ratio	Yes	Every 4 years	Both
Under 5 child mortality with the proportion of newborn deaths	Yes	Every 2 years	Both
Children under 5 who are stunted	Yes	Every 2 years	Both
Met need for contraception	Yes	Every 2 years	Both
Antenatal care coverage	Yes	Every 2 years	Both
Prevention of mother-to-child HIV transmission (PMTCT)	Yes	Every 4 years	Both
Skilled attendant at birth	Yes	Every 2 years	Both
Postnatal care for mothers and babies	Yes	Every 2 years	Both
Exclusive breastfeeding for six months	Yes	Every 2 years	Both
3 doses of the combined diphtheria, pertussis and tetanus vaccine	Yes	Every 2 years	Both
Antibiotic treatment for pneumonia	Yes	Every 2 years	Both

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



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
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	No
Some initiatives are aimed specifically to protect children	
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)	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)	Yes



*	Population (000s)	550	Total health expenditure (%GDP)	8.8
	GNI per capita (PPP Int \$)	2,130	ICT Development Index rank	125
둗쑱	Physician density (per 10 000 population)	0.22	Mobile-cellular subscriptions (% inhabitants)	54.98
0. <u>2</u>	Nurse and midwife density (per 10 000 population)	2.05	Internet users (% of individuals)	7.0
O E	Hospital bed density (per 10 000 population)		Maternal mortality ratio (per 100 000 live births)	93
.=	Life expectancy at birth (years)	70	Infant mortality rate (per 100 000 live births)	14 [8-21]

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

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	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, 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, Regional/District level

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	No		
Met need for contraception	No		
Antenatal care coverage	No		
Prevention of mother-to-child HIV transmission (PMTCT)			
Skilled attendant at birth	Yes	Every year	Both
Postnatal care for mothers and babies	No		
Exclusive breastfeeding for six months	No		
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	Yes
Funding sources	Public funding, Donor funding



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

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
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	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

Technology - filters and controls	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	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 Leaislation to protect women and children

Legislation to protect worthern 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)	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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*	Population (000s)	10,195	Total health expenditure (%GDP)	2.3
	GNI per capita (PPP Int \$)		ICT Development Index rank	
	Physician density (per 10 000 population)		Mobile-cellular subscriptions (% inhabitants)	22.56
<u>ii.</u>	Nurse and midwife density (per 10 000 population)	0.11	Internet users (% of individuals)	1.4
טַ פַ	Hospital bed density (per 10 000 population)		Maternal mortality ratio (per 100 000 live births)	1,000
.=	Life expectancy at birth (years)	50	Infant mortality rate (per 100 000 live births)	46 [30-68]

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	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	Do not know
Resource tracking system in place to report total health expenditure by financing source, per capita	Do not know
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	Do not know
Type of resource tracking system	
Resource tracking system level	

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

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

ICT training

Tertiary institutions offer ICT training for students of health sciences	Do not know
Continuing education in ICT for health professionals	No

Internet health information quality
Approaches taken to ensure quality of health-related content on the Internet

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

7.0	
Government provides information and education to citizens on internet safety and literacy	No
Some initiatives are aimed specifically to protect children	
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

Logistation 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	No
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)

Do not know

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■ South Africa

*	Population (000s)	52,386	Total health expenditure (%GDP)	8.5
≥ s	GNI per capita (PPP Int \$)	11,010	ICT Development Index rank	84
들矣	Physician density (per 10 000 population)	0.76	Mobile-cellular subscriptions (% inhabitants)	130.56
<u>0.5</u>	Nurse and midwife density (per 10 000 population)		Internet users (% of individuals)	41.0
ΰ	Hospital bed density (per 10 000 population)	28	Maternal mortality ratio (per 100 000 live births)	300
	Life expectancy at birth (years)	58	Infant mortality rate (per 100 000 live births)	15 [9-26]

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	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

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	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	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	

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	Electronic
Met need for contraception	Yes	Every year	Electronic
Antenatal care coverage	Yes	Every year	Electronic
Prevention of mother-to-child HIV transmission (PMTCT)	Yes	Every year	Electronic
Skilled attendant at birth	Yes	Every year	Electronic
Postnatal care for mothers and babies	Yes	Every year	Electronic
Exclusive breastfeeding for six months	Yes	Every year	Electronic
3 doses of the combined diphtheria, pertussis and tetanus vaccine	Yes	Every year	Electronic
Antibiotic treatment for pneumonia		Every year	Electronic

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	
Leadership, governance and policy - country policy or strategy does not include eHealth as an approach to support women's and children's health	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	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	
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	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	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	No
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	No
Parental access to a child's EMR/EHR is possible	Yes
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	No
Parental consent is required	
Legislation exists enabling the sharing of EMR/EHR between health care entities in other countries	No
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)	Yes

South Africa

^{*} Data source: www.who.int/goe/publications/cp_source2013 ** Inconsistent data



*	Population (000s)	10,838	Total health expenditure (%GDP)	1.6
	GNI per capita (PPP Int \$)		ICT Development Index rank	
들矣	Physician density (per 10 000 population)		Mobile-cellular subscriptions (% inhabitants)	21.22
<u>0.5</u>	Nurse and midwife density (per 10 000 population)		Internet users (% of individuals)	
ΰ	Hospital bed density (per 10 000 population)		Maternal mortality ratio (per 100 000 live births)	
.=	Life expectancy at birth (years)	54	Infant mortality rate (per 100 000 live births)	36 [24-53]

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	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	Do not know
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	

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

eHealth initiatives – national overview	
eHealth supports major women's and children's health initiatives	No
Funding sources	



Yes

Yes

No

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	
<u> </u>	N.
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	

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	
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

Voluntary compliance - by content providers or website owners to quality criteria for health-

Government intervention - laws, regulations, quality directives or guidelines

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

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	No
Parental access to a child's EMR/EHR is possible	No
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	No
Parental consent is required	
Legislation exists enabling the sharing of EMR/EHR between health care entities in other countries	No
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



STS*	Population (000s)	37,195	Total health expenditure (%GDP)	8.4
	GNI per capita (PPP Int \$)	2,070	ICT Development Index rank	119
	Physician density (per 10 000 population)	0.28	Mobile-cellular subscriptions (% inhabitants)	74.36
<u>ပ</u>	Nurse and midwife density (per 10 000 population)	0.84	Internet users (% of individuals)	21.0
פ	Hospital bed density (per 10 000 population)	7	Maternal mortality ratio (per 100 000 live births)	730
	Life expectancy at birth (years)	62	Infant mortality rate (per 100 000 live births)	29 [20-40]

eHealth policy/strategy Status of eHealth and women's and children's health policy/strategy					
National eHealth policy/strategy exists	Yes				
Year adopted	2005				
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	Yes				

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 – 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	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					

Indicator measured	Monitor	Frequency	Format: Paper, Electronic, or Both
Maternal mortality ratio	Yes	Every 4 years	Paper
Under 5 child mortality with the proportion of newborn deaths	Yes	Every 4 years	Paper
Children under 5 who are stunted	Yes	Every 4 years	Paper
Met need for contraception	Yes	Every 4 years	Paper
Antenatal care coverage	Yes	Every 4 years	Paper
Prevention of mother-to-child HIV transmission (PMTCT)	Yes		Paper
Skilled attendant at birth	Yes	Every 4 years	Paper
Postnatal care for mothers and babies	Yes	Every year	Paper
Exclusive breastfeeding for six months	Yes	Every 4 years	Paper
3 doses of the combined diphtheria, pertussis and tetanus vaccine	Yes	Every year	Paper
Antibiotic treatment for pneumonia	Yes	Every 4 years	Paper

eHealth initiatives – national overview				
eHealth supports major women's and children's health initiatives	Yes			
Funding sources	Public funding, Donor funding			



Yes

Yes

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

101 11 411 11119	
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-	Yes

Government intervention - laws, regulations, quality directives or guidelines

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

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	No
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)	Yes



*	Population (000s)	1,231	Total health expenditure (%GDP)	8
7	GNI per capita (PPP Int \$)	4,760	ICT Development Index rank	117
웆	Physician density (per 10 000 population)	0.17	Mobile-cellular subscriptions (% inhabitants)	65.39
<u>.</u>	Nurse and midwife density (per 10 000 population)	1.60	Internet users (% of individuals)	20.8
pu	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

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 t	lo impl	ementing	g eHealth :	services
The a report issue and quet la averiance	بم ورنام المرنام	عرج معرد المراجع المراجع المراجع	totion of allows	و م واز مرم وال

The most important barriers hindering the implementation ot 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
Services and applications - existing eHealth services are inaccessible, unaffordable, or not appropriate for our needs	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

101 Halling	
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 in the online environment

Approaches taken 27 geven men ne prefect et maren me et mile et meren men.	
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 entitle en	
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

C I III	The state of the s	V.
Some health broardmes	use social media (ea. Facebook, Twitter, YouTube)	Yes



	Population (000s)	8,009	Total health expenditure (%GDP)	5.8
2	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
Ś	Nurse and midwife density (per 10 000 population)	4.48	Internet users (% of individuals)	14.5
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		

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	

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

Yes
No
Yes
Yes
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



	Population (000s)	6,643	Total health expenditure (%GDP)	8
	GNI per capita (PPP Int \$)	900	ICT Development Index rank	
돌矣	Physician density (per 10 000 population)	0.05	Mobile-cellular subscriptions (% inhabitants)	49.86
ountry icator	Nurse and midwife density (per 10 000 population)	0.27	Internet users (% of individuals)	4.0
O E	Hospital bed density (per 10 000 population)	7	Maternal mortality ratio (per 100 000 live births)	300
.=	Life expectancy at birth (years)	56	Infant mortality rate (per 100 000 live births)	33 [21-54]

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	Partly implemented
Refers to the use of eHealth in women's and children's health policy/strategy	Yes
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

Population (000s)	6,643	Total health expenditure (%GDP)		8
**CONTROL OF CONTROL O	900	ICT Development Index rank		
Physician density (per 10 000 population) Nurse and midwife density (per 10 000 population)	0.05	Mobile-cellular subscriptions (% inha	ıbitants)	49.86
Nurse and midwife density (per 10 000 population)	0.27	Internet users (% of individuals)		4.0
Hospital bed density (per 10 000 population)	7	Maternal mortality ratio (per 100 000		300
Life expectancy at birth (years)	56	Infant mortality rate (per 100 000 live	births)	33 [21-54]
eHealth policy/strategy				
Status of eHealth and women's and children's health	policy/s	frategy	V	_
National eHealth policy/strategy exists			Yes	
(ear adopted			2012 Partly imp	lomontod
mplementation status	المام ما الما			nemeniec
Refers to the use of eHealth in women's and children Special funding allocated for implementation	r's nealt	n policy/strategy	Yes No	
Women's and children's health			NO	
National policy/strategy for women's and children's	hoalth c	oviete.	Yes	_
Policy/strategy refers to the use of eHealth, mHealth o			No	
oney/sindregy refers to the ose of effecting, friincam o	7 30CIGI	media	140	
eHealth systems An overview of the types of eHealth systems in place,	their pu	rpose and level		
Electronic information system collects and reports births,	deaths	and causes of death data	Yes – parti	al coveraç
Year introduced			2013	
At least one electronic information system exists at the c	district le	vel to collect and report health data	Yes	
The state of the s	eynenc	liture by financing source, per capita	Yes	
· · · · · · · · · · · · · · · · · · ·	САРСПС			
Resource tracking system in place to report total health	гехрепе		Both	
Resource tracking system in place to report total health Type of resource tracking system	САРСПС		Both National	
Resource tracking system in place to report total health Type of resource tracking system Resource tracking system level Resource tracking system in place to report total report health (RMNCH) expenditure by financing source, pe	roductiv			
Resource tracking system in place to report total health Type of resource tracking system Resource tracking system level Resource tracking system in place to report total rep	roductiv		National	

Indicator measured	Monitor	Frequency	Format: Paper, Electronic, or Both
Maternal mortality ratio	Yes	Every 4 years	
Under 5 child mortality with the proportion of newborn deaths	Yes	Every 2 years	
Children under 5 who are stunted	Yes	Every year	Both
Met need for contraception	Yes	Every 3 years	Both
Antenatal care coverage	Yes	Every 2 years	Both
Prevention of mother-to-child HIV transmission (PMTCT)	Yes	Every 2 years	Both
Skilled attendant at birth	Yes	Every 2 years	Both
Postnatal care for mothers and babies	Yes	Every 2 years	Both
Exclusive breastfeeding for six months	Yes	Every year	Both
3 doses of the combined diphtheria, pertussis and tetanus vaccine	Yes	Every 2 years	Both
Antibiotic treatment for pneumonia	Yes	Every 2 years	

eHealth initiatives – national overview	
eHealth supports major women's and children's health initiatives	No
Funding sources	



Possible barriers	o implem	nenting eH	ealth services
The most important harriors	hindaring tha	implementation	of alloalth convices

Infrastructure - not yet adequate, accessible, or cost-effective to support desired services	Yes
Human resources - lack of suitably qualified or experienced professionals who can develop and implement eHealth projects and promote their use	Yes
Services and applications - existing eHealth services are inaccessible, unaffordable, or not appropriate for our needs	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 fleatin-felated content on the internet			
Voluntary compliance - by content providers or website owners to quality criteria for health-related sites	Yes		
Government intervention - laws, regulations, quality directives or guidelines	Yes		
Technology - filters and controls	Yes		
Dedicated website(s) - concerning women's & children's health	No		

Online safety for children

Approaches taken by government to protect a material title of mile anythin in the title of the control of the c	
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	
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)	Yes
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	
Legislation exists enabling the sharing of EMR/EHR between health care entities within the same country	Do not know
Parental consent is required	
Legislation exists enabling the sharing of EMR/EHR between health care entities in other countries	Do not know
Parental consent is required	
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

Some health programmes use social media (ea. Facebook, Twitter, YouTube)				
Some begun broardinines use social media tea facebook, twiller folluber	Canaa la a siltla ia ka aikaina na aa i ia a	. a a a i a l la a a a a li a l a a l	Totalaali Tuulttar	VaTla a \
	Some nealth broatammes use	godiai media tea t	acenook iwiller	TOLLING.

No



į.	Population (000s)	36,346	Total health expenditure (%GDP)	9.5
S	GNI per capita (PPP Int \$)	1,120	ICT Development Index rank	130
띩	Physician density (per 10 000 population)	0.12	Mobile-cellular subscriptions (% inhabitants)	45.00
<u>ပ</u>	Nurse and midwife density (per 10 000 population)	1.31	Internet users (% of individuals)	14.7
פ	Hospital bed density (per 10 000 population)	5	Maternal mortality ratio (per 100 000 live births)	310
=	Life expectancy at birth (years)	56	Infant mortality rate (per 100 000 live births)	23 [14-36]

eHealth policy/strategy Status of eHealth and women's and children's health policy/strategy	
National eHealth policy/strategy exists	Yes
Year adopted	2013
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	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	Yes

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	National level, Regional/ District level, Local 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	Paper
Resource tracking system level	National level

Indicator measured	Monitor	Frequency	Format: Paper, Electronic, or Both
Maternal mortality ratio	Yes	Every 5 years	Paper
Under 5 child mortality with the proportion of newborn deaths	Yes	Every 5 years	Paper
Children under 5 who are stunted	Yes	Every 5 years	Paper
Met need for contraception	Yes	Every 5 years	Paper
Antenatal care coverage	Yes	Every 5 years	Paper
Prevention of mother-to-child HIV transmission (PMTCT)	Yes	Every year	Paper
Skilled attendant at birth	Yes	Every 5 years	Paper
Postnatal care for mothers and babies	Yes	Every 5 years	Paper
Exclusive breastfeeding for six months	Yes	Every 5 years	Paper
3 doses of the combined diphtheria, pertussis and tetanus vaccine	Yes	Every year	Paper
Antibiotic treatment for pneumonia	Yes	Every 5 years	Paper

eHealth initiatives – national overview	
eHealth supports major women's and children's health initiatives	Yes
Funding sources	Donor fundina



Possible barriers to implementing eHealth services The most important barriers hindering the implementation of eHealth services	
Legal - lack of legal frameworks to support implementation of eHealth services	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
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 health-related sites	Yes
Official approval - certification, accreditation, seals of approval, or quality seals	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 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	No
Parental access to a child's EMR/EHR is possible	No
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	No
Parental consent is required	
Legislation exists enabling the sharing of EMR/EHR between health care entities in other countries	No
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)	Yes



■ United Republic of Tanzania

*	Population (000s)	47,783	Total health expenditure (%GDP)	7.3
, s	GNI per capita (PPP Int \$)	1,560	ICT Development Index rank	142
矣	Physician density (per 10 000 population)	0.01	Mobile-cellular subscriptions (% inhabitants)	56.96
<u>:</u>	Nurse and midwife density (per 10 000 population)	0.24	Internet users (% of individuals)	13.1
	Hospital bed density (per 10 000 population)	7	Maternal mortality ratio (per 100 000 live births)	460
.=	Life expectancy at birth (years)	59	Infant mortality rate (per 100 000 live births)	21 [13-35]

eHealth policy/strategy Status of eHealth and women's and children's health policy/strategy	
National eHealth policy/strategy exists	Yes
Year adopted	2013
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

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 – 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	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	No
Type of resource tracking system	Both
Resource tracking system level	National level, Regional/ District level, Local level

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 year	Both
Prevention of mother-to-child HIV transmission (PMTCT)	Yes	Every year	Both
Skilled attendant at birth	Yes	Every 5 years	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, Donor funding, Public-private partnerships



Possible barriers	to imple	ementing	eHealth	services
The most important barrier	hindorina l	tha implamant	tation of alloal	th continue

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
Standards - lack of nationally adopted standards (e.g.ICD, DICOM, HL7, SNOMED) for the systematic adoption of eHealth services or health information systems	Yes
Infrastructure - not yet adequate, accessible, or cost-effective to support desired services	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
Government intervention - laws, regulations, quality directives or guidelines	Yes
Education programs - for consumers and professionals	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 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	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	
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)	Do not know
Parental consent required for the creation of a child's EMR/EHR	No
Parental access to a child's EMR/EHR is possible	No
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	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	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) Do not know



į.	Population (000s)	28,541	Total health expenditure (%GDP)	5.4
<u>S</u>	GNI per capita (PPP Int \$)	3,670	ICT Development Index rank	104
닭	Physician density (per 10 000 population)	2.54	Mobile-cellular subscriptions (% inhabitants)	71.03
<u>ပ</u>	Nurse and midwife density (per 10 000 population)	10.68	Internet users (% of individuals)	36.5
פ	Hospital bed density (per 10 000 population)	46	Maternal mortality ratio (per 100 000 live births)	28
	Life expectancy at birth (years)	68	Infant mortality rate (per 100 000 live births)	14 [7-23]

eHealth policy/strategy Status of eHealth and women's and children's health policy/strategy	
National eHealth policy/strategy exists	Yes
Year adopted	2009
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	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	2009
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	Yes
Type of resource tracking system	Both
Resource tracking system level	National level, Regional/District level

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	Yes	Every year	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 year	Both
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	Yes
Funding sources	Public funding, Donor funding



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	Yes	

ICT training		
	Tertiary institutions offer ICT training for students of health sciences	Yes
	Continuing education in ICT for health professionals	No

not yet developed for broad and sustainable eHealth delivery

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
Education programs - for consumers and professionals	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)	Yes
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	Yes
Parental consent is required	Yes
Legislation exists enabling the sharing of EMR/EHR between health care entities in other countries	Yes
Parental consent is required	Yes
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	
Some health programmes use social media (eg. Facebook, Twitter, YouTube)	No



*	Population (000s)	90,796	Total health expenditure (%GDP)	6.8
××s	GNI per capita (PPP Int \$)	3,620	ICT Development Index rank	88
둗왍	Physician density (per 10 000 population)	1.22	Mobile-cellular subscriptions (% inhabitants)	147.66
our	Nurse and midwife density (per 10 000 population)	1.01	Internet users (% of individuals)	39.5
ठंड	Hospital bed density (per 10 000 population)	31	Maternal mortality ratio (per 100 000 live births)	59
·=	Life expectancy at birth (years)	75	Infant mortality rate (per 100 000 live births)	12 [9-18]

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	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	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 – partial coverage
Year introduced	Do not know
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	No
Type of resource tracking system	
Resource tracking system level	

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

eHealth initiatives – national overview	
eHealth supports major women's and children's health initiatives	Do not know
Funding sources	



Possible barriers to implementing eHealth services The most important barriers hindering the implementation of eHealth services			
Legal - lack of legal frameworks to support implementation of eHealth 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 ellegith delivery.	Yes		

ICT training	
Tertiary institutions offer ICT training for students of health sciences	Yes
Continuing education in ICT for health professionals	No

not yet developed for broad and sustainable eHealth delivery

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
Government intervention - laws, regulations, quality directives or guidelines	Yes
Official approval - certification, accreditation, seals of approval, or quality seals	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 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	
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	
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	No
Parental access to a child's EMR/EHR is possible	No
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	No
Parental consent is required	No
Legislation exists enabling the sharing of EMR/EHR between health care entities in other countries	No
Parental consent is required	No
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

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*	Population (000s)	23,852	Total health expenditure (%GDP)	5.5
	GNI per capita (PPP Int \$)	2,310	ICT Development Index rank	127
	Physician density (per 10 000 population)		Mobile-cellular subscriptions (% inhabitants)	58.28
<u>ii.</u>	Nurse and midwife density (per 10 000 population)	0.68	Internet users (% of individuals)	17.4
טַ פַ	Hospital bed density (per 10 000 population)	7	Maternal mortality ratio (per 100 000 live births)	200
.=	Life expectancy at birth (years)	64	Infant mortality rate (per 100 000 live births)	27 [18-41]

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	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	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	

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

eHealth initiatives – national overview			
eHealth supports major women's and children's health initiatives	Do not know		
Funding sources			



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		
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		

ICI 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	

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		
Government website - providing education and information to information consumers	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	
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	Yes
Parental consent is required	No
Legislation exists enabling the sharing of EMR/EHR between health care entities in other countries	No
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

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*	Population (000s)	14,075	Total health expenditure (%GDP)	6.1
	GNI per capita (PPP Int \$)	1,590	ICT Development Index rank	132
둗쏡	Physician density (per 10 000 population)		Mobile-cellular subscriptions (% inhabitants)	74.78
<u>0.5</u>	Nurse and midwife density (per 10 000 population)	0.78	Internet users (% of individuals)	13.5
ΰ	Hospital bed density (per 10 000 population)	20	Maternal mortality ratio (per 100 000 live births)	440
.=	Life expectancy at birth (years)	55	Infant mortality rate (per 100 000 live births)	29 [17-51]

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	Yes	
Refers to the use of eHealth in women's and children's health policy/strategy	Yes	
Special funding allocated for implementation		
Women's and children's health		
National policy/strategy for women's and children's health exists	No	
Policy/strategy refers to the use of eHealth, mHealth or social media		

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	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	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	No
Type of resource tracking system	
Resource tracking system level	

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 funding, Private funding, Donor funding, Public-private partnerships



Yes

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
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	Yes

ICT training	
Tertiary institutions offer ICT training for students of health sciences	Yes
Continuing education in ICT for health professionals	No

not yet developed for broad and sustainable eHealth delivery

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
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 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	
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	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)	Yes
Parental consent required for the creation of a child's EMR/EHR	Yes
Parental access to a child's EMR/EHR is possible	Yes
Correction of errors in a child's EMR/EHR is possible	Yes
Legislation exists enabling the sharing of EMR/EHR between health care entities within the same country	Yes
Parental consent is required	Yes
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



*	Population (000s)	13,724	Total health expenditure (%GDP)	0.7
	GNI per capita (PPP Int \$)		ICT Development Index rank	115
들음	Physician density (per 10 000 population) Nurse and midwife density (per 10 000 population)	0.06	Mobile-cellular subscriptions (% inhabitants)	91.91
<u>ii.</u>	Nurse and midwife density (per 10 000 population)	1.25	Internet users (% of individuals)	17.1
טַפ	Hospital bed density (per 10 000 population)		Maternal mortality ratio (per 100 000 live births)	570
.=	Life expectancy at birth (years)	54	Infant mortality rate (per 100 000 live births)	39 [22-66]

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 – partial coverage
Year introduced	2010
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, Regional/District 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	

Indicator measured	Monitor	Frequency	Format: Paper, Electronic, or Both
Maternal mortality ratio	Yes	Every 5 years	Paper
Under 5 child mortality with the proportion of newborn deaths	Yes	Every 5 years	Paper
Children under 5 who are stunted Met need for contraception		Every 5 years	Paper
		Every 5 years	Paper
Antenatal care coverage	Yes	Every year	Electronic
Prevention of mother-to-child HIV transmission (PMTCT)	Yes	Every year	Electronic
Skilled attendant at birth Postnatal care for mothers and babies Exclusive breastfeeding for six months		Every year	Paper
		Every year	Paper
		Every year	Paper
3 doses of the combined diphtheria, pertussis and tetanus vaccine	Yes	Every year	Electronic
Antibiotic treatment for pneumonia		Every year	Electronic

eHealth initiatives – national overview	
eHealth supports major women's and children's health initiatives	Yes
Funding sources	Donor 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
Legal - lack of legal frameworks to support implementation of eHealth 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	Yes

and implement eHealth projects and promote their use

ICI fraining	
Tertiary institutions offer ICT training for students of health sciences	Yes
Continuing education in ICT for health professionals	No
Internet health information auglity	

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
Technology - filters and controls	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	Do not know
Some initiatives are aimed specifically to protect children	
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	Do not know

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	No
Parental access to a child's EMR/EHR is possible	No
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	No
Parental consent is required	
Legislation exists enabling the sharing of EMR/EHR between health care entities in other countries	No
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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



Atlas of — eHealth — Country — Profiles

eHealth and innovation in women's and children's health

Based on the findings of the 2013 survey of CoIA countries by the WHO Global Observatory for eHealth



















