

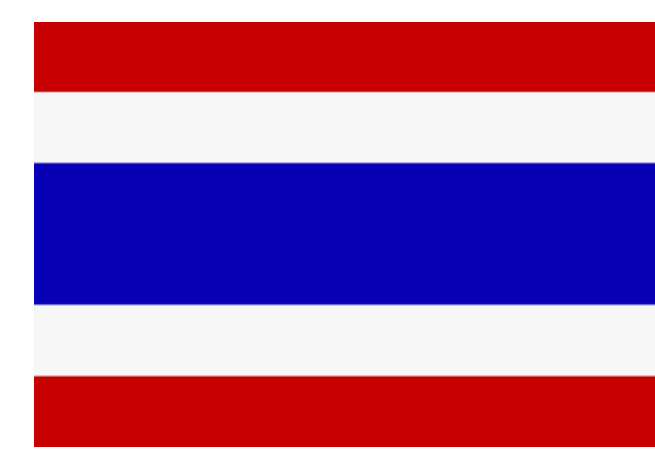
# Improving Accessibility of Blood Pressure Monitors in Low- and Middle-Income Rural Areas

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## Device Description



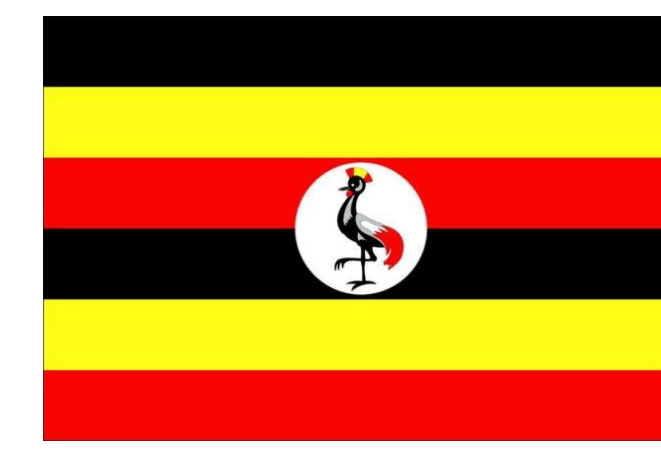
## Personas



- No local access to device
- Both parents died from heart attack
- Overloaded primary healthcare centre (PHCC)
- Universal Coverage Scheme (since 2002)
- 14\$ per day and family



- No local access to device
- Prehypertension
- Rather low access to medication
- Insurance
- 3.4\$ per day and family



- No local access to device
- Need for daily monitoring
- Overloaded and far PHCC
- No general health insurance
- 1\$ per day and family



- local access to device in pharmacy
- Cardiovascular disease
- Low access for medication
- No general health insurance
- 1\$ per day and family

## Problem Statement

### Essential Needs

- Access to accurate blood pressure monitoring
- Lower cost of ownership

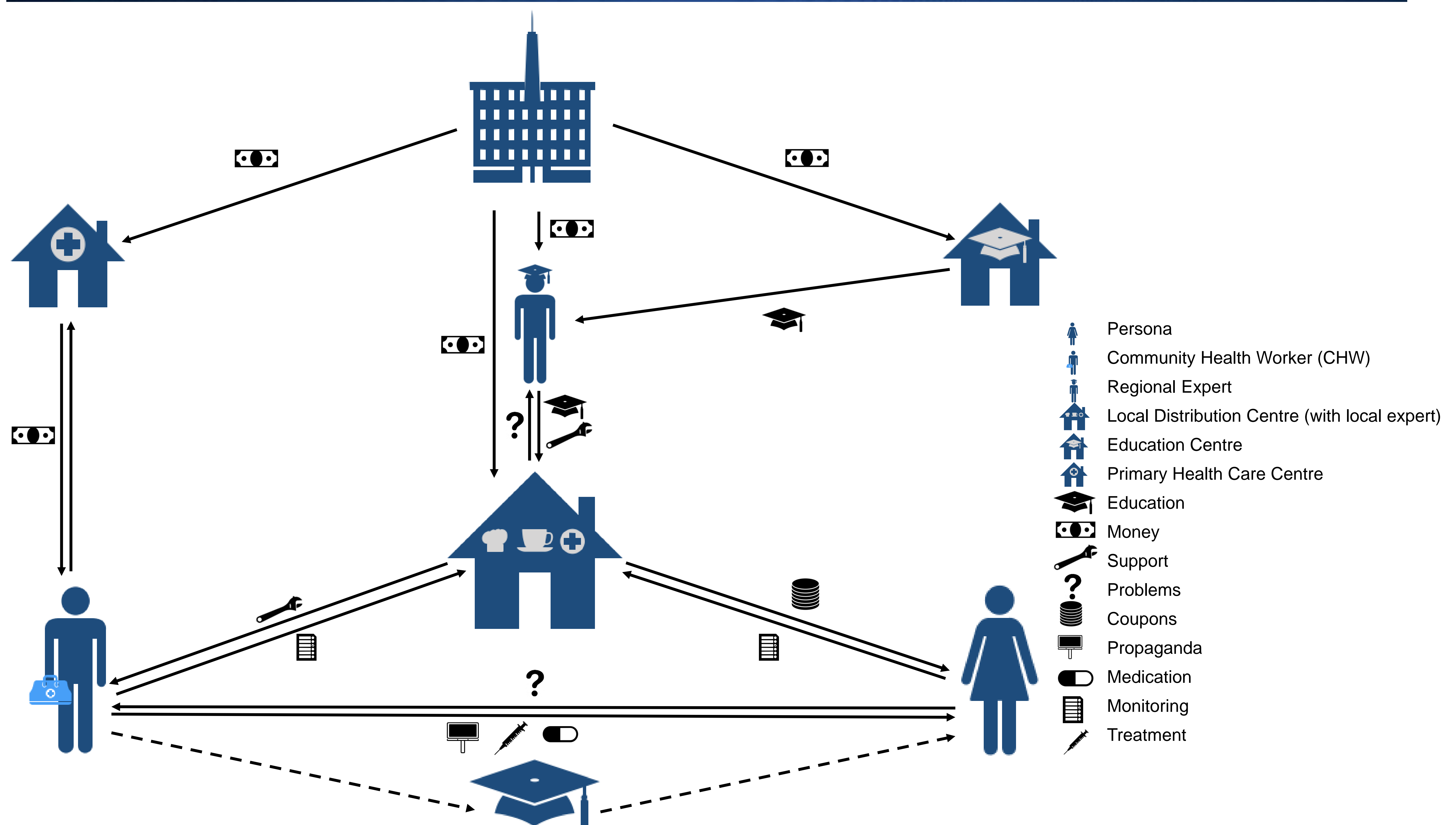
### Main Challenges

- Motivation for monitoring blood pressure
- Access to treatment and medication (overloaded and far away PHCC)

### Opportunities for re-design

- Making the device accessible and affordable
- Decentralization of PHCC

## Re-Design



## Appropriateness Evaluation

### General

- ✓ Effectiveness of CHW
- ✓ Lower cost of ownership
- ✓ Relief of PHCC
- ✓ Enhanced CHW-persona interaction
- ✓ Incentive for healthy nutrition
- ✓ Sustainable knowledge generation
- Durability might be low

### Thailand

- ✓ Access in local shop
- ✓ Lower cost for universal coverage scheme
- Medication might be more attractive than healthy nutrition

### Peru

- ✓ Access in local community kitchen
- Only partial coverage of medication cost by general Insurance

### Uganda

- ✓ Access in local shop
- No coverage of medication costs

### Tanzania

- ✓ Access in local shop
- No coverage of medication costs: high prices and low access
- Medication: "Out-of-pocket" purchase

## References

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- [2] Elizabeth Barrett-Connor, M.D., and Kay-Tee Khaw, M.SC., M.R.C.P., Family history of heart attack as an independent predictor of death due to cardiovascular disease. *Journal of the American Heart Association*, 1984. 69(6)
- [3] Paek, S.C., N. Meemon, and T.T. Wan, Thailand's universal coverage scheme and its impact on health-seeking behavior. *Springerplus*, 2016. 5(1): p. 1952.