



Women's health Access to health services

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Digital Communities to save lives

Zero Mothers Die

Empowering Pregnant Women with Mobile Health

100,000 mobile phones by 2020



HELP FUND ZERO MOTHERS DIE

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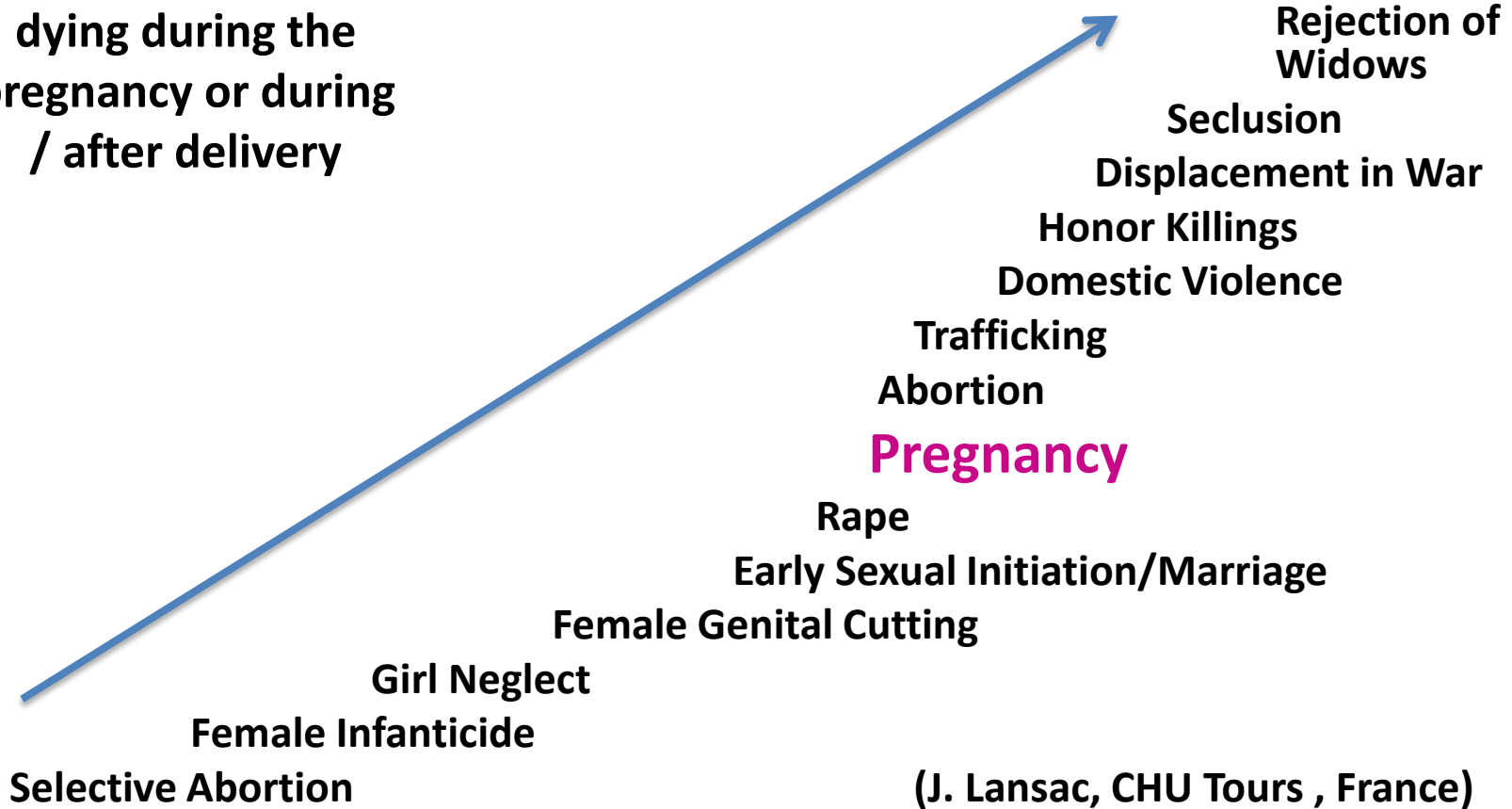
Zero Mothers Die: bold new initiative launched at UN General Assembly event

22 September 2014



Women and Girls are Vulnerable

800 women are dying during the pregnancy or during / after delivery



(J. Lansac, CHU Tours , France)

Access to health services

The WHO/World Bank report *:

400 million people do not have access to essential health services

That includes

- **all women whose demand for family planning is not met,**
- **pregnant women who did not make at least 4 antenatal visits...,**
- infants who did not receive 3 doses of DTP-containing vaccine,
- HIV-positive adults and children not receiving HIV treatment,
- adults with new cases of TB not receiving TB treatment
- children 1–14 y. not sleeping under an insecticide-treated bed net (ITN)

** : [“Tracking Universal Health Coverage: First Global Monitoring Report:”](#)*

Access to health services:

- a matter of whether people have a health center within 5 or 10 kilometers of their home?
- What if they are near a health center but that health center has too few health workers empty medicine shelves? People don't get an encouraging welcome?
- Is it whether people are formally covered by health insurance, or
- whether the health system is in place to actually enable them to get the health services they need ?
- Are people beneficiaries or actors?
- Is it a question of prevention or care? Etc.

Equitable access to health for Women

- Access to education and information
 - Access to counseling and prevention services
 - Access to primary and secondary care and treatment services (through telemed)
 - Access to networking with other women to share concerns and alternative
 - Access to women participation in decision making for health programs and peer role
- ... **in a context of lack of access to country quality services, poverty (implications for many families experiencing difficulties in accessing basic social services such as health and education), unequal country distribution of health centers and increasing youth population (specific needs and specific communication channels /users friendly services)**

ESTHER

« Ensemble pour une Solidarité Thérapeutique en Réseau »
(*A network for For Inter-Hospital Solidarity*):

A French (then European) initiative to improve access to quality care and treatment (ARV) for adults and children living HIV/AIDS, by strengthening local capacity through hospitals twinning and fostering partnerships

First target: reference hospitals and centers.

Second target: continuity of care, building a consensual approach between hospitals and associations/ civil society groups.

Tools : a global health and participatory approach, monitoring missions, data collection , Visio conferences used for update and planning .

What if ICT would have been accessible when ESTHER was created?

Better expansion of access to health and health practices in/from remote areas:

- Facilitation of reaching **people in rural and remote areas**, beyond associations and civil society groups capabilities
- Help for improving **people treatment adherence**: better understanding of their own problem and support for continuity of their treatment

Useful Digital tools and ICT for breaking health workers isolation:

- Support **in decision making for health workers and easy on going training**
- **Mobilization for special events**

What if ICT would have been accessible when ESTHER created?

Easier sharing of practices among ESTHER sites, better management of health workers and greater patient integration:

- Facilitation of **people/women participation** in follow up and in re-orientation of activities, and experiences sharing through ESTHER network : key component
- **Health promotion**, Increase of knowledge of people and women, getting information on health (potential for decision) and on quality of services

Easy monitoring:

- Support to **data collection and patients/project monitoring** (especially those in remote areas) for project leaders and feed back for re-orientation (dialogue within ESTHER)

Neonatal and Maternal Health in SAHEL, by French Red Cross

- Neonatal and maternal health in four countries:

- Niger (Zinder),
- Mali (Bamako),
- Mauritanie (Gorgol),
- Tchad (Batha)



- Contribution to MDGs :

- Contribution of / for the Initiative Muskoka (Budget of 7 millions euros during 4 years/ AFD)

- Cooperation planned to support national strategies

What if an ITC element would have been added to the designed strategy?

S01

strengthening the quality and access of existing health services (increase of services offering)



Improvement of **referral strategy**

→ health centers, district hospitals

→ health professionals / midwives in community health centers and in referral centers

What if an ITC element would have been added to the designed strategy?

S02

Creating demands through knowledge increase in MNNH and behaviors improvement (Increase of outreach women knowlege in MNNH)

→ women, husbands, families, children, heads of a town district, tradipracticitioners



- Women **informed decision** and behaviors ; ITC can break **women isolation**
 - **Improvement of ANC process** (4 ANC visits?)
 - **Patient-friendly technologies** to reach youth
- women, husbands, young people/adolescents & girls

What if an ITC element would have been added to the designed strategy?

S03

Improvement of initial training in maternal and neonatal field



Better **on going training** in maternal and neonatal field

→ ENSP
Zinder/Nouakchott

→ health professionals in health centers and community -based centers

CHAD

OS1 - 97% deliveries at home and 4,8% in the health centres (16% in 2014)
OS2 – 1,7% in 2011 and 2,7% in 2014 (target of 4%)
OS3 – 24% in 2013 and 22% in 2014 (late CPN1 !)

| | CPN | Delivery |
|------------------------|--------|----------|
| Distance | 37.1 % | 38.1% |
| Lack of interest | 30.5 % | 12.5 % |
| Cost | 8.1 % | 13.2 % |
| Bad quality of welcome | 11.1 % | 4.5 % |

CONCERNS & QUESTIONS

ICT as a tool for services quality and easy DECENTRALIZATION:

- ICT requires a national task shifting policy and strategy and complete mentorship and traditional networking work
- ICT allows on going +/- personalized training and follow up
- ICT increases outreach people knowledge , so will increase demands to health system → work needs to be done with national authorities to pursue or undertake health system capacity to respond
- Logistic time decreased for care givers who can have more time to have a dialogue the patients
- ICT plays a vital role in supporting team-oriented way of working, where professionals must share information about and with the patient in real time so as to provide high-quality, people-centered, coordinated care

• COSTLY IMPLEMENTATION VS OTHER NEEDS ?

ATTENTION TO BE GIVEN

- **Avoid reinforcement of health inequalities/health system inadequate response AND patient voice's deny:**

potential misuse of data collection and misinterpretation / vertical analysis of information → necessary to build true dialogue on data to lead to adequate decision

« eTechnology in support and for health, not only available eHealth tools »

- **mHealth apps evaluation**, as today, there is no medical validation for mHealth apps and no guarantee of safety and quality is given to users?

ETHICS

The implementation of new technologies for health requires an ethical framework to ensure respectful care for the persons and their communities?

Respect for individuals needs and expectations

Respect for communities



People centered care

ITC and Respect for individuals

- **Respect for the dignity and promotion of Autonomy / free informed decisions**
- Respect of Privacy – Confidentiality of personal data (data base not always monitored and controlled, used by external consulting groups not health specialized) : responsibility to protect vulnerable persons and use of their specific data (HIV, MSM etc...)
- **Optimization of risk/benefit** for health interventions and ehealth systems (e.g.: data collection in hospitals : risk of suppression of posts and patients not getting more)
- **Careful attention to Justice** with:
 - Equity in access to care and treatment
 - Absence of discrimination (gender, age, ethnicity, etc.)

Future

- Many projects like EU SMART Project for elderly in Europe:
 - to define standards to use ICT in order to be sure about the safety and the sustainability of the new products
 - Ultimate goal is to maintain old people in their known context
- Analysis of ICT and dialogue with health workers and patients
 - users should be included in the developmental phase of welfare technology
 - so that this technology will be ethically open to public debate in order to be feasible for health workers and patients.

Other projects?

- **SIS (*Sida Information service*) and SIS observatory (*phone calls, chat, mails, forum*):**
 - information and distance support service through voluntary phone calls;
 - opportunity to interactivity with people
 - gather data and conduct survey (youth information needs on SRR as example in West africa)
- **OXFAM and Connecting4Life: Using Innovative Technologies & Youth Engagement to Improve Sexual and Reproductive Health in Senegal -**
 - Directly providing access to comprehensive sexual health education in and out of schools, including via mobile phones ,
 - social networks and a multi-channel digital platform “InfoAdo” to ensure youth reached in the informal sector and including by engaging parents to gain their buy-in

Mobile phone to promote maternal and child health

Projet MobiSan in Fada N’Gourma (Burkina Faso) / Gourma province *(lead by Gret/Djantoli with Ministry of health):*

Objective - To support ,through mobile phone, community based health services (good practice in health and nutrition for mother and child)

- Warning system and follow up of access to care – visits , data through mobile to CSPS (facilitate diagnosis and treatment)
- SMS, vocal messages and texts for health & education for women and adolescents, pregnant women and mothers
- Focused follow up and referral of strong child malnutrition wiht info sharing between CSPS and ASBC