



FIND

Because diagnosis matters



**FIND INDIA
2017 ACTIVITY REPORT**

2017 NUMBERS

2017 FOCUS

PARTNERING

to increase TB awareness and case detection

EXPANDING

access to diagnostics and treatment for hepatitis C

REACHING

the hard-to-diagnose, including children, with accurate diagnostics

STRENGTHENING

India's laboratory capacity for diagnosing TB and DR-TB

COLLECTING

evidence on new diagnostic technologies to inform policy and scale-up

2017 RESULTS

277,687

patients tested for TB and drug-resistant TB using newer diagnostic technologies across FIND-supported laboratories

13,909

cases of multidrug-resistant TB detected

25,401

presumptive paediatric TB cases tested

1,348 paediatric TB cases diagnosed, of which **108** were Rif resistant

65 continuing medical education (CME) sessions on managing paediatric TB conducted for a total of **2,630** healthcare providers

54 on-site training sessions conducted with the participation of **394** laboratory personnel

45 mobile vans equipped with GeneXpert machines and MTB/RIF equipment for active case finding drives

5 Whole genome sequencing laboratories established and **10** labs upgraded



LEADERSHIP MESSAGE

2017 was an important year for FIND India. We expanded to new disease areas and helped increase access to innovative diagnostic solutions throughout India with ever greater impact. I am extremely proud of the work that our team is doing, and our contributions to combating poverty-related diseases and accelerating access to care.



Specifically, we initiated a Unitaid-funded project targeting hepatitis C virus (HCV) diagnosis and treatment, an exciting step considering the fact that India has up to 12 million HCV infected individuals. Alongside this, we continued to make progress in our longstanding programmes. In collaboration with the Global Fund, we continued building TB laboratory capacity and implementing high-quality diagnostics by developing additional liquid culture and DST labs and introducing second line LPA testing and genome sequencing capabilities within the Revised National Tuberculosis Control Programme (RNTCP). We also significantly expanded our paediatric TB initiative and began to transfer the project to the Government of India to ensure its sustainability.

Our work would not be possible without the support of collaborators, donors, central and state governments, and our staff. We are truly grateful to our expanding network of partners who aim to ensure that every patient has access to life-saving diagnostics.

I hope you enjoy learning about the work we accomplished over the past year. I am honored to be a part of such a brilliant and committed team, and look forward to what is in store!

Dr. Sanjay Sarin
Head of FIND India





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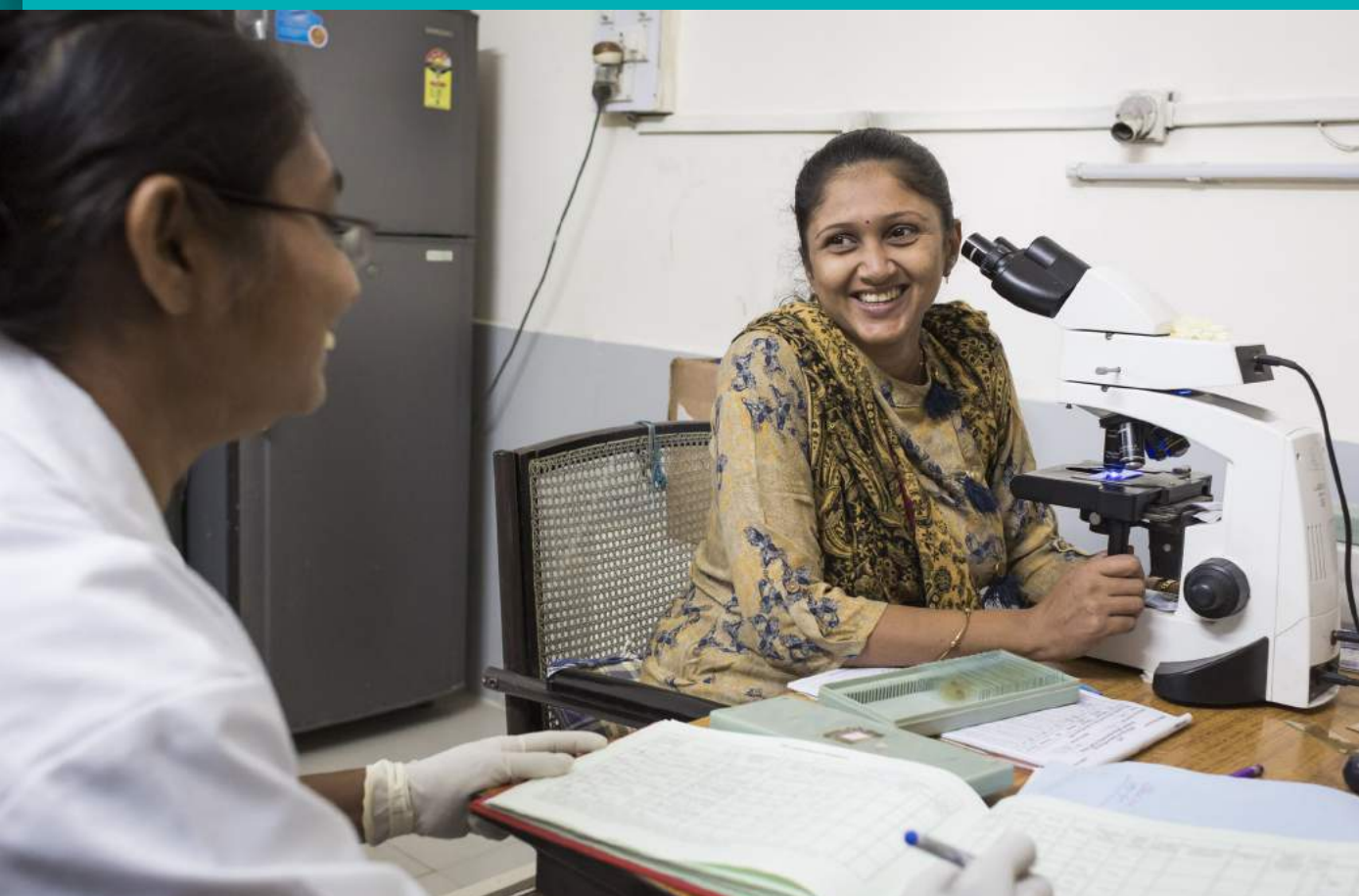
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LINKING DIAGNOSTICS AND TREATMENT: CONFRONTING THE HEPATITIS C CHALLENGE IN INDIA



“Even though drugs are available at certain hospitals, there are often no diagnostic facilities. It is like giving a motorcycle to a person but no fuel. What is the use of such a motorcycle,” said Mr. Loon Gangte, the founder of the Delhi Network of Positive People (DNP+), an Indian advocacy organization for people living with HIV (PLHIV).

In India, between 6 and 12 million people are infected with hepatitis C (HCV), a disease that disproportionately affects vulnerable and socially marginalized populations, including injection drug users and patients with HIV. While most HCV cases in India are mono-infected, it is estimated that 3.51% of the approximately 2 million people living with HIV are also infected with HCV.¹ HCV is now seen as one of the most critical public health problems facing the HIV community, as co-infected patients suffer the highest morbidity and mortality from rapidly progressing liver disease.

The treatment landscape for hepatitis C is currently undergoing a dramatic transformation. Potent, well tolerated, all-oral regimens achieve cure rates of more than 90% with 12 weeks of treatment. While large-scale manufacturing of new regimens has provided access to affordable treatments in countries like India, rapid, inexpensive and accurate diagnosis remains a critical bottleneck that must be addressed to eradicate hepatitis C. “Even though drugs are available at certain hospitals, there are often no diagnostic facilities. It is like giving a motorcycle to a person but no fuel. What is the use of such a motorcycle,” said Mr. Loon Gangte, founder of the Delhi Network of Positive People (DNP+), an Indian advocacy organization for people living with HIV (PLHIV).

¹ Goel, Amit *et al.* “Burden of hepatitis C virus infection in India: A systematic review and meta-analysis”. *Journal of Gastroenterology and Hepatology*, 2018. <https://www.ncbi.nlm.nih.gov/pubmed/30176181>

To address the gap in HCV diagnostics, FIND is leading a multi-year, six-country HCV project funded by Unitaied to build an efficient and sustainable response to HCV. The goal of the project is to contribute to WHO 2030 targets for HCV: a 90% reduction in incidence, a 65% reduction in mortality and 80% of patients receiving treatment.

In India, the project aims to implement innovative models for screening and treatment of HIV/HCV co-infected and other high-risk patients, initially using existing diagnostic platforms and direct acting antivirals (DAAs) and introducing other technologies as they become available. Through this project, FIND India will provide healthcare stakeholders with the evidence they need to develop and implement a national, sustainable HCV policy.

According to Mr. Gangte, “We must put our resources and energy not only for making diagnostics and drugs easily affordable, but also to make them more accessible and user friendly.” FIND’s connections with local, regional and global access partners – including in-country stakeholders – aim at ensuring long-term sustainable health. The key, insists Mr. Gangte, is community buy-in and outreach programmes. “Without community involvement, success will remain out of reach,” he concludes.

FIND India plans to capitalize on partnerships with key collaborators in HCV, including national NGOs, state governments and civil society organizations, to reach

the goal of screening 87,000 people from general and high risk populations over the course of the project. Those found positive after confirmatory RNA testing will be linked with treatment.

FIND’s HCV project in India was initiated in 2017, and preparatory work was implemented in three states— Manipur, Punjab and Delhi. Country Operational Plans were finalized with the cooperation of these states. Site assessments were conducted across all four districts in Punjab by the FIND India HCV team and a lab expert from the FIND Geneva office. An important milestone in the initiation of the project was the signing of a Memorandum of Understanding with the Ministry of Health of the Government of Punjab. To fine-tune the intervention in Delhi, a series of discussions were held with the Institute of Liver and Biliary Sciences, the project partner in Delhi.

In September, a stakeholders’ workshop was facilitated by FIND India, bringing together government officials, HCV experts, and partners from the United Nations, the WHO Country Office in India and other international NGOs including CHAI, CPC, DNDi, Burnet Institute, YRG Care and IDA. Team members from other project countries also participated in the workshop, including Myanmar, Malaysia, Vietnam, Cameroon and Georgia. As part of the event, detailed information on the project was presented, including financial and monitoring procedures, advocacy targets and requisite policy changes.



QUALITY TB DIAGNOSIS AND CARE FOR PAEDIATRIC PATIENTS



Sabir and his family in Surat. After 22 days of uncertainty, Sabir tested positive for TB and was subsequently cured.

Sabir is 14 years old and lives in Surat. He loves studying and competed in the national Science Olympiad. One day, Sabir remembers, “I started feeling giddy and then I had fever, I lost my appetite and I was coughing a lot.” He went to a private physician, who gave him medicine that didn’t help, and subsequently saw four other doctors – but no one mentioned TB. “We thought that he was suffering from chikungunya. We thought he may

have dengue or malaria or something similar,” his aunt explained. Finally, Sabir said, “doctors visited our school and said that if you have these symptoms then you should get a test done for TB.” And after 22 days of suffering and uncertainty, Sabir tested positive for TB. Sabir’s diagnosis was made thanks to our paediatric TB project which has been implementing WHO-endorsed GeneXpert testing in several cities in India.

Globally, children make up 10% of all TB cases. In 2016, the proportion of children among new TB patients reported in India was 6%.² Cases of drug-resistant TB are also on the rise among children. In 2014, FIND, in collaboration with RNTCP, began implementing a novel paediatric initiative for the diagnosis of TB in children. The project is funded by USAID and the U.S. Centers for Disease Control and Prevention (CDC), and provides free-of-charge testing with GeneXpert for children with suspected TB.

The project provides a comprehensive diagnostic solution for paediatric TB in selected cities. The project is facilitated by low-cost advocacy interventions and continuing medical education (CME) trainings to healthcare providers. As a large proportion of patients initially visit private providers of medical care, the project has been engaging private sector providers for diagnostic referrals and trainings, in addition to those in the public sector. Overall, 1,348 healthcare providers are engaged with the project across the intervention cities, with approximately 60% coming from the private sector.

² World Health Organization. 2017. Bending the curve - ending TB: Annual report 2017. World Health Organization, Geneva, Switzerland. Available at: <http://apps.who.int/iris/bitstream/10665/254762/1/978929022584-eng.pdf>

Central TB Division, Directorate General of Health Services. 2017. TB India 2017 Revised National TB Control Programme annual status report. Directorate General of Health Services, New Delhi, India. Available at: <http://tbcindia.gov.in/WriteReadData/TB%20India%202017.pdf>

Rapid specimen transportation and a reporting mechanism using e-mail and SMS were also established to enhance efficiency and streamline patient care.

“Over the past few years, I have been very happy with the availability of GeneXpert facilities and the support of the project team, especially rapid result reporting and sample transportation, as well as the CMEs that FIND has conducted,” said Dr Ketah Shah, a private paediatrician, who is now a national level TB trainer. “Giving the proper information about TB, its diagnosis and the tests available is critical in order to treat as many patients as we can and to prevent the further spread of TB.”

The paediatric project was originally initiated in four cities—Delhi, Kolkata, Chennai, and Hyderabad. Following the success of the project, five additional cities were added in 2016 under the Challenge TB project with funding from USAID: Vizag, Guwahati, Surat, Bangalore and Nagpur. In late 2017, the project was expanded to include Indore, reaching a total of ten cities.

The project has been highly successful in increasing detection rates. Over a period of more than three years, over 88,280 children have been tested using GeneXpert, with more than 5,980 TB cases detected. Of the diagnosed TB cases, 528 (8.8%) were found to be rifampicin resistant. More than half of the tested specimens were non-sputum, marking the first time that a large proportion of extra-pulmonary specimens were routinely tested. For more than 95% of the patients enrolled, specimens were tested and results reported to providers within 24 hours of receipt at lab. Valid results were reported to 99.8% of the cases by ensuring retesting of initial test failures.

To ensure sustainability, FIND India has begun to transfer ownership and management of the successful project to the Government of India. Working with project sites to ensure a smooth transition of paediatric TB activities, responsibilities and logistics, FIND India has so far transferred the initial four project sites (Delhi, Chennai, Hyderabad and Kolkata) to RNTCP.

KEY PROJECT ACHIEVEMENTS IN 2017

25,401

presumptive paediatric TB cases tested

1,348

paediatric TB cases diagnosed, of which

108 were Rif resistant

>95%

of specimen results were reported within 24 hours of receiving samples, thus facilitating early access to treatment

65

continuing medical education (CME) sessions on managing paediatric TB conducted for a total of **2,630** healthcare providers

60%

of engaged providers came from the private sector

IDENTIFYING A DEADLY BACTERIA: PERSPECTIVE OF A LAB TECH



Bipin is a lab coordinator under the FIND GeneXpert project at Surat Municipal Institute of Medical Education and Research. He is among the front-line team personnel for TB diagnostics and is the first one to meet the patients when they arrive for TB testing. “I decided to work with children in the lab because I know I am doing something good, as it is free of cost, and I am helping children, a particularly vulnerable population. As many of the patients who come to this facility are extremely poor, and cannot afford treatment at private clinics, it is really great that they have access to GeneXpert machines.”

Part of Bipin’s role is to visit private clinics and tell them about the paediatric project, explaining the benefits of GeneXpert and that it is free of charge as part of this project. According to Bipin, when paediatricians send a sample to the lab, they receive the result via email within 2 hours, and are thus able to put patients on treatment quickly. In the past, they used a culture test, which could take weeks to receive the results. “The chances of TB spreading decrease when GeneXpert is used,” he said.

When asked about the changing landscape of TB diagnosis, Bipin said, “There has been a tremendous change. In the past, only microscopy and culture were used for testing, and the time taken for the results was too long—days or even

weeks. Patients were receiving delayed treatment. Because of GeneXpert, patients with positive results are immediately put on treatment, so all of the doctors are starting to send their patients here for testing and treatment.”

Bipin spoke about other changes that the availability of GeneXpert has enabled, including the ability to test non-sputum samples. “With GeneXpert, we can test even the smallest quantity sample. We can test nasal secretion from a child.”

Bipin conducts around 90-100 tests using GeneXpert per week, saying that the number of tests has increased since the GeneXpert was introduced in his lab. “More patients come in, and a greater number of samples are submitted by private practitioners than before. The total workload has definitely increased,” he said.

Bipin also claims that the paediatric project has helped in his day-to-day work, increasing his understanding of TB and diagnostics. He spoke about a paediatric case he had worked on, where because of the project, the brother of a TB patient was referred by a private practitioner and diagnosed with MDR-TB using GeneXpert. “Since the father already had a lot of faith in us and the GeneXpert platform, he wanted to get his other son tested,” Bipin said.

DIAGNOSING MDR-TB: A SURVIVOR'S STORY



Farhana is 18 years old and lives with her parents and six siblings in the industrial city of Ujhani, situated in Badaun district in the state of Uttar Pradesh. After receiving basic primary education, Farhana began to do sozni (needle) work to support her family. In December, 2016, Farhana developed a cough and a fever, and was diagnosed with TB when her sputum was tested at a government hospital. She was prescribed treatment for eight months but did not get better. She was then referred to the Lok Nayak Jai Prakash Narayan Hospital in Delhi.

Farhana's sputum was tested at the New Delhi TB Centre using line probe assay and she was diagnosed with drug-resistant TB (DR-TB). Though she was immediately put on a three-month course of treatment, Farhana was not cured. She was then referred to the Rajan Babu Institute of Pulmonary Medicine and Tuberculosis in Delhi, where she was admitted for a week. After several month-long courses of treatment, Farhana's health is finally beginning to improve. She has started to gain weight and is hopeful that she will be able to resume her needle work and help with her household chores once she is cured.

THE GLOBAL FUND PROJECT: PROVIDING UNIVERSAL ACCESS TO DRUG-RESISTANT TB (DR-TB) CONTROL SERVICES AND STRENGTHENING CIVIL SOCIETY INVOLVEMENT IN TB CARE AND CONTROL

Since October 2015, the Global Fund has funded a project entitled “Providing Universal Access to Drug-Resistant TB (DR-TB) Control Services and Strengthening Civil Society Involvement in TB Care and Control” under the stewardship of Central TB Division (CTD) of the Ministry of Health and Family Welfare in India and FIND.

Through 2017, FIND India helped build lab capacity within RNTCP for high quality, rapid diagnosis of patients suspected to have TB or DR-TB. This partnership builds on FIND’s long-term commitment to support the Government of India’s efforts in TB control, specifically through the introduction of

innovative diagnostic technologies in national reference laboratories (NRLs) and intermediate reference laboratories (IRLs).

Under the grant, FIND has scaled up support of India’s 46 TB culture and drug-susceptibility testing laboratories, supplying consumables and reagents for DR-TB, as well as maintenance support for essential diagnostic equipment.

In 2017, FIND-supported sites performed a total of 277,687 TB tests and diagnosed a total of 13,909 cases of MDR-TB.

	Number of tests performed in 2017	Number of MDR-TB cases diagnosed in 2017
Line probe assay	93,749	11,526
Liquid culture	161,180	NA
Liquid culture drug susceptibility testing	22,758	2,383
Total	277,687	13,909

In collaboration with RNTCP, FIND worked to enable 15 laboratories with TB containment infrastructure to establish liquid culture and drug susceptibility testing (LC-DST). This involved conducting needs assessments of each site in conjunction with CTD, the NRL and state teams, creating detailed lab layouts, listing additional equipment requirements and developing action plans for service delivery. Half of the lab upgrade work was executed in 2017. The project will be completed in March 2018.

One key area of work in 2017 was to strengthen maintenance and inventory management in India’s TB laboratories. FIND has helped to ensure the availability of supplies and staff to provide reliable and uninterrupted service delivery, managing the orders for consumables throughout India. To reduce costs and increase delivery speed, FIND has decentralized

the storage and distribution of inventory. Six selected sites are now equipped as regional storage facilities, including the National Institute of TB and Respiratory Diseases in Delhi and the IRLs in Ajmer, Bangalore, Chennai, Ahmedabad and Guwahati.

To improve the efficiency and effectiveness of the national healthcare system, the Government of India’s Ministry of Health and Family Welfare aims to transition the entire system to paperless communication technologies.³ In support of the initiative, FIND implemented the procurement of 20,000 tablet computers for use by RNTCP. The goal of the project is to provide every healthcare worker, including providers and lab technicians, with the technology to ensure secure and accurate record-keeping, improved surveillance and data collection, and prompt access treatment and care.

In 2017, FIND continued to provide technical and preparatory support to facilities applying for accreditation through the National Accreditation Board for Testing and Calibration Laboratories (NABL). NABL regulates ISO 15189 certifications in India and the establishment of NRLs and IRLs. In 2017, with FIND’s help, 10 sites applied for NABL certifications and one site successfully received ISO 15189 accreditation.

Through our partnership with the Central TB Division, personnel from state and national laboratories are being trained to perform high quality TB and MDR-TB testing. These trainings include LPA, LC-DST and second-line drug susceptibility testing. In 2017 alone, 54 trainings were conducted for a total of 394 laboratory personnel. Over the course of the project, a total of 77 trainings have been conducted and 631 personnel trained.

2017 Global Fund Project trainings

Platform	Number of trainings	Number of trainees
Line probe assay	1	6
Liquid culture and drug susceptibility testing	5	33
Second-line drug susceptibility testing - LPA	48	355
Total	54	394

In 2017, FIND provided technical support and training for the implementation of Lab Information Management Software (LIMS) in 61 RNTCP labs to facilitate the recording and reporting of TB/DR-TB suspects and patients. LIMS helps strengthen the internal processes within labs to increase efficiency and reduce the time spent on data analysis and monitoring the flow of samples. This initiative improves access to quality diagnostic testing, providing accurate and timely information for patient care, as well as public health planning and policy decisions.

The software complements and connects with Nikshay, India’s online case-based reporting system.

The RNTCP’s action plan includes active case finding within key populations especially susceptible to contracting TB. To support this, FIND procured 45 fabricated mobile vans and equipped them with GeneXpert machines and MTB/RIF equipment, enabling CTD to carry out active case finding drives.

³ <https://mohfw.gov.in/about-us/departments/departments-health-and-family-welfare/e-health-telemedicine/e-governance>

KEY FIGURES

(OCTOBER 2015 – DECEMBER 2017)

<p style="font-size: 24px; font-weight: bold; color: #00a651;">593,480</p> <p>tests conducted in FIND-supported labs</p>	<p style="font-size: 24px; font-weight: bold; color: #00a651;">32,780</p> <p>MDR patients diagnosed in FIND-supported labs</p>	<p style="font-size: 24px; font-weight: bold; color: #00a651;">20,000</p> <p>tablets procured for CTD</p>	<p style="font-size: 24px; font-weight: bold; color: #00a651;">631</p> <p>laboratory technicians trained</p>	<p style="font-size: 24px; font-weight: bold; color: #00a651;">46</p> <p>labs supported for service delivery</p>
<p style="font-size: 24px; font-weight: bold; color: #00a651;">45</p> <p>mobile vans equipped with GeneXpert for active case-finding drives</p>	<p style="font-size: 24px; font-weight: bold; color: #00a651;">12</p> <p>LC-DST laboratories upgraded</p>	<p style="font-size: 24px; font-weight: bold; color: #00a651;">25</p> <p>laboratories connected through LIMS</p>	<p style="font-size: 24px; font-weight: bold; color: #00a651;">11</p> <p>laboratories mentored for ISO 15189 accreditation</p>	<p style="font-size: 24px; font-weight: bold; color: #00a651;">6</p> <p>regional storage facilities established</p>

WHOLE GENOME SEQUENCING IMPLEMENTATION



Under this Global Fund project, FIND supported the development of five genome sequencing facilities to be used for surveillance and for mapping the epidemiological patterns of TB strains prevalent in the country.

Whole genome sequencing is the comprehensive method for analyzing the genome, and is instrumental in identifying inherited disorders, characterizing the mutations that drive cancer progression, and tracking disease outbreaks.

FIND helped finalize the technical specifications for the whole genome sequencing and pyrosequencing machines for the CTD Technical Specification committee. We also conducted site assessment visits and identified needs for the order and delivery of equipment and consumables.

The genome sequencing facilities that were supported by FIND include:

1. Grant Medical College and Sir JJ Group of Hospitals, Mumbai
2. Intermediate Reference Laboratory (IRL), New Delhi Tuberculosis Centre, New Delhi
3. IRL – State TB Training and Demonstration Centre (STDC) / Ahmedabad, Gujarat
4. NRL – National Institute of TB and Respiratory Diseases (NITRD), New Delhi
5. National Reference Laboratory (NRL) – National Tuberculosis Institute (NTI), Bangalore.

FIND also helped establish pyrosequencing technology in the IRL-STDC in Guwahati, Assam. Pyrosequencing is a new method of DNA-sequencing that enables rapid and accurate quantification of sequence variation.

EXTERNAL QUALITY ASSURANCE (EQA) FOR GENEXPERT

External quality assurance (EQA) measures are designed to ensure that high quality laboratory testing is carried out efficiently and without interruption. For instance, EQA helps guarantee that problems with devices are identified early and healthcare providers have the support they need to correct issues promptly. Proficiency testing (PT) schemes, part of EQA, likewise help make sure test providers are achieving accurate and reproducible results.

FIND India has been working to enhance and scale-up EQA activities for GeneXpert, and has procured the equipment, consumables and supplies required for the manufacture of EQA PT panels. In 2017, FIND India also developed standardized technical specifications for EQA requirements, identifying the gaps in items available under RNTCP. The manufacture of EQA PT panels was successfully carried out and validated at the end of the year. A senior laboratory technician was recruited in

November 2017, and was trained at the International Centre of Excellence in Laboratory Training (ICELT), National Tuberculosis Institute in Bangalore.

Through the TB REACH partnership, FIND began developing a comprehensive set of quality assurance tools for GeneXpert machines in private sector labs in India. The aim of this project is to build local capacity for GeneXpert PT panel production and programme implementation that can be scaled up across public and private sector laboratories by RNTCP, including standardized assessments, on-site mentoring and monitoring of quality indicators. A baseline assessment of participating labs was carried out by FIND in 2017, along with preparation for a sensitization workshop for stakeholders to be held in early 2018. The package is free of charge and customizable, and will be piloted in 20 private sector labs to guide the national scale-up of EQA in India.





FIND INDIA TEAM 2017

Sanjay SARIN	Head of FIND India	Mohd. Aqueel USMANI	Data Entry Operator
C.N. PARAMASIVAN	Senior Scientific Advisor	Nallathambi S	Data Entry Operator
Aakshi KALRA	Paediatric Project, Coordinator	Navneet S. TEWATIA	Advocacy Officer
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Amit KUMAR	Admin Assistant (Logistics)	N KEERTHI	Lab Coordinator
Amit Kumar SRIVASTAVA	Admin Assistant (Procurement)	Pooja SRIVASTAVA	Biomedical Engineer
Anandita RAJPUT	Admin Assistant	Prakash BASNET	Admin Assistant
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Aranyak DAS	Project Manager - IT	Preetishirin F. KATAPUR	Lab Specialist
Arman SINGH	Data Entry Operator - Admin	Probin PHUKAN	Data Entry Operator
Ashish BARUA	Lab Coordinator	Radhey Shyam MANDAL	HR Officer
Asmita Vijay BABHULKAR	Lab Coordinator	Rajashree SEN	Senior Manager - Programmes & Partnership
Bhumika	Data Analyst - Finance	Ramesh MAHADEVAN	Logistics Officer
Debadutta PARIJA	Medical Officer	Rita Goverdhan SANTANI	Lab Coordinator
Devraj RANGASWAMY	Lab Support	Sanjib BHUYAN	Lab Coordinator
DSA KARTHICKEYAN	Medical Officer	Shalini MALL	Data Manager
Gajera Bipin Kumar CHIMANBHAI	Lab Coordinator	Shubhada SHENAI	Medical Officer
Gaurav	Technical Support	Simhachalam AKKENA	Lab Coordinator
Jagadish PANDA	Biomedical Engineer	Sitarunnisa SHIEKH	Data Entry Operator
Jyothi Embekkat KAVIYIL	Technical Coordinator	Smitha C	Lab Coordinator
Kankapati SIVE TEJA	Lab Coordinator	Sojitra Sejalben BHARATBHAI	Data Entry Operator
Kavita PUROHIT	Lab Coordinator	Soni SINHA	Technical Support
Kishore REDDY	Microbiologist	Sowjanya VANAJANGI	Lab Coordinator
Lekhika PATHAK	Lab Coordinator	Suganya S	Project Coordinator
L. M. B. Reddy PADALA	Data Entry Operator	Sukhvinder KAUR	Data Entry Operator - Admin
Loganathan PRABAKARAN	Senior Microbiologist	Sumit RANA	Data Entry Operator (Logistics)
Madhu AGRAWAL	Procurement Officer	Tajamul SHOWKET	Sr. Programme Coordinator
Manisha CHAUHAN	Senior Lab Technician	Tarak SHAH	Medical Officer
Manoj TOSHNIWAL	External Consultants	Uma V	Data Entry Operator
Mary REBECCA	Project Coordinator	Vidyanidhi GUMMA	Senior Microbiologist
Mavani SIDDHIBEN	Lab Coordinator	Vijay Kumar GUPTA	Finance Officer

LOOKING AHEAD

FIND India is pleased to have the opportunity to ensure access to diagnostics for TB and hepatitis C, and we are excited to drive these initiatives forward in the coming year. We are also excited to expand our portfolio to include new disease areas, including febrile illnesses and antimicrobial resistance (AMR), and to introduce innovative technologies for both surveillance and routine diagnostics.

We look forward to continuing our partnerships with key stakeholders and regional governments to advance the Unitaid HCV project. Besides screening 87,000 patients, this project will contribute to India's national policy on diagnosis and guidelines for the management of HCV in HIV co-infected patients. Ultimately, FIND India plans to transfer its activities to national and state governments.

To ensure the growth and sustainability of the paediatric project, FIND India plans to complete transitioning this project to RNTCP. To aid in the transition, FIND is presenting project findings at workshops and meetings at both the national and state levels. We are also developing a guidance and implementation package for the replication and scale-up of project activities.

In 2018, we will develop e-Training modules for laboratory staff working in C-DST laboratories. These tools will be rolled out nationwide under the guidance of the state and national reference laboratories. Over the course of the next three years, we intend to upgrade a total of 20 C-DST laboratories and provide maintenance support for the more than 61 labs equipped with LIMS. Due to its effectiveness in strengthening and streamlining the reporting process for TB and DR-TB suspects and patients, we also plan to scale up the LIMS project and install the software across the entire network.

Following the development of five genome sequencing facilities, FIND India will help operationalize the whole genome sequencing technologies and facilitate their use for effective

surveillance. Building upon this work, we plan to implement next generation sequencing, a targeted and culture-free method that will help create a cutting-edge, cost-effective and comprehensive TB AMR surveillance network.

FIND will continue to implement the comprehensive GeneXpert EQA package, help build local capacity for proficiency testing panel production and ultimately develop a customizable EQA package for TB REACH partners and other programmes. With the support of the CDC, EQA implementation will be carried out in the NTP's public sector sites. FIND plans to help train microbiologists, enable the in-country manufacture of proficiency testing panels, develop EQA guidelines for GeneXpert testing under RNTCP, and train teams for the monitoring and evaluation of EQA programmes.

In 2018, FIND will also initiate a comprehensive engagement exercise with the private sector under the aegis of the project JEET (Joint Effort towards Elimination of TB) thanks to Global Fund support. This project aims to set up effective and sustainable structures to strengthen existing systems and extend quality TB care to patients in the private sector.

While WHO has begun work on an Essential Diagnostics List (EDL), there is a window of opportunity for India to develop a national EDL and set an example for other countries. In 2018, FIND India will take part in the National Consultation Meeting on the Essential Diagnostics List, which has the potential to improve patient care, help detect outbreaks, increase the affordability of tests, reduce out-of-pocket expenses for tests, and guide the research and development of new diagnostic tools.

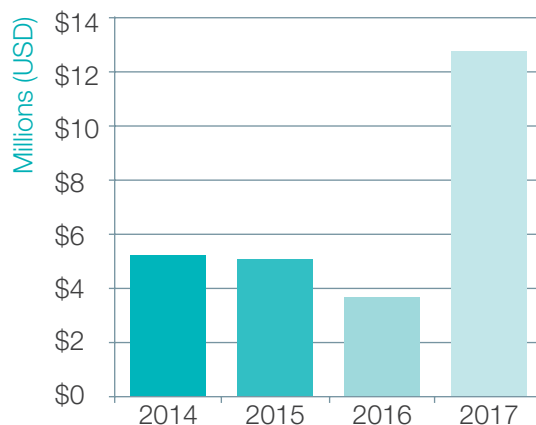
FIND India will also take part in the Lancet Commission on Tuberculosis and the Delhi End TB Summit, bringing together heads of state, governments and TB stakeholders to ensure that the momentum, political will and resources are in place to meet the End TB Strategy goal of ending the TB epidemic by 2030.

FINANCIAL FIGURES

Expenditure 2014-2017

Total expenditure ¹	2014	2015	2016	2017
INR in lakhs	3,179	3,230	2,447	8,265
USD in thousands	5,202	5,028	3,626	12,718

¹ Expenditure include activites conducted in India, funded by FIND India and FIND Switzerland

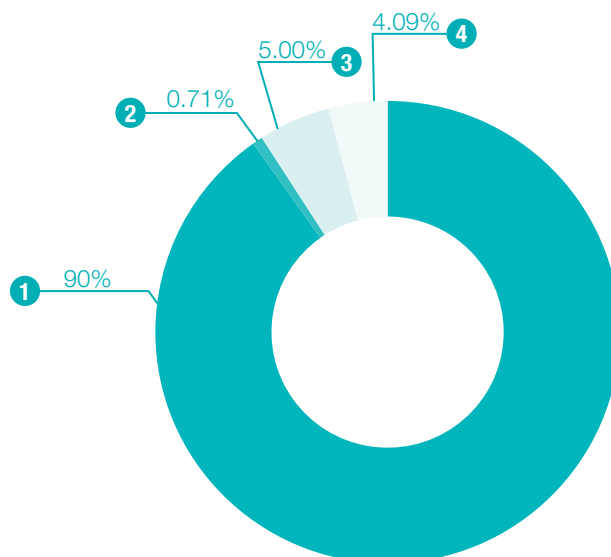


2017 Expenditure

Expenditure 2017 ¹	INR in lakhs	USD in thousands	%
Building Laboratory Capacity [The Global Fund]	7,455	11,471	90%
Ensuring Quality Molecular TB Testing in India [StopTB/UNOPS]	9	13	0.11%
External Laboratory Validation of Truenat MTB & RIF assay performance [CHAI]	9	14	0.11%
Provide Technical Assistance to the Nepal National TB programme [SCI]	5	7	0.06%
Supporting the Diagnosis of TB in children in India [GHSI]	36	55	0.43%
TB Challenge Via Union	413	636	5.00%
Indirect Expenditure	338	521	4.09%
Total	8,265	12,718	

¹ Expenditure include activites conducted in India, funded by FIND India and FIND Switzerland

- 1 ● Building laboratory capacity [Global Fund]
- 2 ● Ensuring quality molecular TB testing in India [StopTB/UNOPS]
- External laboratory validation of TrueNat MTB & RIF assay performance [CHAI]
- Provide technical assistance to the Nepal National TB programme [SCI]
- Support paediatric TB diagnosis in India [GHSI]
- 3 ● TB Challenge via Union
- 4 ● Indirect Expenditure



ABOUT FIND

FIND was established in 2003 as a global non-profit dedicated to accelerating the development, evaluation and delivery of high-quality, affordable diagnostic tests for poverty-related diseases, now including malaria, tuberculosis, HIV/AIDS, sleeping sickness, hepatitis C, leishmaniasis, Chagas disease, Buruli ulcer, non-malarial fever and diseases with outbreak potential, such as Ebola. FIND has partnered in the delivery of 20 new diagnostic tools and created an enabling environment for numerous others through the

provision of specimen banks, reagent development and better market visibility. FIND also supports better access to new diagnostics through implementation, quality assurance and lab strengthening work. FIND has nearly 200 partners globally, including research institutes and laboratories, health ministries and national disease control programmes, commercial partners, bilateral and multilateral organizations, especially WHO, and clinical trial sites.

Our Vision

We envision a world where diagnostics guide the way to health for all people.

Our Mission

We aim to turn complex diagnostic challenges into simple solutions to overcome diseases of poverty and transform lives. To do this we focus on four strategic goals:

■ Catalyse development

Identify needed diagnostic solutions and remove barriers to their development

■ Guide use & policy

Lead products through the clinical trials pathway to global policy on use and market entry

■ Accelerate access

Support the uptake and appropriate use of diagnostics to achieve health impact

■ Shape the agenda

Improve understanding of the value of diagnostics and strengthen commitment to their funding and use

OUR PARTNERS



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