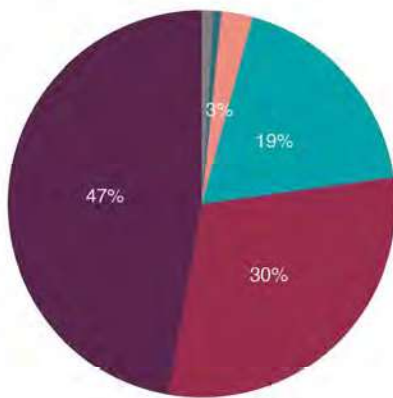
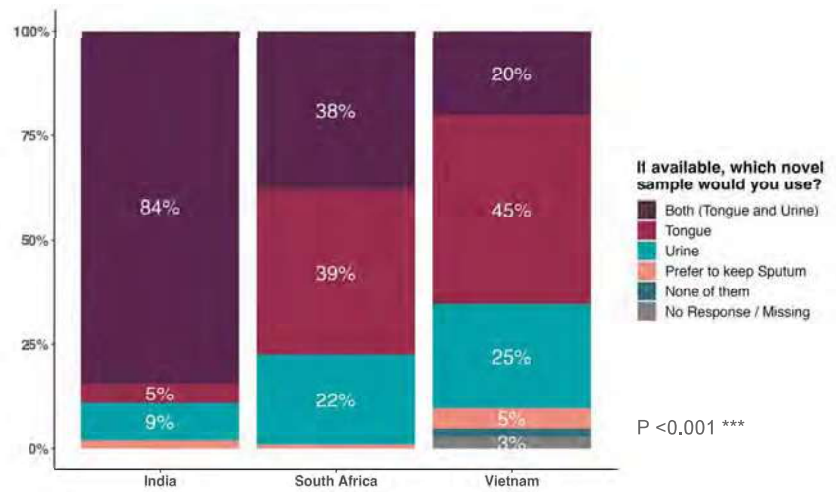


PREFERENCES AND ACCEPTABILITY OF NOVEL SAMPLE TYPES
HEALTH CARE WORKERS

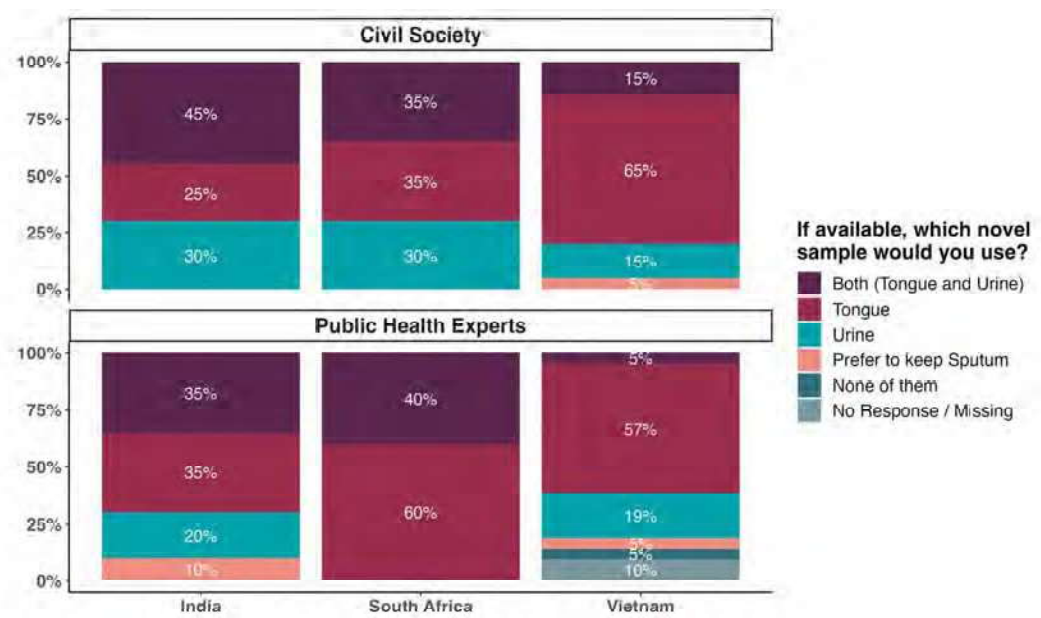


If available, which novel sample would you use?

- Both (Tongue and Urine)
- Tongue
- Urine
- Prefer to keep Sputum
- None of them
- No Response / Missing



PREFERENCES AND ACCEPTABILITY OF NOVEL SAMPLE TYPES
CIVIL SOCIETY AND PUBLIC HEALTH EXPERTS



BARRIERS / FACILITATORS TO INTEGRATING NOVEL SAMPLE TYPES INTO EXISTING TB TESTING SERVICES

Tongue: decentralize TB testing



India

- Infrastructure, HR
- PHC, health and wellness centres
- District TB centre
- Village: trained ASHA worker

If ASHA workers are trained (to do tongue swab), it would be very good since they mostly go to rural areas where TB patients are diagnosed most in comparison to cities. (CS, female, 33 years old)

South Africa

- Training and stock maintenance: kits, urine bottles, HR, PPE, financial res., separate rooms
- Community health facilities

Obviously, we are going to have enough resources which should be readily available for us because we don't want to start something and then in the midst of it being used, then you run out of it, there's manufacturing problems. (HCW, Female, 38 years old)

Viet Nam

- Training and infrastructure
- PHC (district health centres)
- Communal health stations

In the districts, now there are not many expert testing machines. Currently, there are only 250 machines in the country. By the end of this year's plan, there will be only 320, which will be gradually equipped to the districts for testing sputum samples. Health workers who receive training could do it. (PHE, Male, 61 years old)

PERCEIVED PROBLEMS / DISADVANTAGES WITH THE NOVEL SAMPLE TYPES
HCW, CS, PH

<p>TONGUE</p> <p>Sample</p> <p>People</p>	<ul style="list-style-type: none"> • Low sensitivity • Multi-drugs resistance • Maintenance, stock • Need of training • TB representations 	<p>TB is a lung disease. The origin of TB is the lungs. We are going to have missed diagnoses if we rely on it to diagnose TB patients. Another reason is that a mouth is forever contaminated (SA, HCW, Male, 44 years old)</p>
<p>URINE</p> <p>Sample</p> <p>People</p>	<ul style="list-style-type: none"> • Low sensitivity • Multi-drugs resistance • Maintenance, stock • Transport • Hygien /Toilets /Feelings • Mass screening • Pregnant women, elderly, children 	<p>You need a very sensitive test, just like 'Rather killing a wrong one rather than missing a right one'! (VN, PH, Female, 48 years old)</p> <p>Many are so ashamed of collecting their urine! I also think urinal test is easier than sputum collection. I find it OK, but for our mass screening project, if we tell them to pee in a glass for test, I'm sure it's not 100% (VN, PH, Female, 47 years old)</p>

BUILDING FROM THE RIGHT FOUNDATION

KEY CONSIDERATIONS FOR COUNTRY PROGRAMMES



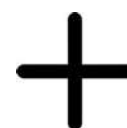
Basic
3rd Generation LAM
mWRDs



Intermediate
3rd Generation LAM
mWRDs
Digital chest radiography



Advanced
3rd Generation LAM
mWRDs
Digital chest radiography
tNGS



**Diagnostic Network
Optimization**





TAKE HOME MESSAGES

- A wealth of innovative new tests available
- New instruments and sampling strategies are showing promise to bring the diagnostics close to the patients, trade off in accuracy for yield is expected and impact is unknown
- Need to make investments in capacity and country implementation, with clear pathways to uptake.

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FIND



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FIND ➡➡

TOGETHER,
we can ensure that
everyone who needs
a test can get one

