Global Free Urinalysis Social Innovation Project

First site · Tainan, Taiwan

Public toilets as a new entry point for urine health monitoring

GFUSIP
GLOBAL FREE URINALYSIS SOCIAL INNOVATION PROJECT

First site: unstaffed uroflowmetry validated as a scalable community model — next, women's uroflowmetry and urine biochemistry for both sexes

Seven in ten users were under 50, and 44% of them below the referral threshold — a pattern clinics rarely see.

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0	>3,000	9.9%
staff on site	**uses in 17 months**	**completed the data form**
unstaffed · no clinical workforce	free · walk-in	the second barrier: digital participation

1 Why

Must preventive health measurement happen inside a clinic?
Uroflowmetry is mature and cheap, yet it is reached only after symptoms push someone into the health system. Since May 2024 GFUSIP has built a different entry point: free, routine urine measurement in everyday public space. Male uroflowmetry is the first service; women's stations and further urine tests (liver and kidney indicators) follow.



Mar 2025
installed in a men's public toilet, local health authority building, Tainan

165 cm
fully automated unit with built-in urinal; 165 × 66 × 70 cm, 20 kg

Class I
Taiwan FDA medical device licence; to our knowledge a national first

9 languages
on the interface; six already used, including by foreign visitors

No sign-up
no name, no appointment — testing during ordinary toilet use

2 The cooperation model public–private partnership

Local health authority
venue · water · power · internet

GFUSIP social enterprise
device, software and maintenance

Corporate ESG / SDG partners
corporate social responsibility

24-hour automated, unstaffed urine testing station
no appointment · no app · free
contact-free · automated · no added clinical staff

Hospitals and clinics
onward care and referral

National government agencies
evidence for public health policy

Academic institutions
data and research

1. **Choose language and consent** — before each test
2. **Void as usual** — ordinary toilet use
3. **Results shown live** — flow curve in real time
4. **Scan the QR code on the final screen** — details and full report

3 Results (as of 31 July 2026)

Of >3,000 uses, **302** completed the optional form; **221** records were interpretable (voided volume ≥ 150 mL). Ages from the form; flow from the device.

Who shows up: this site versus clinics

This site's users (n=302)

71.2% aged ≤50

National claims, LUTS care (2009)

21.1% — **38.5% aged ≥70**

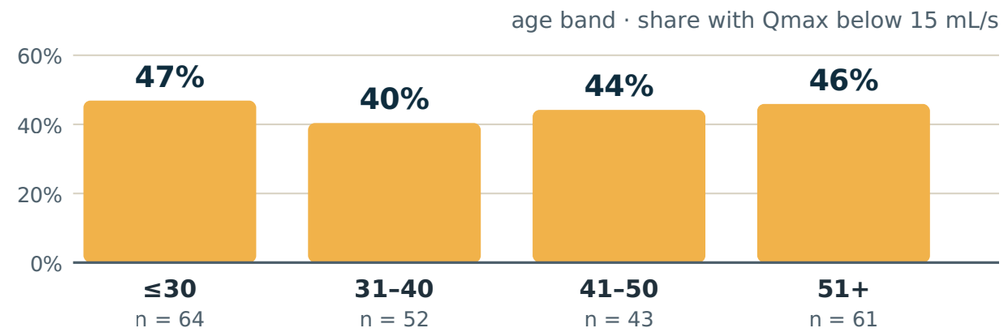
Under-50s at this site (n=159): share below the threshold

44.0% below 15 mL/s (referral threshold)

20.1% — 10–15 mL/s — dark = those below 10 mL/s (20.1% of all, about one in five)

A screening signal in a group largely absent from clinics.
Different populations and years — pathways, not prevalence.

Below the 15 mL/s threshold in every age band



Denominator: interpretable records, voided volume ≥ 150 mL

No difference between age bands. Study dataset (n = 221): 41–47%, p = 0.77.
Bars: site dashboard export as of 31 July 2026 (n = 220 interpretable records).

> **This is not prevalence.** The 15 mL/s threshold was set for symptomatic men in clinics; single, uncontrolled measurements in an unselected population inevitably run high. What changed is the entry point: **participants need not become patients first.**

Limitations. Nine tenths of users did not complete the form, and we cannot separate no phone, unfamiliarity with scanning, or unwillingness. The subsample favours smartphone users; the age comparison is between service pathways, not disease distributions. One site, one country.

4 What we learned

- **It runs reliably in an existing public toilet** — free, walk-in and unstaffed — no clinical workforce
- **The next barrier is digital** — the host authority has proposed a thermal printer and voice guidance
- **Travellers use it too** — six interface languages already used; transport hubs and airports under discussion

Replicate this in your city — seeking a first European site and partners worldwide

A site needs: an existing public toilet · water and power · Wi-Fi or wired internet · cleaning by existing staff. **GFUSIP brings** the device and back-end system; **a local research partner** brings the study. Governments, health authorities, research institutions, facility operators and industry — **join us in advancing the UN SDGs**: scan the code or write to **contact@gfusip.org**.

Reproduisez ce modèle dans votre ville — écrivez-nous.

gfusip.org/contact

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Ethics: anonymous use; on-screen consent before each test; no names collected; no diagnosis given. · Comparison figure: Wu MP, et al. Urology. 2013;81(1):61-65. · GFUSIP is operated by IMPRESSIVE CARE CO., LTD., registered on Taiwan's Social Innovation Platform (Ministry of Economic Affairs, ID 883). · Photograph and charts © GFUSIP (own material).

3 GOOD HEALTH AND WELL-BEING · 10 REDUCED INEQUALITIES · 17 PARTNERSHIPS FOR THE GOALS