



Country context*	Population (000s)	1,332	Life expectancy at birth (years)	77
	GNI per capita (PPP Int \$)	36,140	Total health expenditure (% GDP)	4.9
	Physician density (per 10 000 population)	0.92	ICT Development Index rank	39
	Nurse & midwife density (per 10 000 population)	2.37	Mobile-cellular subscriptions (% population)	161.17
	Hospital bed density (per 10 000 population)	18	Internet users (% population)	88

1. eHealth foundations

National policies or strategies			
	Country response	Global "yes" response [§]	Year adopted
National universal health coverage policy or strategy	Yes	75%	‡
National eHealth policy or strategy	Yes	58%	‡
National health information system (HIS) policy or strategy	Yes	66%	‡
National telehealth policy or strategy	No	22%	N/A
Funding sources for eHealth			
	Country response	Global "yes" response [§]	Funding source %**
Public funding	Yes	77%	>75%
Private or commercial funding	No	40%	‡
Donor/non-public funding	No	63%	Zero
Public-private partnerships	‡	42%	Zero
Multilingualism in eHealth			
	Country response	Global "yes" response [§]	Year adopted
Policy or strategy on multilingualism	Yes	28%	2011
Government-supported Internet sites in multiple languages	‡	48%	
eHealth capacity building			
	Country response	Global "yes" response [§]	Proportion**
Health sciences students – Pre-service training in eHealth	Yes	74%	<25%
Health professionals – In-service training in eHealth	Yes	77%	<25%

2. Legal frameworks for eHealth

Policy or legislation – purpose	Country response	Global "yes" response [§]
Defines medical jurisdiction, liability or reimbursement of eHealth services such as telehealth	Yes	31%
Addresses patient safety and quality of care based on data quality, data transmission standards or clinical competency criteria	Yes	46%
Protects the privacy of personally identifiable data of individuals irrespective of whether it is in paper or digital format	Yes	78%
Protects the privacy of individuals' health-related data held in electronic format in an EHR	Yes	54%
Governs the sharing of digital data between health professionals in other health services in the same country through the use of an EHR	‡	34%
Governs the sharing of digital data between health professionals in health services in other countries through the use of an EHR	‡	22%
Governs the sharing of personal and health data between research entities	No	39%
Allows individuals electronic access to their own health-related data when held in an EHR	No	29%
Allows individuals to demand their own health-related data be corrected when held in an EHR if it is known to be inaccurate	No	32%
Allows individuals to demand the deletion of health-related data from their EHR	No	18%
Allows individuals to specify which health-related data from their EHR can be shared with health professionals of their choice	No	28%
Governs civil registration and vital statistics	‡	76%
Governs national identification management systems	‡	65%

3. Telehealth

Telehealth programmes country overview

	Health system level**	Programme type**
Teleradiology	National	Established
Teledermatology	National	Pilot
Telepathology	National	Pilot
Telepsychiatry	National	Informal
Remote patient monitoring	Local	Established

4. Electronic Health Records (EHRs)

EHR country overview

	Country response	Year introduced
National EHR system	Yes	‡
Legislation governing the use of the national EHR system	‡	
Health facilities with EHR	Use EHR	Facilities with EHR %**
Primary care facilities (e.g. clinics and health care centres)	No	N/A
Secondary care facilities (e.g. hospitals, emergency care)	No	N/A
Tertiary care facilities (e.g. specialized care, referral from primary/secondary care)	No	N/A
Other electronic systems	Country response	Global "yes" response [§]
Laboratory information systems	No	35%
Pathology information systems	No	18%
Pharmacy information systems	No	33%
PACS	No	26%
Automatic vaccination alerting system	No	10%
ICT-assisted functions	Country response	Global "yes" response [§]
Electronic medical billing systems	‡	58%
Supply chain management information systems	‡	58%
Human resources for health information systems	‡	69%

5. Use of eLearning in health sciences

eLearning programmes country overview

Health sciences students – Pre-service	Country response	Global "yes" response [§]
Medicine	Yes	58%
Dentistry	No	39%
Public health	No	50%
Nursing & midwifery	Yes	47%
Pharmacy	No	38%
Biomedical/Life sciences	No	42%
Health professionals – In-service	Country response	Global "yes" response [§]
Medicine	N/A	58%
Dentistry	N/A	30%
Public health	N/A	47%
Nursing & midwifery	N/A	46%
Pharmacy	N/A	31%
Biomedical/Life sciences	N/A	34%



6. mHealth

mHealth programmes country overview

Accessing/providing health services	Health system level**	Programme type**
Toll-free emergency	National	Established
Health call centres	National	Established
Appointment reminders	Intermediate	Informal
Mobile telehealth	‡	‡
Management of disasters and emergencies	‡	‡
Treatment adherence	‡	‡
Accessing/providing health information	Health system level**	Programme type**
Community mobilization	National	Informal
Access to information, databases and tools	Intermediate	Established
Patient records	‡	‡
mLearning	Intermediate	Established
Decision support systems	‡	‡
Collecting health information	Health system level**	Programme type**
Patient monitoring	‡	‡
Health surveys	National	Informal
Disease surveillance	‡	‡

7. Social media

Social media and health	Country response	Global "yes" response [§]	Year adopted
National policy or strategy on the use of social media by government organizations	Yes	18%	2014
Policy or strategy makes specific reference to its use in the health domain	No	5%	
Health care organizations – use of social media	Country response	Global "yes" response [§]	
Promote health messages as a part of health promotion campaigns	Yes	78%	
Help manage patient appointments	No	24%	
Seek feedback on services	Yes	56%	
Make general health announcements	Yes	72%	
Make emergency announcements	Yes	59%	
Individuals and communities – use of social media	Country response	Global "yes" response [§]	
Learn about health issues	Yes	79%	
Help decide what health services to use	Yes	56%	
Provide feedback to health facilities or health professionals	Yes	62%	
Run community-based health campaigns	Yes	62%	
Participate in community-based health forums	‡	59%	

8. Big data

Policy or strategy – purpose	Country response	Global "yes" response [§]	Year adopted
Governing the use of big data in the health sector	‡	17%	‡
Governing the use of big data by private companies	‡	8%	‡

LEGEND

* Country context indicators

ICT Development Index Rank. 2015 - <https://www.itu.int/net4/ITU-D/idi/2015/>
All other country indicators. Global Health Observatory. 2012-2014 - <http://www.who.int/gho>

** Glossary

§ Indicates the percentage of participating Member States responding "Yes"

— Don't know

N/A Not applicable

‡ Indicates question was unanswered

□ Question not asked

Zero No funding

International level: Health entities in different geographic regions

Regional level: Health entities in countries in the same geographic region

National level: Referral hospitals, laboratories and health institutes (mainly public, but also private)

Intermediate level: District or provincial facilities: public and private hospitals and health centres

Local or peripheral level: Health posts, health centres providing basic level of care

Informal: Use of ICT for health purposes in the absence of formal processes and policies

Pilot: Testing and evaluating a programme

Established: An ongoing programme that has been conducted for a minimum of 2 years and is planned to continue