

Acknowledgements

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This document does not pretend to be scientific although the analysis of the information follows the rigorous scientific, technical and ethical requirements of the foresight methodology described on Millennia2015 website and in WeHealth guides. The study is conducted under the rules and prescriptions of the Institutional Review Board (IRB) of Union University, Tennessee, USA, protocol 912.00589 approved on 21 September 2012.

Millennia2015 "Women actors of development for the global challenges" is an international foresight research process enhancing women's empowerment and gender equality. The worldwide think-and-action tank has been launched and implemented in 2007 by the Destree Institute, European pluralist research centre based in Wallonia, NGO official partner of UNESCO (consultative status) and in Special consultative status with the UN ECOSOC since 2012. The Millennia2015 process, built with its international partners, is structured through three phases and international conferences: 2008 information transfer, 2012 knowledge process (UNESCO) and 2015 intelligence platforms (United Nations). Millennia2015 enforces its "Action plan for women's empowerment" with the patronage of the UNESCO. The Millennia2015 Women & Innovation Foundation, PUF, is dedicated to implementing Millennia2015 action plans by collecting funding and activating new partnerships. <http://www.millennia2015.org>.

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¹ Head of Millennia2015 WeHealth International Working Group, Coordinator at the Millennia2015 Foundation office in Geneva, eHealth Advisor at the International Telecommunication Union. thouvenot.veronique@millennia2015.org

² Associate Professor of Social Work, Union University, USA, kholfmes@uu.edu

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WeHealth 14 Key Findings 2012

Introduction

The Millennia2015 Women and eHealth International Working Group (WeHealth: http://www.millennia2015.org/Women_and_eHealth) has been launched on 1st August 2010 in Namur, Wallonia, Belgium, under the auspices of Marie-Anne Delahaut, director of research at The Destree Institute, head & founder of Millennia2015 and president of the Millennia2025 Women & Innovation Foundation, PUF (www.millennia2015.org) and Véronique Inès Thouvenot, eHealth senior expert, head of WeHealth, with the mandate of conducting a two-years study at the convergence of three major areas, Women, Health and Information and Communication Technologies (ICTs).



Its principal goal is to explore through informal collaborative networks and women's local communities, how women have access and use ICTs for health, with a particular attention to women living in conflicts, refugee camps and natural disasters. It aims at giving a voice to local communities and silent populations living in difficult contexts. The study does not pretend to be scientific although the data collection and analysis follows the rigorous scientific, technical and ethical requirements of the foresight methodology described on Millennia2015 website and in WeHealth guidelines.

These Key Findings are the result of a two-year data collection process conducted by the WeHealth International Working Group, a network of **534 members** in **62 countries**. The data analysis applied an original qualitative approach that employed the overall themes of Women, Health, and ICTs to generate action plans to close the gender and digital gaps, for women's empowerment, and to promote connectivity in their communities.

The vast majority of the information provided by WeHealth members acknowledges that the **access to and use of ICTs for health by women is a fundamental need and an essential factor contributing to their empowerment**. Non-economic benefits of these technologies include more rapid and effective communication in areas of conflict, during disasters, and to support women during their pregnancies.

Study Key Figures

The study is documented by 2.500 emails, 82 Skype conferences, 175 publications, 15 conferences attended by WeHealth members, 99 online interviews in 13 countries, collaborations with 27 organizations, 7 partners and 6 Millennia2015 communities in countries.

Mapping Women's involvement in eHealth

Based on the data collected, the study has considered four dimensions of the roles of women in eHealth:

1. Women as Beneficiaries (WB): Women are at the core of family healthcare in communities and have the greatest need to have access to and use ICTs for their personal health and that of their family members.
2. Women as Healthcare Professionals (WHP): Women are at the frontline, of family care in their role as healthcare workers in communities. They require ICTs to facilitate effective communication with other healthcare workers, with doctors, and patients.
3. Women as ICT professionals (WICT): Women are the engineers and technicians who develop innovative and adapted devices and applications that help reach the most isolated settings and communities.
4. Women as Leaders (WL): Women advocate at all levels, from raising new opportunities to partnering with the private sector, collaborating and networking, improving funding mechanisms, and leading eHealth initiatives in communities.

The findings, presented below, are linked to the most representative dimension (WB, WHP, WICT, WL) that served as a source of information.

Barriers and Challenges

1. Education and Training: WB
Educating and training women on ICTs usage are two main areas of concern mentioned often in interviews and reports. Other major impediments that limit the ability of women to use ICTs are illiteracy and disabilities.
2. Languages and Dialects: WB, WHP
It is important for women that eHealth services are delivered in their own languages and dialects. This encompasses all kind of eHealth activities, including, but not limited to, mHealth, telemedicine, EMR, and SMSs.
3. Cost and Complexity: WB
In most instances, ICT solutions do not satisfy women's needs, particularly those living in rural communities or isolated areas. For many, these technologies are still unaffordable when considering their average income levels, and too complex for their level of education and technical skills. These technologies are usually not adapted to conditions present in specific contexts where these women live, such as refugee camps, wars and conflict situations, natural disasters, and areas with unreliable power supply.
4. Sustainability: WB, WHP

Long-term sustainability remains problematic, as devices and ICT applications are constantly evolving and proliferating. For women in developing countries, having access to the appropriate technology with basic functionalities might be more effective in the long-term, than ensuring their access to the latest innovations. In the absence of continuous education and empowerment, this has major consequences on the access and use of new solutions by women.

Proposed ICT Solutions

5. Radios and Televisions: WB, WHP

Radios and TVs continue to play a major role in the dissemination of health information and should be incorporated with mobile phones and Internet services to reach more women.

6. Mobiles, tablets, and other electronic devices: WB, WHP

mHealth or mobile health shows interesting results but remains limited to pilot projects that hardly expand at national and regional levels. Most women who received health related SMSs on their mobile phones prefer messages delivered by voice, using voice commands. An example of this speech-to-text application is the iPhone's "Siri", in which the user only has to be able to speak, not to read or write. Incoming messages could have a text-to-speech option, so that messages are "read" out loud to those unable to read.

7. Telemedicine: WHP

Telemedicine remains a "male" sector at all levels: medical, technical, and engineering. Women are beneficiaries as patients where such services are made available, yet just a few female doctors, nurses or midwives are active in Telemedicine services.

8. Free Call Lines: WB

Many WeHealth members emphasized the need to promote the adoption of free call lines that enable women to reach health centers and health service workers. These lines can be used in particular to support women living in difficult situations, such as domestic violence, natural disasters, war/conflicts, and as refugees.

9. Alternative energy solutions: WB

Where energy is scarce or unreliable, local solutions using solar or wind power show promise. Young girls in India have found a urine-based solution to provide enough energy for mobile phones.

Health Information

10. One of the most cited areas of interest to women (WB) is receiving regular information on maternal and child health, family health, disease control, HIV/AIDS, malaria, cancer and vaccination.

Emerging Trends

11. Social Media: WL

Individuals, and women in particular, are recognized to be active in using social media, blogs, and twitter to gain access to health information, even prior to consulting health professionals. This is an impressive shift into a new paradigm where doctors are no longer the sole repositories of medical information.

12. Broadband and Cloud Computing: WICT, WL

Access to broadband and eHealth services, available in Cloud Computing systems, is key to women—particularly during pregnancy—to facilitate the exchange of digital images, accelerate diagnostics, and decision-making in urgent contexts.

13. Disabilities: WICT, WL

This vast arena includes assistive technologies that improve the quality of life of women, in particular that of ageing women.

14. Focus on Young Girls and Adolescents: WHP, WICT, WL

Young women are part of the digital generation, used to live in a technological world. Local initiatives focused on training them on First Aid, Emergency Care, and Pregnancy Surveillance, in their own communities, such as the CASA project in Mexico (www.casa.org.mx), have already shown interesting results.

Conclusion

The study highlights a set of barriers, solutions, health information and emerging trends in the arena of Women and eHealth. To address them and to contribute to women's empowerment, the Women and eHealth International Working Group and the Millennium2025 Foundation (http://www.millennia2015.org/millennia2025_foundation) are currently developing projects and partnerships for the next period, 2012 – 2015.

WeHealth 6 Action Plans 2012 – 2015, hosted at the Foundation Millennia2025

- 1. WeTelemed:** the global network of women in Telemedicine, launched in Panama and Lagos, in April 2012 (<http://www.millennia2015.org/WeTelemed>). As of November 2012, 104 members from 25 countries had registered and are now sharing their experiences and education.
- 2. WeObservatory:** a unique Resource Center on Telemedicine for nurses, to promote women empowerment through the access to and use of advanced technologies, combined with innovative integrated collaborative leadership programs. This resource will be launched on 10 April 2013, in Luxembourg. (<http://www.medetel.eu>).
In partnership with Connecting Nurses (www.connecting-nurses.com).
- 3. WeLUCY:** an innovative Digital Inclusion Cloud Computing Model dedicated to women, who will benefit of having a dedicated and secured space to express and share their opinions, ideas and solutions, illustrated by their local experiences and stories in daily healthcare.
In partnership with Dominic Foundation and LucyTech (<http://www.dominic-foundation.org/> - <http://www.lucytech.com>).
- 4. Universal Nurses, Universal Women:** a unique multilingual online service to empower women to communicate in various health care situations and medical specialities (<http://universaldactor.wordpress.com/2012/12/03/millennia2015-and-universaldactor-project-partner-on-women-and-ehealth/>).
In partnership with Universal Doctors (<http://www.universaldactor.com/>)
- 5. Working Group on Women (WoW):** A group focused on improving women's participation and inclusion at all levels, in eHealth and Telemedicine (<http://archive.constantcontact.com/fs194/1101836993790/archive/1111333314019.html>).
In Partnership with International Society for Telemedicine and eHealth (IsfTeH), (<http://www.isfteh.org/>)
- 6. Global Women South-South Digital Inclusion Initiative (GLOW):** an innovative and integrative model of global collaboration to accelerate the participation of women in applied technology for development across the continents of the south.
In Partnership with Genos Global (<http://genosglobal.com>)

Future Action Plans

Zero Mothers Die: free mobile phones and airtime for pregnant women.

WeBroadband: a global advocacy effort to offer free access to broadband services to local nurses, midwives, and pregnant women, for medical imagery.

WeHealth contributing to Projects in Millennium2015 Communities

1. Nigeria

Dr. Josephine Alumanah designed and developed a full project described in the publication “Pregnant Women and eHealth: The Case of Rural Women”. A second initiative is the Abiye project in Nigeria - "Cellphones to reduce maternal mortality by 30 percent", where 50 Health Rangers are caring for 1200 mothers using mobile phones, in Ondo State.

2. Democratic Republic of Congo

WeHealth is participating in the Tumaini project, developed and led by Dr. Constant Tchandema. The initiative aims to connect healthcare workers—mostly female nurses and doctors—offering ten free daily consultations to women through the use of ICTs and connectivity.

3. Nepal

Several initiatives to support health education for women and girls using ICTs are being developed. Led by Achut Gautham, the Millennium2015 community is very active in creating momentum, even under difficult conditions. The project “Health Boxes in Buses”, for instance, currently being designed, seeks to take advantage of the time people spent on buses during long trips to diffuse health information and education.

4. Cameroon

The Millennium2015 community has submitted a project for pregnant mothers, initiated by the NGO HealthSpan and Technology. Kath Fuoundo provides a description of “Health on the Mobile”. The project is fully documented and budgeted for three years.

5. Panama

South-South Global Women (GLOW), led by CEO Dr. Arletty Pinel in partnership with GENOS Global, uses an innovative approach to connect women of the Global South Continents with virtual cloud computing services.

6. Mauritius

Health and Safety Promotion Network (NGO) promotes health activities, including: (i) Health Promotion, to bring behavior modifications in the population’s lifestyles, especially among children, by informing and educating them about the benefits of adopting healthy lifestyles from a young age; (ii) Safety Promotion – seeks to educate children about safe behaviors at home, in their living environment and on the road, amongst others. Negotiation is in process with major stakeholders to promote e-Health and WeHealth through SMS.



Your action



Support the projects and DONATE to the Foundation Millennium2025!

http://www.millennia2015.org/millennia2025_foundation

WeHealth Voices

Extracts and quotations from a selection of reports and interviews provided by WeHealth members from Benin, Bolivia, Cameroon, Guatemala, Indonesia, Lebanon, Mauritania, Nepal, Nigeria, Pakistan, Democratic Republic of Congo (DRC), Senegal, Togo.

Benin

Un groupe de Femmes « AFFOSSOGBE-MIWA » de la zone péri-urbaine de Porto-Novo.

Question 10: Quelles sont vos idées et désirs pour améliorer l'accès et l'utilisation des technologies pour la santé par les femmes?

Pour améliorer l'accès et l'utilisation des technologies pour la santé par les Femmes, voici nos suggestions :

- Doter les centres de santé des zones rurales et péri-urbaines en téléphone portable, en matériels informatiques et abonnement internet ainsi que les hôpitaux qui n'en possèdent pas ;
- Doter les centres de santé des zones rurales et péri-urbaines en matériels et outils médicaux spécifiques au traitement de certaines pathologies propres aux femmes pour s'assurer du traitement.
- Former les agents de santé femmes dans l'utilisation de l'internet et Renforcer les capacités professionnelles des infirmières, médecins femmes et hommes spécialisés dans les maladies dont les femmes sont souvent victimes ;
- Renforcer les organisations locales béninoises de tradi-praticiens qui interviennent dans le traitement des Femmes au moyen de la médecine africaine ; ce renforcement prendra en compte la mise en place de jardins de plantes médicinales en voie de disparition, la mise en place d'un laboratoire d'analyse des plantes médicinales ;
- Doter les femmes des communautés à la base de téléphone portable et les renforcer dans l'utilisation pour leur faciliter la communication dans le but de leur propre santé.



From Mr Toussaint Y. HONVOU, Président de l'Association Béninoise Pour la Promotion des Orphelins et Enfants Abandonnés –(A.BE.E.A) - Président Bureau de Coordination Millennia2015 Bénin.

« En tout état de cause, l'utilisation de l'informatique et notamment l'internet par les femmes d'une part et le renforcement des réseaux des Femmes d'autre part sont des actions déterminantes dans l'amélioration de l'état de santé des Femmes. Le renforcement des réseaux ouvre de larges horizons et plonge les femmes dans une grande famille de solidarité internationale d'échanges pour faire bénéficier aux femmes du monde en général des expériences des unes et des autres et aux femmes béninoises, l'amélioration de leur santé par l'utilisation de l'informatique. Comment y parvenir ? C'est la problématique et le cri d'alarme que millennia2015 Bénin lance, pour que l'initiative sous la direction du Dr. THOUVENOT soit concrétisée au bénéfice des femmes du monde en général et des Femmes béninoises en particulier. »

Bolivia

From Rosario Gutierrez Marquez - Centro de Mujeres Candelaria, Patacamaya.

En Bolivia utilizamos telefonos moviles, llamamos telefonos celulares, para todo el país el minuto de llamada es de 1 Bs. o sea con un dólar norteamericano puedes hablar 7 minutos, no sé, si es costoso o no, con relacion a otros países. El internet todavía es un lujo, solamente hay en las grandes ciudades, en la región del Lago Titicaca y en las comunidades rurales todavía no contamos con internet, eso sí nos comunicamos vía telefonía celular. La ciudad de La Paz esta llena de cafes internet, es facil encontrar en cada calle, con 1 dollar norteamericano puedes usar el internet dos horas y media. Somos 36 naciones étnicas, cada cual tenemos nuestra propia historia. La situacion de salud de las mujeres es sumamente precaria, la atencion es muy deficiente en los centros estatales, las organizaciones privadas todavía brindamos algo mejor en atencion primaria, no tenemos medicinas, todavía seguimos con medicina natural o tradicional, todavía vivimos en pobreza en las comunidades rurales. Como lo pueden ver, las tecnologias llegan hasta Titicaca a mas de 4.000m de altitud.



Cameroon

Mme FOMEKONG VICTOIRE, enseignante de lycée et titulaire d'un DESS en psychologie de l'enfant.

Question 10: Quelles sont vos idées et désirs pour améliorer l'accès et l'utilisation des technologies pour la santé par les femmes?

- Le ministère de la santé dispaches les infos par portable pour la sensibilisation des femmes dans le domaine de la sante,
- le ministère de la santé prête plus d'attention sur la qualité de infos-sante qu'on dispaches dans la télévision et par internet,
- don des portable ou femmes rural,
- réduire le cout d'appel pour permettre les femmes d'appeler en cas des urgence,
- faciliter l'accès au tv et ordinateur et don aux femmes rural,
- encourager la création des GIC (groupe d'initiative commune) par les femmes qui facilitera la communication et l'accès au TIC,
- l'avis des Ministère de la sante sur infos-sante est nécessaire pour rassurer la population sur la qualité de l'information.



From Mme DJAMOU Jeauberte coordinatrice d'ONGASEFED (Association pour l'Encadrement des Femmes et des Désœuvrés)- Yaounde.

Nos objectifs bien définis touchent d'autres domaines sensibles tel l'éducation à la santé l'initiation à l'informatique question d'offrir à notre cible suffisamment de ressources pour s'intégrer à la démarche globale de la société camerounaise Le membre doit pouvoir saisir son nom à l'ordinateur (avec notre aide) méthode qui lui permet de maîtriser les composants d'un ordinateur à savoir, le moniteur l'unité centrale le clavier et la souris. Avec le temps nous leur demanderons de faire une demande question de rompre le mythe selon lequel l'ordinateur n'est pas un luxe mais un outil de travail. Nous avons réussi à aider plus de 132 femmes et la liste d'attente est près du double.

Désenclavement des zones rurales par l'accès des nouvelles technologies, donner la possibilité aux femmes des zones rurales d'avoir TV ou radio et portable.



By Kathleen Fuoundo, HealthSpan Technology

Cameroonian Women inside ICT revolution.

Closing the Gender and Digital Gaps to Improve Women's Health

The latest statistics has shown that, women constitute the majority of active populations in Cameroon. Information and communications revolution in Africa has had a significant impact on the empowerment and education of women and girls. They are more and more women using computers, internet and mobile phones. But this number remains insufficient considering the gap that exists between men and women. Indeed, women are the most vulnerable segment of our society. Despite the boom of women for ICT, there is an education problem. For instant a study done by UNICEF has shown that out of 81% of women who had access to primary education, only 33% completed secondary education:

- For the sake of marriage, 44%;
- Voluntary reasons, 20%;
- For reasons of poverty, 12%.

Much work remains to be done in terms of education, connectivity and training. We must also note that a great numbers of women using ICT in most case, emancipated women in urban areas. Large challenges remain to be done for women especially in rural areas concerning:

- Access to education
- Access to training
- Access to vital resources

Unlike computer and internet, the mobile phone seems to be the tool that has most infiltrated women community of Cameroon. Whether in rural areas than urban areas, a vast majority of women have adopted mobile phones as a communication tool. The mobile phone is no longer a luxury in the minds of young girls. A study has not yet been made on the use of mobile phones in the female population in Cameroon but we can admit that there are a large number of women and girls in Cameroon who cannot read or write, but who have adopted this tool as a communication means.



Guatemala

From Mrs Isabel Lobos, TulaSalud, Alta Verapaz

El Estado debería lograr que las empresas telefónicas realicen acciones de proyección social en el campo de la salud importantes y de impacto, como planes especiales para mujeres, promoción de la salud.

El Ministerio de Salud debe iniciar la línea de tele medicina en el país, aprovechando la experiencia que Alta Verapaz ha acumulado, porque es una estrategia muy adecuada para Guatemala por su inaccesibilidad geográfica, cultural y económica para la población rural, especialmente mujeres.

Es fundamental que existan oportunidades de formación en eSalud en línea para fortalecer a las personas que pueden impulsarla.

Sería excelente que se enfatice en las TICs para la promoción de la salud, porque es fundamental para mejorar la salud de las mujeres y población en general.



Indonesia

From Dr Erna Surjadi, Gender Consultant in Politics, Social and Human Rights, Djakarta. Member of the WeHealth scientific committee.

There is promising method developed by ITB university, Bandung, west Java using cell phone facilities to report incidental information during humanitarian action, agriculture and migrant workers. The user just need to press one button to send picture and link to the network. It is noted that this is used for monitoring and evaluation with powerful mapping to the location. The system has been implemented by Ministry of agriculture and social where women beneficiaries are involved. We have discussed further development where prevention of health unexpected outcomes is implemented to give more help in supporting women's health, especially for rural areas, long distance health services and or communication to husbands in getting decision/help.

Lebanon

From Mrs Sawsan Sadek, professor IUT, Saïda.

J'ai regardé la variable Esante et j'ai pu remarquer que les problématiques posées sont plutôt en relation avec la sante des femmes que l'eHealth . J'ai pu collecter quelques informations sur le seul centre de recherche existant au Liban sur des sujets biomédicaux, et j'ai pu constater qu'il y a une seule femme chercheuse travaillant sur le thème de Télémedecine de plus que moi, 2 doctorantes et 8 assistantes de laboratoire. Un résumé sur les sujets de recherche en télémedecine dont les bénéficiaires sont des femmes sera bientôt réalisé.

Mauritania

From Mme HAWA SIDIBE, Présidente ADPDH, Coordinatrice IDAY-Mauritanie, Secrétaire Général de l'Observatoire Mauritanien des Droits de l'Homme.

Malgré leur situation quelque peu privilégiée, les femmes mauritaniennes sont confrontées, comme les femmes dans d'autres pays du tiers monde, à des problèmes liés à la pauvreté, à l'augmentation du taux des femmes chefs de ménages, à l'analphabétisme, aux conditions précaires de santé, à la faible rentabilité du travail. D'importants acquis ont été obtenus ces dernières années dans la voie de la promotion de la femme, qu'il s'agisse de la scolarisation des filles dans l'enseignement fondamental qui est passé de 40,5% en 1987, à 65,5% en 1994, de l'amélioration du taux d'alphabétisme qui est passé de 9,9% en 1977, à 30% en 1992. De plus on note une importante augmentation du taux de croissance de la population active occupée qui est deux fois et demie plus élevé chez les femmes (5,2%) que chez les hommes (2%). Malgré ces acquis, des efforts restent à consentir pour l'amélioration des conditions sociales et économiques des femmes. La santé des femmes et des enfants est encore préoccupante, l'instabilité familiale de plus en plus grande entraînant un taux élevé de divorces et de femmes chefs de ménages, ce à quoi on cherche à pallier à travers l'adoption de la Stratégie Nationale de Promotion Féminine.

Sensibilisation SIDA en octobre 2010-15janvier 2011, à Dar el Beidha



Nepal

From Mr Achut Rodhigar–Nepal International Consumers Union, Katmandu.

Interviews conducted in schools in Katmandu with students and teachers and sent on paper by post with their photos.

« The TV and radio must air messages relating to healthcare in a regular basis. The cell phones must get information on a monthly basis” Mrs Sharddha Atruya.

“Make them (the women) aware of the technologies and teach them how to use them”. Mrs Srijana Regmi

“Awareness programmes should be done and government should step their foot for helping these activities”. Mr Porash Bnujel, student.

“I wish the women to be more opened in this matter and they should raise their voices also to government”. Ms Bhagwati Pradhan, teacher.

“There must be access to internet and many new achievements in health sector should be made available by different means of formal and informal education”. Mrs Sujita Adhikari, teacher.

“Rural areas are deprived of the health information so awareness programmes should be conducted in thoses areas”. Ms Uma Bhujel, Student.



Nigeria

From Dr Josephine Nkiru-Edna Alumanah, Ph.D, Department of Sociology/Anthropology, Faculty of the Social Sciences, University of Nigeria, Nsukka.

Out of 200 women and 100 men who took part in the survey, about 126 women and 38 men agreed that modern technology is very good and eHealth should be given a trial. The study set out to find how ICTs play a role in providing health care services in rural and remote areas of Nigeria as a developing country. A pilot study was undertaken before the main research and it was discovered that at this stage of the country's development, only mobile telephony could be applicable. There were many challenges to setting up eHealth programmes as well as challenges in taking advantage of such programmes. Challenges for non-adoption of eHealth include limited finance, lack of evidence for the benefits and lack of expertise. Challenges for non-usage include epileptic supply of power, the inability to handle phones, language barrier with mobile phones information and instructions. More women, however, advocated for the use of mobile phone for pregnant women than men did.

Closing the Gender and Digital Gaps to Improve Women's Health

It is recommended that a pilot project be instituted on eHealth and women's health to find out the real benefits of women taking advantage of eHealth. Traditional Birth Attendants (TBA) is being strongly advocated for the use of eHealth to communicate with the three tiers of health care facilities – primary (Health Centres), secondary (General Hospitals and Private Hospitals) and tertiary institutions (Teaching Hospitals). Many women in the rural areas use the TBAs, and there should be mobile telephony between pregnant women and TBAs and between the TBAs and higher facilities, thus building local skills. The use of Radio and Television should be maximised. Finally, women need to be empowered through information dissemination, training skills, creating awareness and benefits of eHealth and how to maximise the use of mobile phones.

From Princess (Mrs.) Caroline Usikpedo Omoniye, MCIA, B.Sc., National President NDWPD, (Niger Delta Women's Movement for Peace & Development), Niger Delta region.

In the Nigeria of today, the possession of a cellular or mobile phone has ceased to be an exclusive preserve of senators and expatriate officials of oil companies. Everybody, at least in the cities, now carries one kind of handset or another. Similarly, Cyber café and Internet kiosks, with satellite connection, have become proliferated and instant messaging and online chatting are the leisure activities of high school kids. but the case is different in the rural areas of the Nigeria Delta, where most women are not educated. There are neither statistics nor adequate literature on the position of women in information technology in the Niger Delta as users or as its professionals or what impact it has on them, we can only make deductions and predictions based on the preceding sections and on literature relating to other regions. lack of computer literacy, education and training facilities is the present situation. access to training is limited to young girls and women, but men may be given priority for admission on the account that they may likely use their qualifications.

Computing is still seen as man's job in the Niger Delta even in some part of Nigeria. there is a problem with under-utilization of the present capacity. Getting an education is one of the best strategies to reduce the vulnerability of women, learning how to read, write and use a computer builds their self-esteem.

Pakistan

From Mrs Sajila Sohail Khan , Gender Advisor, Promoting Gender Equality for Decent Employment (CIDA-GE4DE) - ILO Office for Pakistan - Islamabad.

Mobile technology has the ability to change the way we communicate, but its effects are not evenly distributed. In societies that are divided by social and gender roles, women, especially rural women, are often left out. Gender disparity in society is often echoed in mobile usage; while technology allows some women greater social and economic freedom, in other cases, it simply upholds previously held social constructs. In the areas of social interactions, education, and economics, mobile phones have a distinctly gendered impact on its users. An examination of research and case studies that focus on women and mobile technology reveals that although access to mobile telephones has many benefits for female users, it is not a solution to female poverty or gender inequality. (Consats technology, Pakistan) Household ownership of mobile phones does not indicate that women have access to them, or that women own them. Because mobile phones can be carried around, husbands may have more complete control over them than over landline phones. If they take the mobile phone to work, for example, women have no means of taking advantage of it.

Closing the Gender and Digital Gaps to Improve Women's Health

This is a key issue in the debate: are the women who most need access to mobile phones getting it? In the poorest areas, cell phones are scarcer than in richer areas, and cost and literacy improve greater barriers to women who tend to be poorer and more likely to be illiterate than men. While we lack any kind of reliable data on access to phones by sex globally, women who are most at risk for domestic abuse or isolation are often the ones who are most likely to be unable to access mobile phones. Similarly, it is often the poorest, most rural women who could most use information about market prices, civil rights, and female health care.

From Ms. Syeda Suha Tirmizi, Research Officer, The Aga Khan Development Network (AKDN) - eHealth Resource Centre (eHRC) – Karachi.

In our team, we are currently working on different projects in the areas where there are limited resources and also who usually cut off from the other parts due to climatic change. In Pakistan, we are working in Gilgit Baltistan where we are promoting teleconsultations and eLearning activities. For the consultations, we use skype.

République Démocratique du Congo

From Kaseya Mulashi Monique, :“Femme Termitière” ONG, Kinshasa.

Les données relatives à l'exposition des femmes et des hommes aux médias sont particulièrement importantes pour la mise en place des programmes d'éducation et de diffusion d'informations dans tous les domaines, notamment dans ceux de la santé et de la planification familiale. Précisons d'emblée, qu'il n'est pas nécessaire que le ménage possède une radio, un téléviseur ou achète un journal pour y avoir accès, de nombreuses personnes pouvant écouter la radio ou regarder la télévision chez des amis ou des voisins. Au niveau national six femmes sur dix (60 %) ne sont exposées à aucun média. De tous les médias, la radio est celui qui est le plus écouté : plus de trois femmes sur dix (31 %) ont déclaré écouter la radio, au moins une fois par semaine. La télévision est regardée au moins une fois par semaine par une femme sur cinq (20 %). Seulement 9 % des femmes ont déclaré lire un journal au moins une fois par semaine. Les proportions de celles qui sont exposées à la fois aux trois médias sont très faibles : seulement 3 % des femmes. Indépendamment des résultats des enquêtes faites, c'est presque 90% des femmes qui détiennent des téléphones portables qui leur permettent juste d'appeler et de recevoir des appels. Quant à être utilisés par les medias officiels pour une information quelconque, ce n'est pas évident car cela ne se fait pas chez nous, tous les messages ayant trait à l'information sur la santé (vaccination par exemple) passent à la radio et la télévision. L'internet est beaucoup plus utilisé par les jeunes filles (élèves et étudiantes) pour leurs travaux pratiques mais les femmes qui ne travaillent pas se contentent plus de la télévision et de la radio car non seulement l'offre des services internet reste limité mais il est aussi couteux.

Senegal

From CISSE Aïssatou, COSYDEP, Dakar

Résultats par manque de statistiques à propos des besoins des filles et femmes en situation de handicap, difficultés d'accès aux informations dans les structures de santé qui sont toujours inaccessibles, inadaptées à leur handicap, barrières structurelles et linguistiques qui limitent les collaborations avec les partenaires extérieurs qui s'intéressent beaucoup plus à leur sort, coûts très élevés du matériel informatique et de la documentation et ceci constitue un frein à la continuité de toutes les actions entreprises pour leur bien-être.



Togo

From VALENTINE COMPTABLE GESTIONNAIRE TOGOLAISE MEMBRE DE WEHEALTH

Question 10: Quelles sont vos idées et désirs pour améliorer l'accès et l'utilisation des technologies pour la santé par les femmes?

- premièrement qu'on organise des formations pour les femmes sur les NTIC comment utiliser et faire des recherches et des échanges d'informations.
- secundo qu'on aide les femmes à acquérir le portable et l'ordinateur et diminuer les coûts de communications par téléphone et de connexion par Internet
- tercio créer une base de données ou un site où les informations concernant la santé des femmes seront centraliser et qu'elles puissent s'informer

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9, avenue Louis Huart
B 5000 **Namur** – Wallonie
Belgium

Tel. : +32(0)81. 234.390.
Fax. : +32(0)81.22.64.11.