

Millennia2015

Women actors of development for the global challenges

Foresight Research Process and International Conferences

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Women and eHealth

WeHealth

Preliminary results 2011

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It is part of the foresight research on the variable V08 "Women and eHealth: connected medical knowledge benefiting all", conducted at the Destree Institute, Namur, Belgium and provides the preliminary results of the investigation on Women, Health and ICTs. This document will be finalized and presented at the Millennia2015 International Conference at the UNESCO, Paris, in 2012.

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I – SUMMARY

The Millennia2015 Women and eHealth International Working Group (WeHealth) has been launched on 1st August 2010 in Namur, under the auspices of Millennia2015 founder and head, Marie-Anne Delahaut and VéroniqueThouvenot, eHealth senior expert, head of WeHealth, with the mandate of conducting an in depth research at the convergence of three major areas, Women, Health and ICTs.

Its principal goal is to investigate 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 conditions.

I – 1. Methods of work

Millennia2015 has developed a foresight exercise on 37 variables, available in four languages on Millennia2015 website (English, French, German, Spanish). Members are offered to respond to 8 main questions and 9 complementary questions. They can choose their own variables of interest and respond online or by sending a document.

Women and eHealth research concerns the variable V08: Women and eHealth: connected medical knowledge benefiting all. To complement the foresight exercise, a considerable network of voluntary members¹ in more than 60 countries actively collects information, ideas, wishes, photos and videos illustrating women having access and using ICTs for health in their local communities through three main channels:

- a) A systematic web research conducted in three languages, English, French and Spanish, based on a list of key words established by the WeHealth scientific committee,
- b) Informal reports established by members based on their observation of the situation of women, health and ICTs in their countries,
- c) Responses to the 10 questions interviews conducted by WeHealth members in their own environment and context.

To facilitate the analysis of the responses of the interviews, women are targeted into four levels: beneficiaries, users as health professionals, IT designers and leaders².

A series of guides³are issued in order to facilitate WeHealth members contributions.

The information collected has been reviewed following the 4-D quality assessment method, inspired by MEFANET⁴.

I – 2. Results

The foresight exercise as of 1st October 2011, received 281 responses from 376 contributors. The 10 most studied variables are:

- V08 - Women and eHealth: connected medical knowledge benefiting all (18)
- V01 - Women, access to information and to knowledge (17)
- V03 - Women in situation of conflict and of war (14)
- V05 - Climate, ecology and respect of the environment (14)
- V14 - Women, poverty and strive for daily survival (13)

¹Millennia2015 counts 7.152 members and WeHealth 294 members (as of 3 September 2011).

² More detailed information available in page 2 of the Interviews Guide, www.millennia2015.org/Women_and_eHealth

³Available at www.millennia2015.org/Women_and_eHealth

⁴ <http://www.mefanet.cz/index-en.php?pg=e-publishing-system--common-portal-platform--4-d-quality-assessment>

- V25 - Violence against women (13)
- V06 - Change of attitudes about women (10)
- V16 - Women and girls, lifelong education and training (10)
- V02 - Strengthening women capacities (9)
- V23 - Women and gender equality (9)

The analysis of the responses is ongoing and will drive the design of future actions plans for women empowerment.

The WeHealth research has permitted to collect additional information to complement the foresight exercise.

The systematic Web Research provided an average of 10 to 20 links/hits per day offering a selection of websites, articles, citations, reports posted on the web. In total, 2.137 links/hits are collected since July 2010; 480 are already screened and 132 selected as relevant to WeHealth; 33 cover the 3 areas. 85% are in English, 11% in French and 4% in Spanish or other languages. These figures do not reflect the entire reality of the information available on the web, as the key words used were mostly in English.

33 WeHealth Members have been sending reports containing information collected in their countries at their working places, local communities, in local journals or books. 10 reports cover the 3 areas, women, health and ICTs, and 15 provide partial information. It is notable that WeHealth members in Africa are very active and committed. Africa is the best represented region with 102 members (of a total of 214 members as of 30 June 2011) and 24 countries (of 55 in total)⁵.

The interviews are conducted successfully among the women communities, in particular in Nepal, Cameroon, Togo and Guatemala. In total, 97 questionnaires are filled in (representing 970 responses), and 17 are by men. They provide a better understanding of women having (or not having) access and using (or not using) ICTs for health, with some constructive propositions to empower them and improve their local situations.

The analysis of the information collected is partially achieved. About 60% of the documents have been reviewed. As a provisional achievement, a preliminary list of 10 key findings and a selection of anecdotes, quotations and photos that illustrate the reality of the women in their local communities, is provided in this document and will be further completed by 2012.

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.

⁵Statistics available at www.millennia2015.org/Women_and_eHealth

II – WeHealth 10 preliminary Key Findings

1. The analysis of the information shows significantly that "Women and eHealth" needs to be considered within the context of a complex and multidimensional reality, covering a wide range of sectors and actors, with varied objectives, goals and ambitions. There is an urgent need to improve coordination and communication mechanisms at all levels with a particular attention given to women living in refugee camps, areas of conflicts and violence.
2. The combination of the gender gap with the digital gap affects dramatically the access of women into the arena of eHealth at all levels, beneficiaries, users, designers and leaders, and in particular in rural areas where more than 75% of the women live.
3. Clearly, the costs of the devices, connections and communications are a major barrier for women to have access and use ICTs for health.
4. Education of women on how to use the ICTs is of major concern and repetitively mentioned in the interviews and reports. Illiteracy and disabilities constitute major impediments to the use of ICTs by women.
5. Radios and TV continue to play a major role in the dissemination of health information and should interact more with mobile phones and internet services to reach more women.
6. mHealth or mobile health shows interesting results but remain limited to pilot projects that hardly expand at national levels. Women having the experience of receiving Health related SMSs on their mobile appreciate the service when messages are delivered by voice.
7. It is important for women that eHealth services are delivered into their own languages and dialects. This encompasses all kind of eHealth activities, mHealth, telemedicine, EMR, SMSs...
8. Telemedicine remains a "male" sector at all levels: medical, technical, engineering. Women are beneficiaries as patients where such services are made available. Very few are doctors, nurses or midwives active in Telemedicine services. The future WeHealth report will provide the experiences of a set of remarkable women working in telemedicine and tele-imagery and leading the sector in developing countries.
9. Free call lines dedicated to women to reach health centers and health workers is an option proposed by many WeHealth members, in particular to support women living in difficult situations such as violence, natural disasters, wars/conflicts, refugees.
10. Receiving regular information on maternal and child health, family health, disease control, HIV AIDS, malaria, cancer and vaccination is the most often cited as of interest to women.

III - WeHealth members 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 « AFFOSOGBE-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 situación de salud de las mujeres es sumamente precaria, la atención es muy deficiente en los centros estatales, las organizaciones privadas todavía brindamos algo mejor en atención primaria, no tenemos medicinas, todavía seguimos con medicina natural o tradicional, todavía vivimos en pobreza en las comunidades rurales. Como lo pueden ver, las tecnologías 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 dispache les infos par portable pour la sensibilisation des femmes dans le domaine de la santé,
- le ministère de la santé prête plus d'attention sur la qualité de infos-santé qu'on dispache 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 santé sur infos-santé 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 Désoeuvrés)- Yaoundé.

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.

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, Saida.

J'ai regardé la variable Esante et j'ai pu remarquer que les problématiques posées sont plutôt en relation avec la santé 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 Télémédecine de plus que moi, 2 doctorantes et 8 assistantes de laboratoire. Un résumé sur les sujets de recherche en télémédecine 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 mauritanienes 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 Shardha 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 those 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.

It is recommended that a pilot project be instituted on eHealth and womens health to find out the real benefits of women taking advantage of eHealth. Traditional Birth Attendants (TBA) is being strongly advocated for the use 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 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 of 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 kid.

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 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 computer builds their self-esteem.

Pakistan

From Mrs Tirmizi Syeda Suha, Sr. Research Associate, eHealth department, Aga Khan University Hospital, Karashi.

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 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.

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.

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
- tercero créer une base de données ou un cite où les informations concernant la santé des femmes seront centraliser et qu'elles puissent s'informer

WeHealth Photo Library



WeHealth IWG promotes Women, Health and ICT
To benefit women's health, eHealth for women and women using ICT for Health

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