UiO : Institute of Health and Society
University of Oslo

Free access to digital health information in Iringa, Tanzania – preliminary results from baseline and immediately after exposure assessment

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The DigI-project and the team

- "Non-discriminating access for digital inclusion" (DigI)-project, funded by Norwegian Research Council and NORAD (15 MNOK)

- Jan 2017 – Sept 2020

- 11 partners from Tanzania, US, India, DR Congo, Rwanda, Serbia, Germany, France, Spain and Norway

- Multidisciplinary approach - society medicine, health informatics, educational technology, gender, human geography and engineering

Snapshots from website, HIV and TSCT animations developed by the DigI-team

Ongoing non-randomised controlled study to test the effect of the digital health messages

- Two intervention villages with 298 participants
- Two control villages with 300 participants
- Baseline (in both villages) and exposure to digital health messages and immediately after assesment (only in intervention villages) – April / May 2019
- First follow-up in August / September 2019
- Next follow-up in February 2020

Preliminary findings from intervention villages

- Increase of health knowledge after exposure in all areas
  (HIV / AIDS, Tuberculosis, Taenia solium cysticercosis/taeniosis)

- Increase in all health knowledge domains
  - Prevalence
  - Transmission
  - Symptoms
  - Treatment
  - Prevention

Preliminary findings from intervention villages: Number of participants with correct answers, before and after exposure

	Before exposure	**After exposure**	**Increase**
HIV / AIDS	234 (78.5%)	274 (91.9%)	40 (13.4%)
Tuberculosis	192 (64.4%)	280 (94.1%)	88 (30.0%)
Taenia solium cysticercosis/taeniosis	49 (16.3%)	225 (75.3%)	176 (60.0%)

Calculated only on questions with one correct option, not multiple choice questions. Preliminary results have not yet been adjusted for confounders (age, gender, education etc.)

Main impressions form fieldwork and analysis

- Participants in the intervention village appreciate the digital health messages
  - In the first follow-up, only 1 out of 280 reported that they did not like the digital health messages, and 270 out of 280 reported that thet learned something from them
- The importance of culturally sensitive content
- Unbiased health messages of high quality
- In local language

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Next phases

- Village platform rollout in October

- Follow-ups in January / February

- Semi-structured interveiws
  - Planned with participants in each of the intervention villages (users and non-users of the village platform)

Special thanks

Dr. Bernard Ngowi

Prof. Josef Noll

Prof. Andrea Winkler

Prof. Helena Ngowi

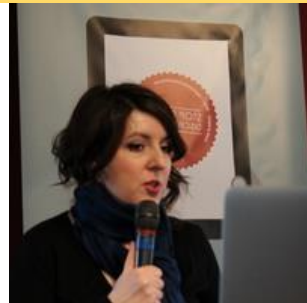**Mr. Erwan Le Quentrec**

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Mrs. WisamA. Mansour

Dr. Inaki Garritano

Dr. Sudhir Dixit

Basic Internet

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Acknowledgements - DigI partners