

# Meet the Person in Need

## The Road Towards TB Screening

### Evaluation of the re-design:

#### ➤ Performance:

- fewer errors due to environmental conditions

#### ➤ Costs:

- fewer machines needed
- more personnel needed
- lower long-term treatment costs

#### ➤ Durability:

- more durable in centralized location with existing infrastructure

#### ➤ Usage:

- used to full capacity



Our 2-part solution:

### Enhanced & Active Case Finding

- posters targeting population with phones/smart phones
- scan barcode or send SMS if experiencing symptoms
- receive info about nearest diagnostic access point
- door-to-door screening

### Community Health Workers (CHWs) & Screening trained person in community

- observe & approach symptomatic individuals
  - based on WHO algorithm
  - collect & deliver sputum
- GeneXpert as initial screening test
- guide patient to treatment & support
  - incentive: paid work

References

### GeneXpert

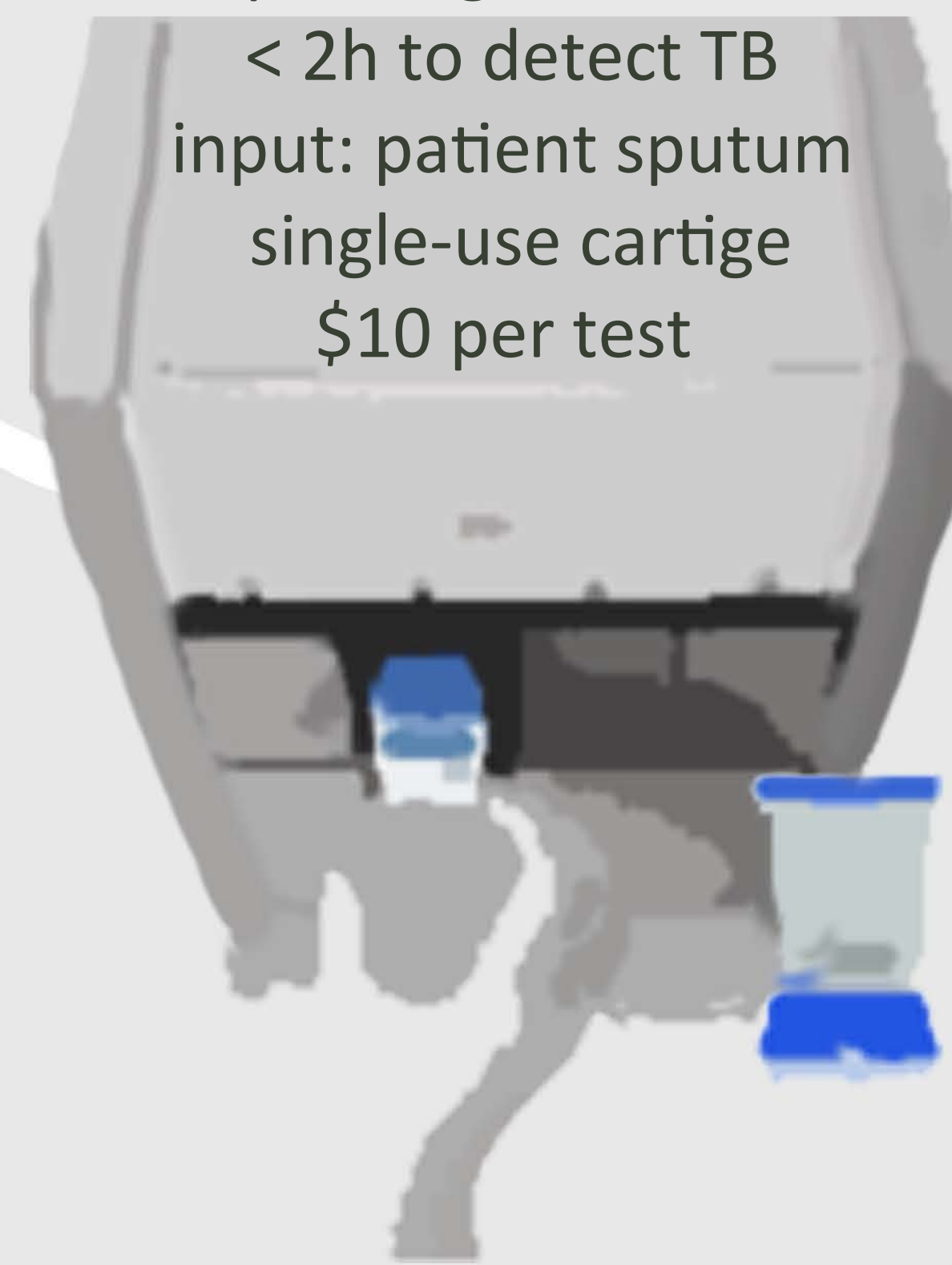
a rapid diagnostic device

< 2h to detect TB

input: patient sputum

single-use cartige

\$10 per test



**Indah**

lives in Parabonan in rural Indonesia and has a daily income of \$6



**Carmen**

lives in Iringa Town in Tanzania. The whole family can make an income of \$3 per day.



**Amina**

lives in the Zaatari Refugee Camp in Jordan and has no secure daily income.

### Main obstacles accessing TB testing/GeneXpert

- Long wait time at hospitals
- Lack of awareness
- Alternative health care-seeking behaviour
- Stigma

### Less than 8% of active TB cases are currently detected using rapid diagnostics

- Performance: prone to errors due to environmental conditions
- Costs: prohibitively expensive
- Durability: need supply chain
- Usage: not used to full capacity