mHealth: An Effective Education Channel for Hard-to-Reach Ethnic Minority Populations in Vietnam

Abstract

Lack of health knowledge and access primary health care services for hard-to-reach ethnic minorities is an issue in Vietnam. Recognizing unmet needs, Pathfinder International designed an innovative, culturally and linguistically appropriate mHealth intervention. The project was implemented in two provinces with the Ministry of Health’s (MOH) Central Health Information and Technology Institute (CHITI) as the main collaborating partner. Three messages in three languages were delivered through SMS and interactive voice response (IVR) channels, focusing on sexual and reproductive health (SRH), tobacco, and health insurance topics. The project measured client acceptance of the program to understand the value in MOH investing in scale up.

From November 2010 – 2011, two toll free numbers were created creating a database of 7,116 mobile phone subscribers. 2,313 subscribers received SRH messages; 2,073 received health insurance messages; and 2,730 received tobacco messages. The IVR system received 984 calls (67% male and 33% female). 547 SRH calls (56%), 143 health insurance calls (14%), and 294 tobacco calls (30%) were received. Of all IVR users, 44% were 15-24 year olds, highlighting youth as an important target group. Based on a rapid assessment, 57% of respondents reported increased adoption of safer sexual practices, 40% of smokers reported they smoked less and 13% reported they stopped smoking as a result of the program. 80-90% of IVR callers were outside of the target areas suggesting a broader reach of the intended intervention population. Key lessons learned include:

1. Government partnership and guidance is critical for ownership and sustainability in implementation, collaboration with mobile providers and developing appropriate marketing strategies.
2. Effective collaboration with multiple mobile operators is important for interoperability.
3. Further investigation of the IVR system to assess cost implications of callers outside of program areas.
4. Close follow up with government and other partners new to mHealth interventions is critical to build capacity and confidence to expand services.

Annexes:

1. Detailed description of recommendations
2. Final project report