# THE WOMEN OBSERVATORY
# FOR eHEALTH

# WeObservatory

## Activities and Achievements
## 2012 – 2014



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# Table of Contents

# I. Introduction

The Foundation Millennia2025 Women and Innovation, PuF[1], is the pursuance of the Millennia2015 "Women actors of development for the global challenges", a foresight research process launched and implemented in 2007 by the Destree Institute, a European pluralist research centre based in Wallonia, NGO official partner of UNESCO, United Nations Educational, Scientific and Cultural Organization (consultative status) and in special consultative status with the ECOSOC, United Nations Economic and Social Council since August 2012[2]. It is committed to highlight the crucial role of women in global health and telemedicine, as well as their unrecognized capacity as builders of alternative futures. The latter is based on women's innate future orientation, their ability as social actors to mediate and network at all levels, and to face natural catastrophes and human conflicts by saving lives and creating solidarity among women.

In this context, nurses are root workers whose endless efforts and worldwide commitment to patients are still insufficiently recognized. To address this gap, "Connecting Nurses"[3], an initiative supported by Sanofi, in partnership with nurses' organizations, provides a forum where nurses from around the world can share ideas, advice, innovations, and enhance the leading role of the nursing profession in advancing Patient Support Programs.

Acknowledging that women remain a forgotten group in many countries, Connecting Nurses and the Foundation Millennia2025 joined forces in September 2012 to launch the Women Observatory for eHealth or WeObservatory[4], an innovative Digital Inclusion Platform dedicated to women's global eHealth challenges and Patient Support Programmes. The overall objective of the WeObservatory is to serve as a unique resource center on eHealth and telemedicine, to promote women's and patient empowerment through the access to and use of advanced technologies,

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[1] http://www.millennia2015.org/millennia2025_foundation

[2] http://www.institut-destree.eu/

[3] www.connecting-nurses.com

[4] http://www.millennia2015.org/WeObservatory

combined with innovative integrated collaborative leadership. More specifically, the *We*Observatory seeks to:

- Accelerate patients and women's access to and use of information and communication technologies (ICTs) for the provision of eHealth, mHealth and Telemedicine services, especially to those living in the developing world, within the context of the UN Millennium Development Goals (MDGs) 4 and 5;

- Optimize connections, generate creative solutions, and contribute to the drastic reduction of maternal and child mortality by 2015 and 2025; and

- Support patients and healthcare professionals in engaging all generations in the use of advanced technological tools, to promote access to eHealth and Telemedicine for the improvement of women's and family health.

By making all ICT tools and services fully accessible, the *We*Observatory improves communication, facilitates access to healthcare services and Patient Support Programs, and provides cost effective connections.

## II. Activities during the 2012 – 2014 period

The *We*Observatory offers four different activities: (a) a selection of innovative projects, (b) eApplications, (c) a selection of Massive Open Online Courses (MOOCs), and (d) a Library. The innovative projects are selected from among those posted by participating nurses to Care Challenge—the ideas-sharing website of the nursing community worldwide, created by Connecting Nurses[5]. Starting in 2012, the *We*Observatory Steering Committee[6] has selected five Care Challenge projects per year, seeking to improve patient support through the use of telemedicine and eHealth services. The inclusion of these projects in the *We*Observatory aims to expand their visibility and aid their founders in establishing connections with Millennia2015 communities in diverse regions and countries.

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[5] http://care-challenge.com

[6] http://www.millennia2015.org/weobs_team

## A. Selection of Innovative Projects

The projects selected for the *We*Observatory, described below, have proposed activities that include eHealth into their frameworks. They are developed in their original language (English, French, or Spanish) and expand over four continents—as illustrated in a world map posted on the *We*Observatory webpage—the Americas, Europe, Africa and Asia. These projects cover themes that the *Women and eHealth Study 2010–2012*[7], presented at Medetel 2013, found to be of interest to women, including: Mental health, HIV, ePrevention programs, mWounds apps, foot diabetes, video training, child diabetes, maternal health, emergencies during natural disasters, research on the elderly and telehealth, as well as mobile multilingual applications. They cover all ages of patients' lives, from Birth, Childhood, Adolescence, Adult to the Elderly.

During the 2012-2014 period, the Steering Committee selected four of the five projects for each of the selection rounds, which ran from 1st August to 30 September 2012 and 2013. Each year, the fifth project has been selected at a later date to give an additional opportunity to those projects that were submitted after the selection deadline.

*Short description of projects selected for the 2012 – 2014 period*

The projects are presented by region, following the world map visual in this report's cover, moving from the Americas to Asia.

**Répertoire des guides cliniques pour l'élaboration des plans thérapeutiques infirmiers en santé mentale, Canada**[8] *(French)*: **Mental Health** remains unrecognized in many places. Nurses in Quebec have elaborated therapeutic guidelines to ensure adequate and qualitative care for these patients. The guideline on consumption of psychoactive substances has been adapted to the local context of mental healthcare in Kinshasa, Democratic Republic of Congo, thanks to the commitment of local

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[7] http://www.millennia2015.org/Women_and_eHealth
http://www.millennia2015.org/files/files/M15_Documents/Millennia2015_WeHealth_Key_Findings_and_Action_plans_2012.pdf

[8] See: http://www.care-challenge.com/fr/ideas/r%C3%A9pertoire-des-guides-cliniques-pour-l%C3%A9laboration-des-plans-th%C3%A9rapeutiques-infirmiers-en-sant%C3%A9-ment

http://www.millennia2015.org/Sante_mentale

Millennia members and medical and nursing professionals of the Centre Neuro Psycho Pathologique de l'Université de Kinshasa (CNPP/UNIKIN).

**VIH TaVie, Canada**[9] *(French, English)*: **HIV treatment adherence** remains a challenge. In this project, the nursing team of the CHUM (Hospital of Montreal) will develop two minute-long videos by the nursing team to provide continuous support to patients. Women living with HIV will benefit from having access to videos specifically adapted to their needs during pregnancy and lactation.

**ePrevention in LA and Caribbean, Peru**[10] *(Spanish, English)*: The primary benefit of telemedicine stems from facilitating remote access to **H**ealth **Prevention** and care. With ePrevention and the Global Network of Women in Telemedicine at the Millennia2025 Foundation, also known as *We*Telemed[11], telemedicine courses are made available to remote communities to train healthcare professionals on tropical medicine and the treatment of dengue.

**iPansement, France**[12] *(French)*: This multi-service mHealth platform is dedicated to the **wounds** and healing field. A special module for women's wounds and diabetic foot care will be developed in 2014.

**Diabetic Foot Care, Kosovo**[13] *(English)*: The methods and materials used for treating **diabetic patients** are sophisticated in developed countries, but rarely adapted to areas with limited resources. Targeting these areas, the Diabetic Foot Care project has already obtained promising results in Kosovo and will contribute to the development of a future mHealth application.

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[9] See: http://www.care-challenge.com/en/ideas/vivre-avec-une-maladie-chronique-un-soutien-infirmier-virtuel-avec-vih-tavie--2 ; http://www.millennia2015.org/VIH_TAVIE

[10] See: http://care-challenge.com/en/ideas/e-prevention-in-lac-and-caribeean ;
http://www.millennia2015.org/ePrevention_Latin_America_Caribbean

[11] http://www.millennia2015.org/WeTelemed

[12] See: http://care-challenge.com/en/ideas/application-smartphones-ipansement ;
http://www.millennia2015.org/ipansement

[13] See: http://care-challenge.com/en/ideas/diabetic-foot-care-experience-in-kosovo--2 ;
http://www.millennia2015.org/diabetic_foot_care

**5' (minutes) Program, Spain**[14] *(Spanish)*: This program provides continuous **capacity building** to nurses through the development and use of short videos. Available in Spanish, the videos are planned to be included in online courses for the Centro para los Adolescentes de San Miguel de Allende A.C. (CASA) in Mexico, and later on, in Central and South American countries.

**Teo The Duckling, Spain**[15] *(Spanish, English Catalan)*: Selected in June 2014, this is the last project of the 2013 selection round. The story of Teo targets **young children living with diabetes**, teaching them strategies to address issues relating to the disease that might take place while attending school. The tale will be developed in various formats, starting with videos that with be created through a collaboration between UNFM and 5' Program.

**Save our Mothers, Nigeria**[16] *(English)*: Limited progress has been made in improving **maternal health** in Nigerian communities. Using mobile phones, the Traffina Foundation is addressing identified challenges by targeting pregnant women who are victims of dangerous practices. The project sends participating women weekly bulk short message service (SMS) messages with information about pregnancy and the dangers of harmful practices to increase awareness and help save lives during childbirth. Due to the conflict situation that arose in northern Nigeria, this project has been expanded to include the manufacture of 50.000 Clean Birth Kits, which will be distributed among pregnant mothers until 2017.

**pod.RN - The Nurses' Podcast Project, Philippines**[17] *(English)*: The use of **radios** remains a favorite communication tool in isolated communities. The Alliance of Young Nurse Leaders and Advocates (AYNLA) in Manila is scaling up its initial podcast project with video podcasts that integrate YouTube, social media and micro blogging sites, reaching a larger audience. A special

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[14] See: http://care-challenge.com/en/ideas/5-program ;
http://www.millennia2015.org/5minutes

[15] http://www.millennia2015.org/Teo

[16] See: http://care-challenge.com/en/ideas/lets-save-our-mothers--2 ;
http://www.millennia2015.org/Save_Our_Mothers

[17] See: http://www.care-challenge.com/en/ideas/podrn-the-nurses-podcast-project
http://www.millennia2015.org/Radio_Podcast_for_Nurses

fund for **emergencies** contributes to support pregnant adolescents facing natural disasters.

**Research-based Community Telehealth Center, Philippines**[18] *(English)*: The Our Lady of Fatima University, in Valenzuela City, Philippines, is investigating the views of the **elderly** regarding lifelong learning through telehealth technologies; the preliminary results are promising. Additional research, planned for 2014, will address internet use for healthcare among aging women in Filipino communities.

In 2014-2015, the *We*Observatory plans to expand its activities with new projects and additional partnerships that will allow it to cover other health areas of interest to women and young girls, in particular.

## B. eApplications

The *We*Observatory is supporting the development of innovative healthcare solutions that address multilingualism, a key barrier to women's access to healthcare information, as identified in the *Women and eHealth Study 2010-2012*. In partnership with UniversalDoctor[19], the Foundation launched the application "UniversalWomen" in September 2013, at the Women Leaders Forum, in New York. This new multilingual mobile application, available for download, provides medical translations on pregnancy, childbirth and overall maternal health in six different languages *(English, French, Spanish, Russian, Romanian, and Arabic)*[20]. Expanding on this concept, the application "UniversalNurses" was launched during the Special Women Session at Medetel 2014, to support multilingual communication with patients.

By the end of 2014, the Foundation will develop additional applications, in collaboration with iPansement and VIH-TAVIE, to address other women healthcare issues.

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[18] See: http://www.care-challenge.com/fr/ideas/research-based-community-telehealth-centers-for-sustainable-elderly-empowerment ;
http://www.millennia2015.org/TeleHealth_and_Elderly

[19] For additional information on UniversalDoctor, see:
http://universaldoctor.wordpress.com/2013/01/17/new-partnership-on-universalwomen-and-universalnurse-speaker/

[20] See:
http://www.universaldoctor.com/prod/en_GB/241/UniversalWomen+Speaker+iPad.html

## C. Selection of Massive Open Online Courses (MOOCs)

The *Women and eHealth Study 2010-2012* revealed that capacity building is a key factor for women's empowerment in telemedicine and eHealth. To facilitate learning, the *We*Observatory is selecting online and massive open online courses (MOOCs) in English, Spanish and French that are accessible to all, free of cost. A list of thirty courses in English[21] and six in French[22] is already available, and is updated twice a year by the *We*Observatory Steering Committee members[23].

In addition, the *We*Observatory and *We*Telemed provide links to a selection of online telemedicine courses in Spanish and French. In particular, the course "Introduction to Health Informatics and Telemedicine", developed with the University of Technology of Panama, provides foundational information on the use of telemedicine for infectious diseases prevention in Panama and Latin America. Limited to 25 students, the first course received more than 300 inscription requests, demonstrating the vast training needs and high interest of healthcare workers in this area.

## D. The WeObservatory Library

The *We*Observatory Library is currently under the "Share and Learn" section of the website, and aims at providing access to articles and publications related to women involved in eHealth and telemedicine. Currently, the *We*Observatory Share and Learn section provides access to 99 selected publications listed in the *Women and eHealth Study 2010-2012*[24], as well as links to recent publications and events, such as the Women Leaders Forum (WLF) 2013[25]. This section is periodically updated and worthy of being consulted.

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[21] The courses in English are available at:
http://www.millennia2015.org/files/files/M2025_Documents/ehealth_selected_online_courses_2014.pdf

[22] The courses in French are available at:
http://www.millennia2015.org/files/files/M2025_Documents/moocs_en_fr.pdf

[23] See: http://www.millennia2015.org/weobs_team

[24] Selected publications listed for the Women and eHealth Study 2010-2012 are available at:
http://www.millennia2015.org/files/files/WeHealth_Research/wehealth_list_of_references.pdf

[25] For additional information on The Women Leaders Forum 2013, see:
http://www.millennia2015.org/UN_Women_Leaders_Forum_2013

# III. Achievements for the 2012 – 2014 period

The results achieved so far by the selected projects are mixed, depending on the dates they started their collaboration with the *We*Observatory. This collaboration is initiated after a common agreement is stated in a **joint collaboration document** that serves to define the content of the webpage for the project. On average, the parts have reached an agreement within two months, but some projects have needed additional time due to their technical complexity (mobile applications) or to administrative procedures (Hospitals, Universities). By July 2014, from the ten projects selected during the 2012 – 2014 period, **six (60%) had delivered results** after one year of collaboration[26], described in the **Achievements section** of the website. Nevertheless, this does not mean that their activities have concluded. For the majority, the contact with the Foundation continues and the results from their projects are planned to be presented at international events to be held in 2015. The remaining four projects (40%) are still in progress, delayed by technical or administrative issues.

Two mobile applications are available: UniversalNurses and UniversalWomen, which will improve multilingual communication between patients and nurses.

The Foundation is currently considering the best "**Exit Strategy**" to use after the one-year collaboration with the organizations managing the selected projects (project managers, hereafter) is over. During that intense work period, the interaction between the Foundation and the project managers develops into a close relationship, thanks to monthly Skype calls and the continuous exchange of emails. This relationship is difficult to stop as soon as the results are achieved. Consequently, the *We*Observatory Steering Committee is currently reflecting on how to address this issue, taking advantage of the experience gained through the current ten projects.

The table below summarizes the achievements per project, the perspectives by 2015, and lessons learned. Projects are organized by region and by funding year.

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[26] http://www.millennia2015.org/weobs_achievements

| Region | Project | Year of selection (2012-blue; 2013-green) | Achievements | Presentations (detailed information at the end of the table) | Perspectives by 2015 | Lessons Learned |
|---|---|---|---|---|---|---|
| **Americas** | **Répertoire des guides cliniques** pour l'élaboration des plans thérapeutiques infirmiers en santé mentale *Canada* *(French)* | September 2012 | **Adapted Nursing Guide for the D.R. Congo** | • WLF 2013, New York<br>• Medetel 2013, 2014, Luxembourg<br>• IND 2014, Paris<br>• WeObservatory Roundtable 2014, Geneva | • Support for the adoption of the Guide in D.R. Congo<br>• Advocacy document in preparation | • Dynamic and dedicated project managers and teams in Canada and D.R. Congo<br>• Estimated hours: 280 H<br>• Estimated costs: USD 15.600 |
| | **VIH TaVie Women** *Canada* *(French, English)* | September 2012 | *In progress, delayed due to administrative and commercial issues.* *The contract with 360Medlink is finalized and planned for final signature in September 2014* | • WLF 2013<br>• Medetel 2013, 2014<br>• IND 2014<br>• WeObservatory Roundtable 2014, Geneva | | • CHUM Montreal has selected the private company 360Medlink to commercialize the TAVIE products.<br>• Consequently, it has been necessary to establish a commercial contract before initiating the development of the application for women. |

| Region | Project | Year of selection (2012-blue; 2013-green) | Achievements | Presentations (detailed information at the end of the table) | Perspectives by 2015 | Lessons Learned |
|---|---|---|---|---|---|---|
| Americas | ePrevention in LA and Caribbean *Peru* (Spanish, English) | September 2013 | • **Five online courses** were developed to reach remote populations in the Andes and the Amazonas, and support the work of nurses to prevent tropical diseases (dengue, leishmaniasis, HIV)<br><br>• **Field trip and survey to assess the use of ICTs for nursing care** in the Andes. 400 responses received are under analysis for publication. | • Medetel 2014<br>• IND 2014<br>• WLF 2014<br>• WeObservatory Roundtable 2014, Geneva<br>• Several presentations in Peru, Chile. | • Presentations at international conferences in 2015.<br>• Publication in the ISfTeH Journal is planned for 2015. | • Dynamic and dedicated project manager in Peru. |
| Europe | **iPansement** *France* (French) | September 2013 | *In progress; selection of available contents for Diabetic Foot Care.* | • Medetel 2014<br>• IND 2014<br>• WLF 2014<br>• WeObservatory Roundtable 2014, Geneva | | • Content issues delay the development of mobile applications. |

| Region | Project | Year of selection (2012-blue; 2013-green) | Achievements | Presentations (detailed information at the end of the table) | Perspectives by 2015 | Lessons Learned |
|---|---|---|---|---|---|---|
| Europe | **Diabetic Foot Care** *Kosovo* (English, Albanian) | September 2013 | *Progressing in the development of a Patient Guide (paper and web) in Albanian, and online learning modules.* | • Medetel 2014 • IND 2014 • WLF 2014 • Contact with the Hospital of Eindhoven (The Netherlands). | • Telemedicine course on diabetic foot care for nurses, developed in conjunction UNFM. | • Dynamic and dedicated project manager in Kosovo. |
| | **5' (minutes) Program** *Spain* (Spanish) | September 2013 | **Technical Manual: 5' programa, Metodología del desarrollo de las sesiones.** | • Medetel 2014 • IND 2014 • WLF 2014 • WeObservatory Roundtable 2014, Geneva | • CASA, in Mexico, is expected to include the Manual as part of the online course modules Millennia2025 will develop for this organization. The Manual will help train indigenous midwives on video production. | • Videos are a very attractive communication medium. • This initial activity will be complemented with the development of online courses planned for the *We*Observatory for the 2015 -2016 period. |

| Region | Project | Year of selection (2012-blue; 2013-green) | Achievements | Presentations (detailed information at the end of the table) | Perspectives by 2015 | Lessons Learned |
|--------|---------|--------------------------------------------|--------------|-------------------------------------------------------------|---------------------|-----------------|
| Europe | **Teo The Duckling** *Spain* (Spanish, English, Catalan) | Round 2013; last project selected in June 2014 | *Adaptation of the Teo tale for girls and into video is in progress.* | | • Development of gaming solutions and mobile applications boys and girls, in collaboration with UNFM. | Dynamic and dedicated project manager in Spain. |
| Africa | **Save our Mothers** *Nigeria* (English) | Round 2012; last project selected in April 2013 | • **50.000 Clean Birth Kits to be distributed among pregnant women in Northern Nigeria by 2017.** | • Medetel 2014 • IND 2014 • WLF 2014 • WeObservatory Roundtable 2014, Geneva | • Adaptation of the mobile application MIRA, used in 7 states in India, to the African context, with the partnership of ZMQ and Zero Mothers Die. | • Dynamic and dedicated project manager in Nigeria. • Working in conflict areas complicates the project and increases costs. |
| Asia | *pod.RN - The Nurses' Podcast Project* *Philippines* (English) | September 2012 | • **Hygiene Kits for Young Pregnant Women** • **Training module**: Disaster preparedness for pregnant women of Smokey Mountain | • WLF 2013 • Medetel 2013, 2014 • IND 2014 | • Additional support for the kits and trainings. | • The dramatic consequences of typhoon Haygan have impacted young adolescent girls. The project has been realigned to respond to this specific context. |

| Region | Project | Year of selection (2012-blue; 2013-green) | Achievements | Presentations (detailed information at the end of the table) | Perspectives by 2015 | Lessons Learned |
|--------|---------|-------------------------------------------|--------------|-------------------------------------------------------------|----------------------|-----------------|
| **Asia** | **Research-based Community Telehealth Center** *Philippines* (English) | September 2012 | • Specialized Research: **Internet-based Telehealth Usability among the Elderly** | • WLF 2013 <br>• Medetel 2013, 2014 <br>• IND 2014 <br>• WeObservatory Roundtable 2014, Geneva | • Publication in the ISfTeH Journal is planned for 2015. | • Dynamic and dedicated project manager in Philippines. <br>• Research activities take time to be developed. |

**Note**: WLF= Women Leaders Forum; IND=International Nurses Day event organized by Sanofi, Paris ; ISfTeH= International Society for Telemedicine and eHealth. See details in the Events section at : http://www.millennia2015.org/WeObs_Events.

# IV. Considerations and recommendations for the Third Selection Round in 2014

## Local crisis contexts

The progress of two of the projects was affected by unexpected local events: The rise of social conflict in northern Nigeria, and the effects of Typhoon Haygan in the Philippines. As a result, the project activities have been realigned, and the increased costs have surpassed their initial budget. This experience highlights the need for the one-year collaboration to be flexible and adaptable to changing circumstances.

## Committed project managers, Millennia2015 members

Several projects have benefitted from having committed local managers (Canada, Peru, Philippines, Nigeria, Spain). This is a key finding, although difficult to apply as a recommendation, as project managers are not known before the selection process. Moreover, the availability of Millennia2015 members in the area where projects are being implemented has been a significant factor contributing to the projects' success (Canada-D.R. Congo, Spain).

## eHealth, Telemedicine and Mobile applications

These applications are complex to develop due to technical, legal and commercial requirements. The costs are higher than expected and need to be compensated by sales. However, patients and healthcare professionals have great expectations about the development of such applications.

## Scientific Research

Research activities take more time than expected, but have benefitted from the participation of committed project management, such as in the case of the Philippines. The research findings can be shared and promoted through publications in scientific journals.

*Dealing with commercial agreements with private companies*

One project has been severely delayed due to commercial considerations (Canada TAVIE). During the collaboration phase, the CHUM delegated the whole project to a commercial private company, 360Medlink. As a result, it has been necessary to hire a specialized consulting company to review the collaboration document to translate it into a contract; this process has increased the costs beyond the initial budget. The project remains very promising and is expected to start by September 2014, in collaboration with CHUM's nursing team.

# V. WeObservatory Management

## A. Human Resources

The *We*Observatory, Initiated by Sylvie Coumel (Sanofi Corporate) and Veronique Ines Thouvenot (Foundation Millennia2025), has grown into a substantial team that includes since February 2014, two international managers (Doyna Zharavina and Cyril Frankel) and a Steering Committee composed of dedicated international experts on a voluntary basis[27].

## B. Communication

### -Internal Communication

The WeObservatory management team participates to weekly calls that permit regular updates on the current projects and rapid adjustments when needed.
The team is invited to monthly calls organized with the Connecting Nurses Steering Committee members. This contributes to exchange ideas and experiences among the two selection processes, Sanofi Awards and WeObservatory Collaboration. Three projects are selected by both entities (Nigeria, Spain – Teo The Duckling, Philippines - Research).

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[27] http://www.millennia2015.org/weobs_team

Monthly meetings in Paris at Sanofi HQ contribute to monitor the projects, organize common events (Medetel 2013 and 2014, IND 2014, WeObservatory Roundtable 2014) and identify new partners.

- *External Communication*

The WeObservatory **Website** is the most prominent vitrine, and offers a clear identity, updated information on the activities and easy access to applications and MOOCs.

The WeObservatory **Blog**, **Visuals** such as banners, posters, bookmarks with QR code are displayed and distributed at international events.

An **article** on the WeObservatory is published by the International Society of eHealth and Telemedicine (ISfTeH).

Since 2013, the WeObservatory has participated to **10 International Events**[28] organized by its partners or associated organizations. On 20 May 2014, the WeObservatory has organized its first event, the **Roundtable on Innovation for Women's Health** in Geneva[29], during the World Health Assembly, that has gathered around 40 participants, eHealth experts, project managers and partners. This successful event highlighted the need to continue the efforts towards involving women in eHealth and innovation. The second roundtable is planned in 2015.

- *Partners*

The WeObservatory benefits of an impressive interest from international organizations and companies. Five are already partners: the International Society of eHealth and Telemedicine (ISfTeH), UniversalDoctor and Tools SL, Université Numérique Francophone Mondiale (UNFM), 360Medlink and OMAEP[30]. The Sanofi Espoir Foundation has recently joined the WeObservatory.

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[28] http://www.millennia2015.org/WeObs_Events

[29] http://www.millennia2015.org/files/files/M25_WeObs_Projets/geneva_20_may_2014.pdf

[30] http://www.millennia2015.org/weobs_partners

# VI. Conclusion

Launched in September 2012, the *We*Observatory has developed activities, projects and tools that serve **Patient Support Programs** and promote the use of eHealth, telemedicine and mobile applications. Through a combination of projects, applications, online courses and the future Library, the *We*Observatory is expected to become a unique innovative ePlatform at the service of patients, women and health professionals, within the global framework of the UN Post-2015 Agenda. The Millennia2025 Foundation plans to expand the *We*Observatory by the end of 2014 through new activities with Connecting Midwives (Foundation Sanofi Espoir).

The Millennia2025 Foundation is very grateful to Sylvie Coumel and teams at Sanofi Corporate for this unique and creative partnership with Connecting Nurses to accelerate innovation and eHealth inclusion in Patient Support Programs.