



# Preventive Health, Delivered at the Last Mile

Moving toward structured rural outreach for preventive health

Preventive health screening in rural and low-resource settings continues to fall short not due to lack of intent, but because delivery models are poorly suited to the realities of the last mile. Outreach efforts remain episodic, fragmented, and difficult to sustain, limiting their ability to generate timely insights or measurable program outcomes. This creates a clear opportunity to rethink how preventive screening is delivered using models built for scale, consistency, and real-world conditions.

This use case presents a mobile outreach approach that enables structured preventive screening through fixed-day health camps conducted directly within rural communities. By deploying mobile vans or buses as temporary screening sites, access to preventive care becomes predictable and locally available, without dependence on permanent clinics or digital access by the population.

At the core of the camp setup is hPOD, used as the integrated screening system within the camp. Its compact, camp-ready design supports multiple screening activities in low-infrastructure environments and enables near real-time results that can be printed and shared immediately at the point of care.

Designed for organisations delivering community health programs, this model supports flexible screening focus covering vitals, basic laboratory testing, and infectious screening while maintaining a consistent, repeatable deployment structure across locations.

Together, this use case outlines a deployable pathway for delivering preventive health screening at the last mile, enabling outreach programs to move beyond isolated events toward structured, programmatic impact.



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# Rural Preventive Screening Gaps in LMIC Settings

In rural and low to middle-income regions, preventive health screening remains structurally limited. Access is primarily dependent on proximity to clinics or the occurrence of periodic outreach camps. For large segments of the population, routine screening is neither continuous nor predictable.

As a result, health risks related to basic vitals, metabolic indicators, and infectious conditions are often identified late, once symptoms emerge or referral becomes unavoidable. This creates avoidable strain on both individuals and local health systems.

## Observed Gaps in Health Camps

Traditional rural health camps have improved access but face recurring limitations:

- Diagnostics are delivered through multiple standalone devices
- Test results are often delayed or not available on-site
- Camp setups vary widely, limiting standardisation
- Data capture and continuity across camps are inconsistent.

These constraints limit the ability of camps to function as repeatable screening interventions.

## Solution Used in This Use Case: Mobile Health Camps with hPOD

This use case applies mobile health camps, delivered through vans or buses, as temporary screening sites in rural communities. Camps are conducted on fixed, pre-announced days in coordination with local stakeholders.

Within the camp setup, hPOD is deployed as the central screening system. Its compact design allows multiple screening activities to be conducted within a limited footprint, without reliance on permanent clinic infrastructure.

The solution is designed to function in low-resource environments while supporting consistent camp-based screening delivery.



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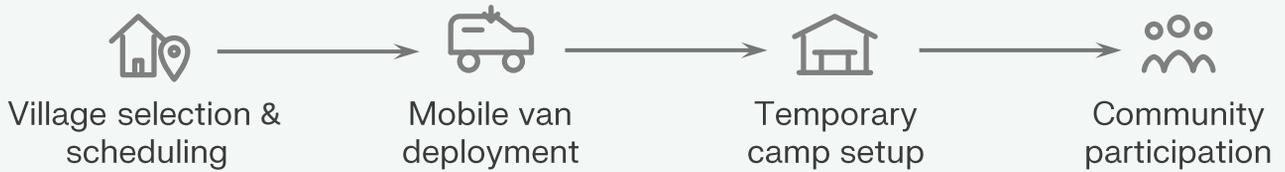


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# Implementation Model and Results Delivered

This page documents how the mobile outreach use case is implemented in practice and what it delivers at the program level, based on field deployment of mobile health camps supported by hPOD.

## Mobile Health Camp Deployment



## hPOD Capability Applied On-Site

hPOD functions as the integrated screening system within the mobile health camp, supporting preventive screening activities in compact, temporary setups typical of rural outreach environments. Capabilities applied during camp operations.

- Integrated screening platform
- Compact, camp-ready footprint
- Near real-time, printable results
- Operates with limited infrastructure

Together, these capabilities enable consistent screening delivery within mobile camps without dependence on permanent clinic facilities.

## Screening Areas Supported



### Vitals

Core physiological measurements for routine health assessment



### Mini-Lab

Point-of-care biochemical and rapid diagnostic testing



### Infectious

Rapid screening for priority infectious diseases

## Required to Run the Model

The mobile outreach model relies on a small set of enabling requirements to function consistently across locations. Key operational requirements

- Mobility (van or bus)
- Data connectivity
- Power availability
- Appropriate staff

These requirements remain stable across deployments, supporting repeatable and scalable outreach programs.

## Results observed across deployments

- Screening access; community level
- Immediate availability of results
- Structured data captured per camp
- Clear linkage to care pathway

These Preventive screening results support program monitoring, reporting, and linkage to ongoing care without reliance on fixed infrastructure.



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## Embedded preventive access for everyday environments

### Disclaimer

hPOD provides structured preventive screening and does not replace medical consultation, diagnosis, or treatment.

Results generated through the platform are intended to support awareness and informed decision-making. Individuals are encouraged to consult qualified healthcare professionals for clinical interpretation and follow-up care.

Data is collected and stored with explicit consent and handled in accordance with applicable privacy and regulatory requirements. Records remain under the control of the individual and may be shared only when authorised.

Deployment models and service configurations may vary by location, regulatory framework, and institutional partnership.

Images and visual representations used in this document are illustrative and for representative purposes only.



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