Dear Editor, we read the publication on “Health Care Provider (HCP) Utilization and Cost of an mHealth Intervention in Vulnerable People Living With HIV (PLWH) in Vancouver, Canada: Prospective Study” with a great interest [1]. Campbell et al. concluded that “Bidirectional mHealth programs improve HIV care and treatment outcomes for PLWH[1].” In fact, as mentioned by Campbell et al., the mHealth program might be useful in management of PLWH. However, there are some considerations in using this approach for poor countries with limited resources. Although the “less than Can $50/year” might seem little, it is considered a big amount in many poor African and Asian countries (such as India or Myanmar). In addition, the availability on technology and ones who have experience on the technology is still a big problem in the remote rural areas of the developing countries where management of PLWH is usually necessary [2]. Finally, similar to the use of mHealth intervention for HIV management, the issue on “confidentiality, disclosure and stigma” has to be recognized [2]. This might also be the important issue for application of mHealth intervention for management of PLWH in poor developing countries.

Conflict of interest
None

References