

## **Annex 1 – WeHealth preliminary results 2011**

### **Global Issues**

*Coordination Mechanisms.* 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 particular attention to women living in refugee camps and conflict areas.

1. *Gender and Digital Gaps.* The combination of the gender gap with the digital divide dramatically affects access of women into the arena of eHealth in various roles – as beneficiaries, users, designers and leaders – and in particular geographies, such as rural areas where more than 75% of the women live.
2. *Health Information.* Receiving regular information on maternal and child health, family health, disease control, HIV /AIDS, malaria, cancer and vaccination is often cited as an area of interest to women.

### **Barriers**

3. *Cost.* Clearly, the cost of devices, connections and communications are a major barrier for women to have access and use ICTs for health-related purposes.
4. *Education.* Education of women on how to use ICT is of major concern and repetitively mentioned in interviews and reports. Illiteracy and disabilities constitute major impediments to the use of ICT by women.
5. *Language.* It is important for women that eHealth services are delivered in their own languages and dialects. This encompasses all eHealth activities; including (but not limited to) mHealth, telemedicine, EMR, and SMSs.

### **ICT Solutions**

6. *Radio and TVs.* Radio and TV continue to play a major role in the dissemination of health information and should work together with mobile phones and Internet services to reach more women.
7. *Mobiles and voice messaging.* mHealth shows interesting results which, however, remain limited to pilot projects that hardly expand at national and regional levels. Women having the experience of receiving Health related SMSs on their mobile phones appreciate the service when messages are delivered by voice.
8. *Telemedicine.* Telemedicine remains a “male” sector at all levels: medical, technical, and engineering. Women are beneficiaries as patients where such services are 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, who are leading the sector in developing countries.
9. *Toll-free Lines.* Toll-free call lines that allow women to reach health centers and health workers are a need proposed by many WeHealth members. In particular, these can be used to support women living in difficult situations such as conditions of violence, natural disasters, war/conflicts, and refugees.

The final results of the study will be presented at the upcoming Millennia2015 International Conference at UNESCO, Paris, 3 – 4 December 2012<sup>1</sup>, and will serve to nurture the Women and eHealth session at Med-e-Tel 2013.

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<sup>1</sup>[www.millennia2015.org/millennia2015\\_unesco\\_conference\\_2012](http://www.millennia2015.org/millennia2015_unesco_conference_2012)