

Internet health learning to improve women's health

Editor – I wish to congratulate S. Yunkap Kwankam on his article (1). As he rightly says, “e-Health systems can improve access to information, thus increasing awareness of what is known in the health sciences, while selective dissemination by electronic means can facilitate targeting of information on those who either request it or are most likely to use it”.

The health and status of women is a very complex and a challenging issue for developing and industrialized countries alike. Women face enormous obstacles — prejudice, ostracism, domestic violence, poverty, hunger and virtually no access to medical care and life-saving medicines.

Knowledge and understanding are preconditions for action at all levels of the health-care and other systems. Skilled attendants mean successful outcomes and education is for life. Internet has connected the world, and e-learning projects in obstetrics and gynaecology between the United States and developing countries are of mutual benefit and foster mutual respect. The United States is a vast multicultural society, and providing quality care to diverse populations requires much more than translating a foreign language. We should be willing to learn where each patient is “coming from”, taking into account how culture, customs and community pressures affect her decision-making processes.

Of all the health statistics monitored by WHO, maternal mortality shows the largest discrepancy between developed and developing countries. Every day at least 1600 women die from complications of pregnancy and childbirth: 90% of these deaths occur in the developing countries.

Internet classrooms are the most cost-effective way to provide continuing medical education to the developing countries. The Women's Health and Education Center launched an e-learning project in association with the Department of Public Information of

the United Nations on 24 October 2002 (<http://www.WomensHealthSection.com>). Two years later it had reached more than 100 countries and it is proving to be an excellent resource in the education of health-care providers and policy-makers who are working for Safe Motherhood. Connecting to the health-care providers and getting the message across are essential.

The syllabus of our project is designed to stress common, everyday health-care issues in women's health. The text is divided into five sections to give a comprehensive overview of women's health-care: violence against women, obstetrics, gynaecology, urology, and health-care policies and women's health. A sub-section on obstetric fistula provides insight into this devastating problem in developing countries. We hope the sections will serve both as a comprehensive review and a reference to facilitate understanding of the disease process. Most of all, however, we hope that the contents will motivate future research that will further enhance the understanding of reproductive health.

Even though the main focus is on Safe Motherhood, sections on violence against women and health-care policies are included to assist the development of effective strategies for action. We believe meaningful programmes can be developed to reduce maternal mortality and morbidity in the developing countries.

Translation into different languages is definitely an important step to improve better understanding of the medical literature, and will help the health-care providers and policy-makers to express their needs and build networks. The languages chosen for our web site are the six official languages of the United Nations: Arabic, Chinese, English, French, Russian and Spanish. We believe this availability of medical scripts in cyberspace will improve people's relationship with the new medium and their ability to tap its potential.

Education is the best gift in life both to give and to receive. Developing countries and industrialized countries can both learn a great deal

from each other's experiences with various social and health-care projects and programmes. In the United States, fascination with technology seems to be endless. The development of technology has certainly enhanced our ability to diagnose and treat patients, to the extent that we almost defy death. Developing countries have done good work in many areas with limited technology and clinical medicine.

Investing in wireless Internet technology is the way forward to tackle maternal mortality and morbidity in the developing countries. Imagine sitting at home or in an office in the United States and teaching obstetrics, gynaecology and urology to students in developing countries and learning from their perspectives too. By interacting with different cultures we will be able to understand different customs and learn to respect the diversity.

E-learning is the most cost-effective way of transmitting evidence-based medicine to developing countries. Continuing medical education is a requirement in the United States, Canada and the United Kingdom for the renewal of medical licences, and this gives an incentive to stay up to date on medical advances. Continuing medical education regulations for health-care providers have been proposed in legislation in India, and many other developing countries could follow suit.

Continuing medical education is a lifetime commitment requiring knowledge of current trends and developments in the science, technology and economics of health care, and thereby improving the quality of health care. The convenience of provider-directed independent study activities allows health-care professionals to reach the learning goals that must be incorporated into their demanding professional schedules. ■

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1. Kwankam SY. What e-Health can offer. *Bulletin of the World Health Organization* 2004;82:800-2.

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