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Foresight analysis of the 37 variables of Millennia2015 + Session Women and eHealth
Analyse prospective des 37 variables de Millennia2015 + Session Femmes et eSanté

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WeHealth session –
Véronique Thouvenot, Head of the International Working Group Millennia2015 Women and eHeatlh

Introduction by Véronique Thouvenot

Thank you Marie-Anne for your kind words. It is an honor for me to be part of the Millennia2015 great adventure. We started to work on the variable 08 – "Women and eHealth: connected medical knowledge benefiting all", about a year ago, to initiate the first International Working Group. We did not have any methodology on how to conduct the work and what was this group going to do with respect to the foresight exercise. We had to find a complementary way of working. Every step of building the group is described in the methodological guide for Millennia2015 International Working Group. It is not perfect at all. With Marie-Anne and Joan' support we tried find the adequate combination to conduct the investigation and deliver sound results. In the future, there will be 37 groups and therefore the guide is expected to be improved by the new groups created this morning.

Creation of Millennia2015 WeHealth

WeHealth has been launched at the Destree Institute with Marie-Anne a year ago in August 2010. Our major concern was to find how to collect more information and to complete the foresight exercise. What could we do more specifically for each variable? At the end, we agreed to create a specific network of voluntary members willing to register (for free) and to contribute.

WeHealth aligned its activities along the foresight research process: we collected the information during one year and we are initiating the knowledge database platform with the different elements of information collected. It is fragmentary, not at all done and still ongoing. It is about the variable 08 Women and eHealth: connected medical knowledge benefiting all and I think that in these few words we have condensed everything.
What is WeHealth mandate? What are the limits? It is important to know what are we are going to do and what are the limits?

The first point is to collect all the valuable information about women, health and ICTs. I can tell you that this is not easy at all. Quite a lot of information about women and health is available, less on women and ICTs (mostly collected by the private sector, eg Orange or Telecom Industry, at quite high rates) and nearly none on women, health and ICTs together. Where are the women? What do they do? What education do they receive? We don't know.

During one year, the WeHealth network collected and gathered information with the continuous contribution of 400 members in 60 countries. Africa is well-represented as nearly 50% of WeHealth members come from African countries. With Arletty Pinel, we are trying to get more members from Latin America and already some of them come from Guatemala, Peru, Paraguay, Uruguay, Bolivia and Panama. We have very few members from the Middle East, one from Lebanon and this is not enough. We want to have more information about Women, ICT and health in the Middle East because we know that there is a lot of ICT there, we know that women are really skilled and that they use ICTs but there is no way to connect with them and to know what they are doing. Members sent regular information by email on a daily basis.

We constituted a board with Marie-Anne as president and Joan Dzenowagis as informal adviser.
We created a scientific committee with Erna Surjadi and Cécile Méadel to ensure that the method to analyze the information collected is robust and strong, based on a selection of qualitative criteria
The methodological committee with Najet Tenoutit and Marie-Christine Desrues developed the method of work.
The editorial committee with Ana Kotzeva, Francisco Grajales, Lilia Perez-Chavolla, Joséphine Alumanah from Nigeria which is an active community with more than 10 members, Pietro Aparicio and Shakeel Panchoo from Mauritius. This committee has been helping in reviewing the report. They have been tremendously active in the last few months and I really thank them.

What is Women and eHealth? What is WeHealth?

It is the convergence of women, health and technologies.

What women?

Millennia2015 WeHealth concerns all women, women from all ages and in particular women living in difficult conditions in Mauritania, Nigeria Algeria and also in France. It is about women from all communities with a particular attention for women living in refugee camps. I don't like talking about categories but for the analysis, we have worked on four levels to try to organize this information:

- Women as beneficiaries: all women are beneficiaries from health technologies when accessing to telemedicine, receiving SMSs, etc;
- Women as professionals in the health area and users of technologies: doctors, nurses, midwives, laboratory assistants, chemists or veterinaries.
- Women as ICT professionals: there is a tremendous gap but we need to have women's brains into electronics to use them more intuitively by fitting better to our needs
- Women as influential leaders in politics, as head of companies, those who can help us to make a difference, we need them too.

What kind of health?
We are talking about all diseases, all types of health: community health, regional health, international health from the Millennium Development Goals (MDGs) to the primary health care. We also think about promotion and prevention.

What are the technologies?
We refer to all kind of technologies. I am not only talking about the internet or mobiles but also about radio or television. These technologies are still really important in many countries even here.

Method of work

What are our goals?
We want to investigate and assess the role and the place of women in different categories. We have three phases: collection of information from April to September 2011, analysis in September and October 2011 and edition of the first report in November 201. It was very short timeline but we managed to do it.

How did we collect the data?
WeHealth members send us local reports. I received an impressive 7-pages report on the status of women, health and ICTs in Nigeria. It is unpublished and written by professor Josephine Alumanah from Nsukka University. It is going to be published on Millennia2015 website. It is well documented and written. This is the kind of information that doesn't exist anywhere and just written by one person interested, capable to do it and capable to draw the picture of the country. I also got reports from Lebanon and from other countries that I will share with you.

What is the procedure?
The members did not know how to collect the information, so we sorted a list of key words in French, English and Spanish with different elements that could help the members to capture the information and send it. But they could also send it through an email.

When receiving this information, we went through a method of analysis of the information to try to see what we could keep, what we couldn't, what needed more improvement. We reviewed it: through scientific, technical and ethical criteria described in the Millennia2015 WeHealth guide posted on Millennia2015 website. The first criterion is that information must cover the three elements: women, health and ICTs. The second criterion is that information must not be dated before 2005 because technologies evolve very quickly. I analyze the information within the different levels (beneficiaries, health professionals, ICT professionals, leaders) and try to understand which level is more important with respect to the information received. This classification will enable to establish the future knowledge database of Women and eHealth with the different types of information: website, web hits, publications, member reports, local stories, interviews, foresight exercise or photos and videos to comprehend all the perspective of the area. Eventually the fourth dimension is to think about how all these materials are going to be used by the Millennia2015 WeHealth community? This is evolving.

What did we collect?
We counted 36 websites and 26 have been analyzed. 10 of them should be selected. You know going through a website is tremendous work with tons of different pages and

before saying "this is a website to which WeHealth can refer to because we will find adequate information", it takes quite a lot of time. So at this stage, 26 websites are selected but I might be a bit more restrictive in the coming months. We found more than 2.000 web hits, 480 have been analyzed and 132 will be integrated to the WeHealth knowledge database. 33 reports have been sent by members and at least 10 of them are adequately documented. We also established a set of ten questions for interviews; this was our last exercise during this summer. It is about how people use new technologies for health. We got 97 answers and all of them are good. Concerning the foresight exercise, we got 18 answers; we will extract the interesting information. We also have photos and videos to illustrate the purpose.

The first results of the preliminary report

I tried to synthesize all this work from the network of the 400 members and the committees to extract 10 key findings from which we would like to start our reflection and to go to action plans and concrete actions for women:

1- There are a ministry of health, a ministry of technology and sometimes in some countries a ministry of gender but they hardly talk to each other. The first urgent point is to try to improve the communication and the coordination between the different ministries at national level. This is a very high level purpose.

2- The combination of the gender gap with the digital gap is dramatic because women die. We have technologies, we know how to care for them, we have drugs, the information is there but they just die. They die because they don't get access to anything of that: they don't get the drugs, they don't have the information, they are not transported on time and when they arrive they arrive in a place where they should not be, they should go to another place. This is just dramatic and today maybe Women and eHealth can try to do few limited actions to improve the situation. This has to do with Millennium goals 4 & 5.

3- The third input is money, funding. Having a mobile is expensive, communication is expensive, and internet is expensive. It is still too expensive for many women who don't have money, who cannot put money in that kind of technologies. The cost is a problem. It is something that we must talk about. It is something for what we must find solutions at a local, regional and international level in order to enable women living in particular conditions having access to special costs.

   I talked about that during the United Nations Conference for the Least Developed Countries in Istanbul. I said that for women in some circumstances such as natural disasters, refugee camps, situation of war and conflicts, a free network of communication should exist to enable them communicating with healthcare centre, with their families, to get information, to go out of refugee camps. A global resolution about free communication in dramatic conditions where health is even worst should emerge. This third point is the result of the compilation of information sent by members.

4- Women must have access to education in ICTs

5- Radios, internet and television must be combined to better integrate actions. Awareness messages are spread through SMSs, that's great but they are not

spread through radio or television. We must have a better coordination and integration of radio, television, internet or mobile to be stronger to go where it is necessary.

6- mHealth is an area of interest for all members. Nearly 90% of them say "Yes mHealth is interesting, yes we want to have messages, yes we want to get that on our mobile." It is something that is explosing and it will be one of our fields of work.

7- An important point is languages and dialects. Receiving information in English by SMS is not always very useful in some places such as Mauritania. This is a problem but Millennia2015 has partly resolved it as the introduction of Eleonora Masini "Role and spirit of Millennia2015" has been translated in 23 languages and dialects. So if we want to send SMSs for health with Millennia2015, we will be able to do it in 23 languages, that's great!

8-Telemedicine is a full-men area, with many men but this is not the problem. We want more women in telemedicine. We will think about how having more women in telemedicine.

9- The 9th key finding is free call lines for women in refugee camps.

10- The 10th key finding is a summary of the interests of members: maternal health, child health, family health, disease control, HIV AIDS, cancer and vaccination.

Here are the ten key findings I wanted to present you. It represents the work done by Millennia2015 WeHealth members. This is the starting point for the construction of action plans. You will find in the report documents and photos I analyzed and from which I extracted the 10 key findings. I received them from Benin, Cameroon, Indonesia, Guatemala, Nepal, Lebanon or Mauritania.

I want to thank the International Organization of la Francophonie, the UNESCO, the Millennium Project but also but Zavenku, TulaSalud, SWAN, ICAPREGI in Panama. And I remind you that we need Universities, student, researchers, journalist and reporters, funds and the private sector to reach our goals.

What I would like to share with you at the end of this day is a real Action Plan for Women and Telemedicine, empowering more women in Telemedicine.
This will be conducted in two phases. Tonight for the first phase I would like to create the Network of Women and Telemedicine. For the moment we do not know where these women are, where they work or where they were trained.
Among us there are three or four women who work with Telemedicine. We can to create the network on the platform of Millennia2015.
All together, we are in contact with women working in Telemedicine and that may wish to join the Network.
In the second phase, there will be the second stage in Panama on Women Health and Technology to create the platform. We need to know where they were educated, how they are trained in Telemedicine.

In conclusion, the results of the WeHealth study presented here and the Telemedicine Action Plan, constitute two major steps for the future of WeHealth to empower women to have access and use ICTs for health.

Thanks for your kind attention and I will be pleased to respond to your questions and remarks.

Mariame Touré, president of AWODIAG, France

Hearing the presentation of Véronique Thouvenot and Christophe Longuet comforted me into my belief which is getting stronger and stronger every day: none of this can be implemented without education and without simple and evident solutions. As an African, I have seen a lot of projects implemented but because they did not fit with people's need and skills, they just collapsed. I just want to you give an example about mobile and eHealth. An American project had been implemented in my village, you could receive health information via your mobile but it collapsed six months later because how could my grandmother get access to all these information if she cannot read? The organization had imagined this project in Washington's office, it was presented on a nice PowerPoint but one thing was missing: the concerned people.

Joan Dzenowagis

To respond that, when such a situation happens, what is the impact on people for the next project?

Mariame Touré

I cannot project myself onto those people living in Washington but on the ground there was a total reject of any project, they did not want to hear about mHealth nor any project implementation because it was not done for them. This is why I came again with this idea, I am sort of campaigning: you cannot implement such project without involving people on the ground or at least without involving people of this part of the country. I mean that if when creating this project in Washington, you have to be clever and to say "Well, I need to work with someone who lives in this remote part of the world and who knows the context, the culture well." After the project collapsed, a woman from my village got an idea: she left her work, came back home and set up the same project but via a local community radio. People received the information on their mobile with a picture of a radio. My grandmother was taught how to use it. On that moment my grandma could be touched by the project because they were talking the local language saying "today there is a vaccinations session in this village". So they were not talking in French, they were not talking in English, they were talking in local language via a local community radio through the mobile phone. My grandma was taught that the picture on the screen is a radio:
- "Do you know the radio? "
- "Yes I know."
- "So look at here!"
- "Oh it talks!" she said.

In all kind of meeting I will always say that you cannot bypass local people when implementing project. You cannot bypass an absolutely important word which is getting back to the basics and being very down to earth. Hearing those 2 presentations just made me laugh and I said without education, without practical, little bit of senses and without working with people of this country in the country where you are implementing the project, your project will not succeed.

Véronique Thouvenot, head of Millennia2015 WeHealth, France

Thank you for your intervention. To answer to your comments I can tell you that we work with local NGOs. I ensure that those extracts of what we have done come from our members in Guatemala, Bolivia, Mauritania, Nepal, etc. They send us reports, photos or testimonies with their needs, their expectations. This is our basis, our material to go to Action Plans. We build it based on what members are sending, telling us to be realistic, to be durable in the country. This is our first step of work.

Transcription et traduction: Coumba Sylla