Six in ten referred women never reach colposcopy. The screening already found them.

A one-page brief on the step after the referral: how a weekly follow-up routine could run in Bangladesh after its first pilot in Michigan, who would do what, who would pay, and why each party would say yes. Nothing here has a partner, a date or funding.

THE PITCH IN 30 SECONDS

FUTURE DIRECTION · IN DEVELOPMENT

THE GAP	Bangladesh's national programme screened 1.56 million women by VIA between 2018 and 2023 and recorded every positive result. **Only 40.4% of the 51,913 VIA-positive women reached colposcopy.** The registry already sends each of them an SMS; it cannot store the histopathology result. No completion rate is published for factory or check-up referrals.
THE ROUTINE	Two hours a week, one short list, four steps, run by the provider's own nurse with a worklist: **find** who is overdue, **rank** by days since the positive result and prior no-shows, **act** with a call in Bangla, a booked slot and the fare, **close** when the result is back. No software to buy, no new staff.
WHERE FIRST	The referral tail of factory screening. A private provider already screens garment workers in the factory and refers the women it cannot treat on site. **Provider-run, factory-hosted, sponsor-paid, with the public colposcopy clinic as the endpoint.** The factory never sees a result; it releases the right women on the right mornings.
THE RULE	**Paid per completion, never per referral.** The outreach nurse is paid for the list; the provider is paid when the woman finishes. The colposcopy itself is free at the public clinic.
THE ASK	One private provider, one factory client, three months, then the same decision as Michigan: stop, or continue to twelve months. After the Michigan pilot has a number, and not before. Step one, now, is a 30-minute conversation.

THE GAP, IN THREE NUMBERS

51,913 → 20,954
VIA-positive women, and the number who reached colposcopy: 40.4%, Jan 2018 to May 2023 (Nessa et al., 2025).

32%
of newly diagnosed hypertension and diabetes patients at NCD corners did not return within three months; stock-outs, transport cost and queues (BMC Health Services Research, 2026).

6 in 100
factory workers screened by VIA had an abnormal result; about half were treated on site, the rest referred, with nothing published on what happened next (Jhpiego, 2026).

THREE WAYS IT COULD RUN, IN ORDER

A · START HERE

The referral tail of factory screening

The provider's nurse follows the referred women to the public colposcopy clinic. Paid by the sponsor that already funds the screening, for example a brand programme, UNFPA, or the factory as a corporate client. Measure: referred women reaching colposcopy within 90 days, against 40.4%.

B · ALONGSIDE

A completion contract on corporate check-ups

The network follows every abnormal result from its own employer check-ups to the next step in-house: high blood pressure (21% of adults), diabetes (13% of adults), abnormal creatinine (about 22%). One transparent price, no per-referral payment. It pays, and sells employers completion instead of a check-up. Measure: abnormal results reaching their next step, per employer.

C · AT SCALE

A follow-up cell inside the national programme

Two or three upazilas use the registry's own list and add a phone call, a booked slot, the fare, and the result written back. It could be funded from programme money already committed for 2027–2031; none of it is agreed for this. Measure: the national 40.4% in those upazilas, a year later.

WHO PUTS IN WHAT, WHO GETS WHAT · MODEL A

PARTY	PUTS IN	GETS
Private provider	Its nurse, two hours a week	Referred cases by contract where private; a per-completion fee; a completion rate to sell
Factory	The worker's paid morning; a room; 15 minutes a week	Compliance evidence for buyers; fewer women lost to long illness
Sponsor	Screening it already funds; a small fee per completion; the fare	A completion rate per factory instead of a screening count
Public programme	Nothing new; the colposcopy clinics exist	Its 40.4% moving; results written back to the registry
The woman	Nothing	Reaches the next step, morning paid, fare covered
HSREP	The worklist, the rules, the training; the sponsor or provider pays for the founder's time, no fee on top	The first published completion number for factory and check-up referrals

Paid per completion, never per referral. Doctors paid per test have no reason to chase a patient who already paid, and patients who suspect padded tests have a reason not to come back. The routine is written around that, not on top of it.

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An HSREP initiative in development. Everything here is future direction and illustrative; no patient data has been collected; no Bangladesh partner, site or funding is confirmed, and no organisation named has been approached. Figures are from the sources named, none from HSREP's own data. Operational materials will be reviewed by counsel before any launch.

SOURCES — Nessa et al., BMC Global and Public Health 2025;3:34 · MOHFW National Cervical & Breast Cancer Statistics dashboard · BMC Public Health, May 2025 (e-HIS registry) · BMC Health Services Research, Jan 2026 (NCD corners, 12 upazilas) · Jhpiego, Jan 2026 (factory VIA clinics) · UNFPA, 10 Oct 2026 (EIB Women's Health Initiative 2027–2031) · UNB, 6 Nov 2025 (BGMEA member-care MoUs) · TIB via Dhaka Tribune, Feb 2018 (commission-based referral) · WHO STEPS Bangladesh 2018 · IDF Diabetes Atlas 2024 · Banik et al., Int Urol Nephrol 2021. Version 23 Oct 2026.