FIND INDIA
2018 ACTIVITY REPORT

FIND
Because diagnosis matters

LEADERSHIP MESSAGE

It's been another exciting year of growth at FIND India. This year, we took major strides by initiating our country's largest ever private sector engagement project for tuberculosois (TB) control along with our partners - William J Clinton Foundation and the Centre for Health Research and Innovation. The Joint Effort for Elimination of Tuberculosis (JEET) project is funded by the Global Fund and aims to extend quality TB services to patients accessing care in the private sector. It follows the National Strategic Plan (NSP) mantra of "going where the patients go". FIND is also supporting the expansion of the Revised National Tuberculosis Control Programme's (RNTCP) laboratory network through the development of another 20 liquid culture and drug susceptibility testing (C&DST) laboratories, and the addition of whole genome sequencing capability within the programme.

The year 2018 also witnessed a global transformation in the hepatitis C treatment landscape with the introduction of potent, well-tolerated, all-oral regimens capable of achieving 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 including India, rapid, inexpensive and accurate diagnosis remains a critical bottleneck that must be addressed to eradicate hepatitis C. This is exactly what we are trying to achieve through the Hepatitis C Elimination through Access to Diagnostics (HEAD-Start) project, with focussed interventions in the states of Delhi, Punjab and Manipur.

Other key projects that kicked off this year include the Antimicrobial Resistance (AMR) Diagnostic Use Accelerator. This project is designed to evaluate a package of diagnostic interventions in several low- and middle-income countries in Africa and Asia, including India. Dr Sarabjit Chadha, whom we welcomed to the FIND India senior leadership team this year as Regional Technical Director, is coordinating work across four Indian study sites.

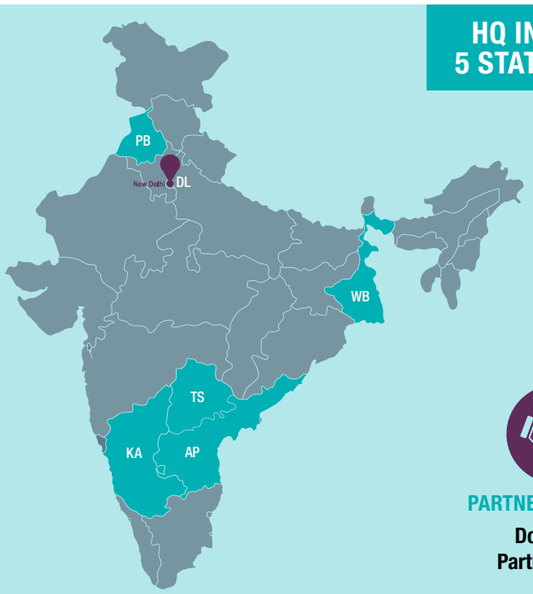
Our biggest challenge and opportunity, as a global non-profit organization, continues to be making affordable diagnostics accesible to all those who need them. This means that "access" must be considered at every step of the disease continuum.

I am also pleased to let you know that in 2018, FIND India received prior permission under the Foreign Contribution (Regulation) Act (FCRA), allowing us to receive funding from outside of India.

As always, I would like to express our gratitude to our collaborators, donors, central and state governments, and most importantly our staff for their commitment, energy and drive, and for making diagnostics matter!

Dr Sanjay Sarin
Head of FIND India

FIND INDIA AT A GLANCE



HQ IN NEW DELHI + STRATEGIC PRESENCE IN 5 STATES, ENABLING PROJECTS COUNTRY-WIDE

India HQ

Offices

KEY PROJECTS:

RNTCP laboratory network – pan India
JEET – 6 states + 1 Union Territory
HEAD-Start – Delhi + 2 States
AMR Dx Use Accelerator – 4 states

PARTNER NETWORK

Donors: 8
Partners: 12+

OVERALL TEAM STRENGTH: 499

FIND India: 87
Extended team (third-party employed): 412

FIND TEAM MEMBERS PERSPECTIVES

"I have been with FIND since August 2010 – almost since the inception of the FIND India office. I have seen the organization grow from a Liaison Office to Sec-8 registered company and a major player in the healthcare sector.

As time has passed we have grown considerably - today we have multiple projects and a strong pool of technical and operational staff with great expertise in their respective fields. The experiences I have gained along the way are irreplaceable, adding value to my career as well as my personal growth. Every day I work with dedicated and committed co-workers across different fields. Everything here is a team effort and each day presents a new challenge!

In a nutshell, it has been a huge privilege working with FIND for the last 9 years. FIND offered new learning opportunities and enabled strengthening of inherent skills. With its rich and diverse organizational culture, I feel that my peers are best in class and that FIND is truly an 'employer of choice'. FIND is truly an 'Employer of Choice.' I treasure my association with FIND and wish the organization all the best for its continued growth and success in the days and years to come."

Ramesh Mahadevan, Logistics Officer

"I have over a decade-long association with the organization working within the admin team. As one of the first employees with the FIND India office, I have gained enormous experience and enriched my skills.

Before joining FIND, I had field-based experience of working with the Central TB Division and earlier with an advertising agency. FIND offers an employee-friendly environment along with very supporting co-workers. I take the opportunity to thank everyone including my co-workers for this enriching experience. The organization has grown over the last several years and my hope is that FIND continues to contribute to transforming lives."

Arman Singh, Data Entry Operator

TABLE OF CONTENTS

KEY PROJECTS IN NUMBERS

(as of December 2018)

DRIVING EFFORTS TO ELIMINATE TB

HEPATITIS C ELIMINATION THROUGH ACCESS TO DIAGNOSTICS IN INDIA

PARTNERING TO TRANSFORM THE DIAGNOSIS OF MULTIDRUG-RESISTANT TB (2010–ONGOING)

- ~1.7 million tested for TB and drug resistant TB
- >1,28,450 cases of MDR-TB
- 23 states and 2 union territories
- 61 laboratories established till date
- 5 TB laboratories with whole genome and 1 with pyro-sequencing capacity established
- 1 "Laboratory Information Management System" (LIMS) established across the RNTCP network
- 45 mobile vans procured for the RNTCP and furnished with GeneXpert

2010

GENEXPERT EQA PROGRAMME FOR PUBLIC AND PRIVATE SECTOR SITES (2016–ONGOING)

- 200 laboratories reached

2016

2014

ACCELERATING ACCESS TO QUALITY TB DIAGNOSIS AND CARE FOR CHILDREN (2014–2018)

- 94,415 (<15 years of age) with suspected TB were tested using GeneXpert
- 6,270 TB cases
- 10 states

CREATION OF LABORATORY-BASED E-TRAINING PACKAGES FOR THE CENTRAL TB DIVISION (2017–2019)

- 14+ hours of content developed

2017

2017

HEAD-START (2017–ONGOING)

- 3,992 no of screening tests conducted
- 752 no of confirmatory tests conducted
- 1 state

BUILDING NATIONAL CAPACITY FOR DIAGNOSTIC DEVELOPMENT AND MANUFACTURING (2018–ONGOING)

- 1 site in Mumbai for frozen sample testing
- 10 sites across Ahmedabad, Guwahati, Chenai and Jaipur for operational assessment of Truenat

2018

JOINT EFFORT FOR ELIMINATION OF TUBERCULOSIS (JEET) (2018–ONGOING)

- > 28,000 TB patients have been notified through JEET (April 2018 to December 2018)
- 6 states being covered by FIND

- Patients tested using new diagnostic technologies across FIND-supported laboratories
- Number of patients diagnosed
- Number of laboratories reached
- Number of sites
- Number of states where the programme is active
- Number of hours
- Number of vans

* For projects that are ongoing, the numbers were calculated until 31 December 2018

DRIVING EFFORTS TO ELIMINATE TB

Tuberculosis (TB) continues to be a major public health challenge in India, which accounts for a quarter of the world's 10 million annual TB cases according to the World Health Organization (WHO). India has an ambitious target to eliminate TB by 2025 – a vision that is supported by the highest levels of government.

FIND is a key implementing partner of the Central TB Division (CTD), Ministry of Health & Family Welfare, Government of India, to strengthen and expand TB laboratory diagnostic capacity within the Revised National TB Control Programme (RNTCP). FIND has a comprehensive portfolio of projects to support the government's vision.

Partnering to transform the diagnosis of multidrug-resistant TB (2010–ongoing)

From 2010 onwards, FIND has been a key technical and implementing partner of the RNTCP for the nationwide laboratory network for drug-resistant (DR) TB diagnostic services. This initiative began in 2010 as part of the EXPAND-TB project with funding from Unitaid, complemented by funding from The Global Fund. The projects have radically changed the diagnostic landscape for the RNTCP's management of DR-TB in India.

Through the ongoing and previous grants from The Global Fund, FIND India has supported the establishment of all 61 currently existing culture and drug susceptibility testing (C&DST) laboratories for the RNTCP, with 20 more planned as a part of the ongoing grant. FIND has ensured sustained service delivery in the national programme's C&DST laboratories through management of laboratory reagent supplies, and maintenance of equipment as well as trained HR. Key areas where FIND continues to provide support includes for upgradation of laboratory infrastructure, human resources, training, monitoring and supervision, supply of equipment and consumables and maintenance of equipment.

Key lab strengthening activities accomplished under the The Global Fund grant in 2018 include:

1. Establishment of **15 TB C&DST laboratories** in India
2. Procurement and dispatch of **45 medical mobile vans** fitted with GeneXpert MTB/RIF for the early diagnosis of MDR-TB and TB in high risk populations through active case finding (ACF)
3. Support for the RNTCP in its endeavour to modernize its diagnostic network through the introduction of 5 genome sequencing technologies at the National Tuberculosis Institute (NTI) Bangalore, National Institute of TB and Respiratory Diseases (NITRD) and the New Delhi TB Centre (NDTBC), Grant Medical College (GMC) & Sir JJ Group of Hospitals, Mumbai and intermediate reference laboratory (IRL) STDC, Ahmedabad. In addition, **1 pyro-sequencing facility** was established at IRL Guwahati
4. Support for the sustenance of service delivery across the RNTCP's C&DST network by providing consumables, reagents and maintenance of essential equipment and trained manpower
5. Establishment of an optimized/decentralized flow of consumable supply through development of storage hubs at 5 locations including Delhi-NITRD, Ajmer-IRL, Bangalore-IRL, Chennai-IRL, Ahmedabad-IRL and Guwahati-IRL
6. ISO 15189 accreditation of 11 RNTCP laboratories

To help establish uniformity across the RNTCP's laboratory network, minimize data-entry errors and automate notifications, FIND is currently rolling out a Laboratory Information Management System (LIMS) at all 61 C&DST laboratories across the RNTCP network and integrating it with RNTCP's Nikshay web-portal.

In 2018:

- **Total number of tests conducted:** 5,10,977
- **Diagnoses of MDR-TB:** 9,305
- **Diagnoses of XDR-TB:** 4,389

Overall, as a part of the current grant from The Global Fund (2018–2021), FIND is focusing on the following activities:

- Sustaining service delivery in the existing C&DST and line-probe assay (LPA) laboratories
- Enhancing capacity for quality assured diagnosis of DR-TB by establishing 20 additional C&DST facilities
- Establishing LIMS for all C&DST laboratories under the RNTCP

SINCE 2010:

Approximately **1.7 million** patients have been tested for TB and DR-TB across FIND-supported laboratories

More than **1,28,450** cases of MDR-TB have been detected

More than **3,100** personnel have been provided with onsite/national-level training on various laboratory techniques, diagnostic tools and quality assessment

Creation of laboratory-based e-training packages for the Central TB Division (2017–2019)

In line with the recommendations of the *Assessment of India's TB Diagnostic Network*, carried out through international and national experts supported by the USAID-funded Challenge TB project, initiatives were undertaken to develop an e-training curriculum for laboratory staff.

Towards the end of 2018, FIND began development of a comprehensive set of e-training modules for four TB diagnostic technologies (sputum microscopy, GeneXpert, LPA and culture and DST-liquid and solid) and laboratory-related bio-safety practices.

In the last quarter of 2018, a multi-stakeholder workshop was organized at the National TB Institute (NTI) in Bangalore to finalize the e-training content and work towards building e-modules for the training of NTP personnel. Subject matter experts from the National Reference Laboratories, Intermediate Reference Laboratories and partners convened to update a knowledge map designed by the RNTCP. Following this workshop, the knowledge map underwent several revisions and received formal approval from the CTD. The map was subsequently used for the development of e-training content.

GeneXpert EQA programme for public and private sector sites (2016–ongoing)

External quality assurance (EQA) measures are designed to ensure that high quality laboratory testing is carried out efficiently and without interruption. In this regard, FIND India has been working to enhance and scale up EQA activities for GeneXpert.

GeneXpert is a point-of-care molecular platform that has changed the landscape of TB diagnosis and drug-susceptibility testing: time taken to obtain a test result has been reduced from months to less than 2 hours. India's National TB Programme over the last decade has rapidly expanded the number of the GeneXpert machines and currently has over 1200 GeneXpert machines in the country. In order to deliver quality-assured service, it is critical that these laboratories have a strong quality management system (QMS).

In collaboration with the CTD, Ministry of Health & Family Welfare, Government of India, US CDC, WHO India, SHARE India, PATH and NTI, FIND supported RNTCP introduce a comprehensive GeneXpert EQA programme for public sector sites across the country in a phased manner using CDC's Dried Tube Specimen (DTS) technology. It scaled up from 20 pilot sites to ~200 sites in 2018 and plans to cover all sites by end of year 2019.

This project has successfully established in-country capability for manufacturing large volumes of proficiency testing panels to cater to the need of the country.

Based on the first two rounds in 2018, programme managers strongly acknowledged the need for EQA for GeneXpert to monitor the quality of testing in the field in view of its exponential growth in its installation base in India over last 2–3 years.

Simultaneously, as GeneXpert EQA was being introduced in public sector sites in country, through the TB REACH Wave 5 project, CTD with support of FIND, introduced EQA for selected 21 private sector sites in the three cities of Mumbai, Delhi and Bangalore. For the first time, RNTCP engaged with private sector partners on a common platform for a quality assurance programme initiative.

The project helped develop a mechanism for engaging private sector sites in country for GeneXpert EQA. Private sector sites valued the availability of panels in country by the national programme. Private sector sites appreciated the technical assistance provided under the project. In 2019, the EQA program is being scaled up to include all public and as many possible private sector sites.

The GeneXpert EQA programme is very useful for us as an external body monitoring quality control for molecular TB testing. It reflects accuracy of the test conducted at the laboratory, with insight to common plausible errors besides monitoring and documenting the analytical quality, identifying poor performance, detecting analytical errors, and making corrective actions. Participation in EQA gives an evaluation of the performance of the individual laboratory and of the different instruments.

Dr Shalabh Malik from Lal's Path Lab in Delhi

We participated in the TB REACH GeneXpert EQA project. This is required for the use of GeneXpert instruments for its EQA. This project helped us to apply for NABL accreditation which we could achieve, as we could improve our quality of reporting.

Drs Pratik Zariwala and Pramod Bhatlavande from Zariwala Lab in Mumbai

Contributing to national capacity for diagnostic development and manufacturing (2018–ongoing)

Building national diagnostic capacity is a high priority. Truenat™, a molecular technology to diagnose TB and test for resistance to rifampicin in under an hour, has been developed by Molbio Diagnostics Pvt Ltd, based in Goa, with development funded by Bigtec Labs, in Bengaluru. Truenat represents the most advanced TB diagnostic developed in India to date, created specifically to tackle the high TB burden in the country. The instrument is battery operated, making it portable and well suited for settings with unreliable electrical power.

FIND conducted an initial evaluation on frozen samples at 9 sites in India, along with an operational feasibility study. Assessment of Truenat assays in settings of intended use is ongoing across 4 countries, including India, to inform WHO policy recommendations.

Joint Effort for Elimination of Tuberculosis (JEET) (2018–ongoing)

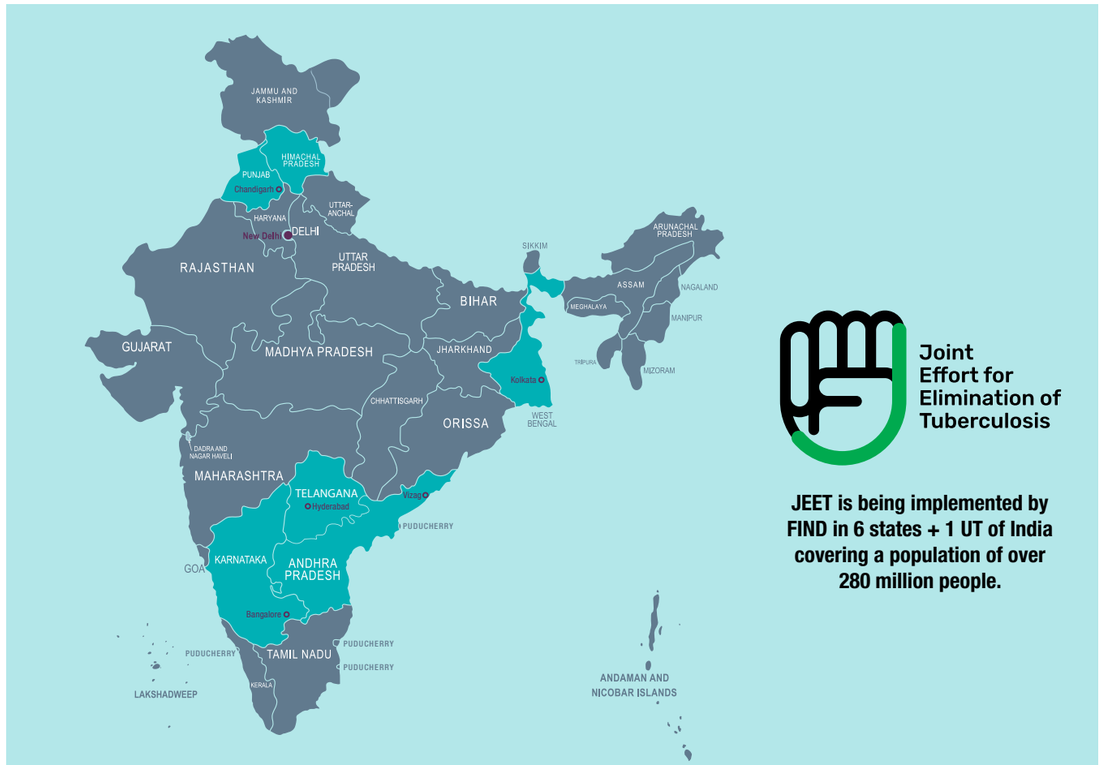
Studies have shown that nearly half of all patients with TB in India first seek care in the private sector, where there are significant gaps across the patient-care cascade, notable diagnostic delays, irrational and non-standardized regimens and under-reporting to authorities. As a result, an estimated million cases of TB are missed in India every year.

Engaging the private sector effectively is crucial to achieving universal access to quality diagnosis and treatment for TB. The RNTCP has worked to address these challenges by mandating TB notification, developing guidelines for private sector engagement, provisioning Public–Private Mix (PPM) coordinators at a district level, prioritizing and increasing fund allocation for the private sector under the National Strategic Plan (NSP) and including provisioning of Direct Benefit Transfer (DBT). However, gaps remain and in order to meet the ambitious NSP 2017–2025 targets, intensified, continuous engagement with private sector is required.

India's NSP for TB elimination advocates the strategy of 'going where the patients go' and highlights the importance of engaging private sector to improve the standards of TB care. The key objective of this project is to set up effective and sustainable structures to strengthen existing systems and seamlessly extend quality TB care to patients seeking care in private sector.

This project aims to partner with private sector physicians, laboratories and pharmacies across various states of India to establish linkages that increase identification and notification of TB, and facilitate early treatment initiation and adherence support systems for improved treatment completion rates with mechanisms to reduce catastrophic costs to patients. This innovative approach will facilitate over 1.6 million TB case notifications over 3 years, across 400 districts of India, and ensure that at least 70% of patients will be successfully treated.

This project is being implemented by FIND in 6 states of India covering a population of over 280 million people with a target of ~260,000 people across 93 districts. Over 28,000 TB patients have been notified through JEET (April 2018 to December 2018).



JEET is carried out by a consortium comprising FIND, the William J Clinton Foundation and the Centre for Health and Research and Innovation. The project contracted agencies (TB Alert India, Karnataka Health Promotion Trust and World Health Partners) at the district level to work closely with the patient and all patient touchpoints including chemists, pharmacies, clinics, providers, hospitals, laboratories, and RNTCP. Overall, the project engages with RNTCP network at national, state and district levels.

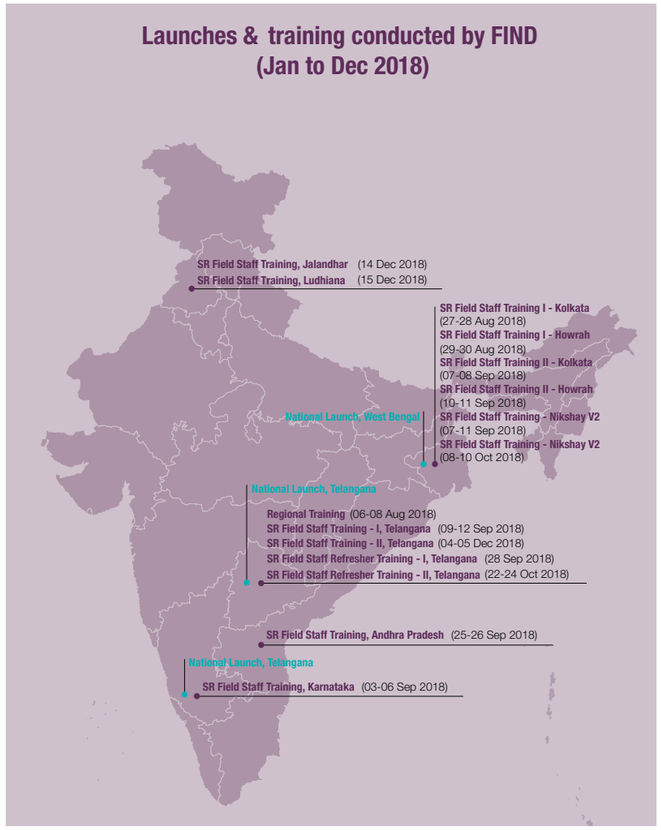
KEY ACHIEVEMENTS IN 2018:

Memoranda of Understanding (MoUs) were signed with all three sub-recipients (SRs) – all SRs started operations in **mid-2018**

In August 2018, regional trainings was conducted involving all State Programme Management Unit (SPMU) staff PPM leads, state operations managers, data analysts, field officers, city officers) and SR project directors – a total of **56 participants**

Training for sub-recipient field staff was conducted among all three sub-recipients across five states (Andhra Pradesh, Karnataka, Punjab, Telangana, West Bengal)

Overall, **recruitment of more than 75% of all JEET staff** was completed by end of 2018 – out of 489 total budgeted positions, **374 were on board**



SIGNIFICANT NUMBERS:

- Out of 10,858 notification target of our first reporting period, **total case notifications achieved were 14,925** from January to September 2018
- **Total of 164 of 285 hubs** (57%) were functional by the end of December 2018
- From the period July to December 2018, **2,909 samples were transported for GeneXpert testing,** with an average positivity rate of 19%
- **More than 5,000 providers** were engaged (visited and sensitized)

Accelerating access to quality TB diagnosis and care for children (2014–2018)

In consultation with the RNTCP, and with funding support from USAID and the US CDC as part of a Challenge TB project, FIND implemented a novel paediatric TB initiative in 10 cities from 2014 to 2018, using GeneXpert MTB/RIF.

Upfront GeneXpert MTB/Rif-based diagnosis was offered to all children with symptoms of pulmonary and extra-pulmonary TB from linked facilities, free of charge, through a hub-and-spoke model. Rapid specimen transport and a reporting mechanism using email and SMS were established. These sites were transitioned, in a phased manner, to the RNTCP by the end of March 2018.

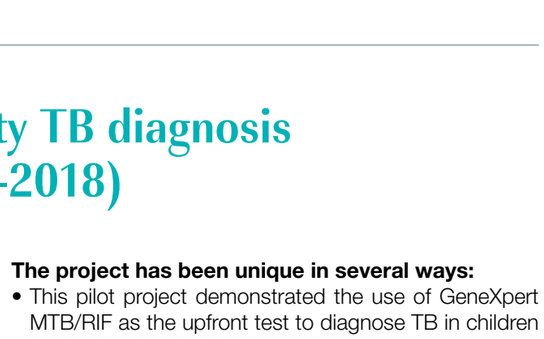
The project provided a comprehensive diagnostic solution for paediatric TB in the intervention cities through high-throughput GeneXpert laboratories located within the public sector reference laboratories. Detailed mapping of potential referral institutions (both public and private) was conducted, followed by one-to-one meetings and Continuing Medical Education (CME) for these facilities/ providers.

The project has been unique in several ways:

- This pilot project demonstrated the use of GeneXpert MTB/RIF as the upfront test to diagnose TB in children for the first time in India
- From its commencement, there was a specific focus on Public Private Mix (PPM) activities targeting paediatric populations in key cities, to build the paediatric diagnostic capacity not only in the public sector but also in the private sector, where a large proportion of patients access medical care, at least as a first point of contact
- For the first time a large proportion of extra-pulmonary specimens were routinely tested.

The project was also awarded the best "Public Health Initiative" prize at the India Health and Wellness Summit, hosted in New Delhi on the 7 December 2018. In addition, 6 scientific articles related the project were published in peer-reviewed journals.

In the last quarter of 2018, FIND's contribution to this project was published in a World Health Organization (WHO) guidance document entitled *Best practices in child and adolescent tuberculosis* as a recommended model for replication.



KEY RESULTS IN PAEDIATRIC TB

Overall, **94,415** children (<15 years of age) with suspected TB were tested using GeneXpert across the 10 project intervention cities

This resulted in diagnosis of **6,270** TB cases (6.6% of tests were positive)

The project successfully engaged **1,416** facilities/ providers, 61% from the private sector, through sensitization meetings, CME sessions and outreach activities across the project cities

Overall, the project demonstrated more than **3-FOLD** increase in the microbiological detection of paediatric TB through upfront use of GeneXpert

The project facilitated prompt access to quality diagnostic services. Average turnaround time for GeneXpert testing was 1 day, including specimen collection, transportation, testing, and reporting

Of the total TB cases detected on GeneXpert, around **9%** were diagnosed as rifampicin-resistant TB

89% of the children diagnosed with TB were linked to treatment

Hiren Vaghela – 14 years old in this photograph – at home with his family in Surat. Hiren had been ill with TB for the last three months and received treatment for one month. He lost a lot of weight and was off school for two months. This was the second time Hiren had contracted TB. The first was three years previously.

HEPATITIS C ELIMINATION THROUGH ACCESS TO DIAGNOSTICS (HEAD-START)

HEAD-Start
Hepatitis C Elimination through Access to Diagnostics

HEAD-Start (2017–ongoing)

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. To address the gap in hepatitis C virus (HCV) diagnostics, FIND is the lead partner on a multi-year, four country (including India) HCV project called Hepatitis C Elimination through Access to Diagnostics (HEAD-Start), funded by Unitaid to build an efficient and sustainable public health response to HCV.

HEAD-Start aims to improve diagnosis of HCV by making it more affordable and more widely available to those in need, with a focus on serving people co-infected with HIV. 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 the screening diagnosis and treatment of HIV/HCV co-infected other high-risk patients and the general population, initially using existing diagnostic platforms and direct-acting antivirals (DAAs) and then by introducing other technologies as they become available. Through this project, FIND India will provide policy makers with the evidence to develop and implement a national, sustainable HCV policy. This is the first and largest public health HCV intervention among key populations in India in Punjab and Manipur and the general population in Delhi.

The HEAD-Start project in India began at a time of increased attention and action on hepatitis by the Government of India. On 28 July 2018, the Ministry of Health and Family Welfare (MoHFW) launched the National Viral Hepatitis Control Programme (NVHCP) while observing World Hepatitis Day.

The project experienced steady progress across all the three states in 2018. Following country operational plan approvals, the FIND team advanced with partner agreements. Screening commenced in Punjab in 2018, paving the way for screening to begin in Delhi and Manipur in early 2019.

A number of critical meetings and activities took place in 2018:

FIND held multi-stakeholder meetings with the MoHFW, National Centre for Disease Control (NCDC), NVHCP, National AIDS Control Organisation and (NACO) to discuss the implementation of the HEAD-Start project.

Sanjay Sarin, Head of FIND India, presented the HEAD-Start project at the **Annual General Meeting of the Forum of Parliamentarians** on HIV/AIDS, held at Parliament House and presided by the Union Health Minister at the time, Mr. J.P. Nadda.

FIND presented at the **National Consultation on Vulnerable Communities and Viral Hepatitis**.

Sanjay Sarin, Head of FIND India, also participated in the **Asian Pacific Association for the Study of the Liver Conference at Shanghai, China**.

FIND supported the national effort on HCV diagnostics by **organizing a national training of trainers' workshop** with the MoHFW to train 73 trainers on HCV laboratory processes.

FIND also conducted a **photo story trip across HEAD-Start sites and partner locations** to gather photographs and videos to showcase the impact of our work on healthcare workers and patients.

In India, HEAD-Start is being conducted in partnership with the government of Punjab, the government of NCT of Delhi, the Institute of Liver and Biliary Sciences (ILBS) and the YR Gaitonde Centre for AIDS Research and Education (YRG CARE).

PUNJAB:

SETTINGS:

- Secondary and primary ARV facilities

ACTIVITIES:

- Decentralization of HCV screening at community level
- Integration of testing in decentralized settings in hepatitis C state programme with focus on hard-to-reach groups

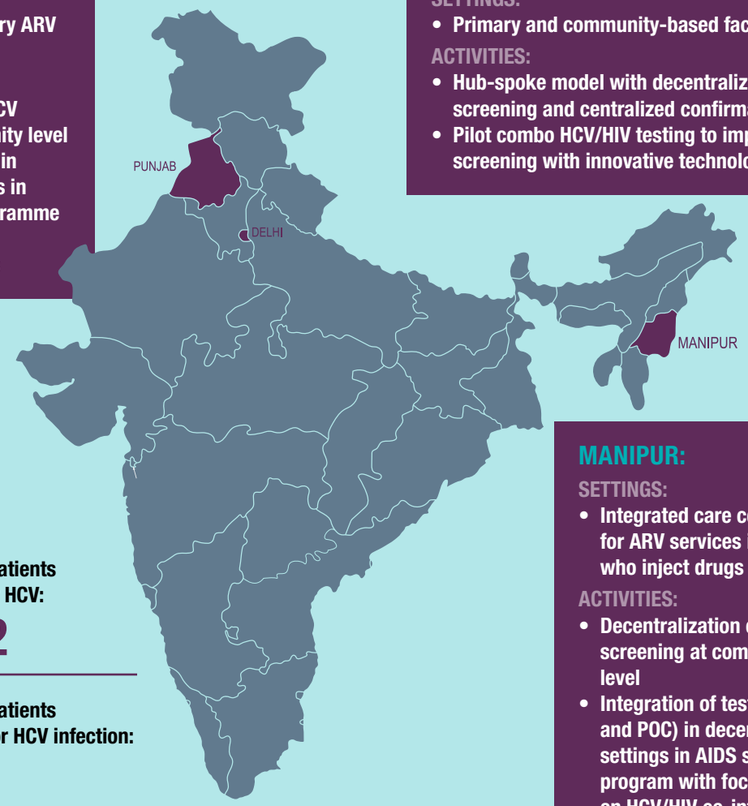
DELHI:

SETTINGS:

- Primary and community-based facilities

ACTIVITIES:

- Hub-spoke model with decentralized screening and centralized confirmation
- Pilot combo HCV/HIV testing to improve HCV screening with innovative technologies



IN 2018:

Number of patients screened for HCV:

3,992

Number of patients confirmed for HCV infection:

752

MANIPUR:

SETTINGS:

- Integrated care centers for ARV services in people who inject drugs

ACTIVITIES:

- Decentralization of HCV screening at community level
- Integration of testing (RDTs and POC) in decentralized settings in AIDS state program with focus on HCV/HIV co-infected

AMR DX USE ACCELERATOR (2018–ONGOING)

The AMR Diagnostic (Dx) Use Accelerator is a platform to evaluate a package of interventions and provide evidence to inform policy change that can positively impact AMR and contribute to universal health coverage (UHC).

The AMR Dx Use Accelerator will facilitate the use of new and available point-of-care diagnostics and provide a safe environment for antibiotics to enjoy a longer useful therapeutic lifespan. It complements R&D initiatives for both diagnostics and drugs from FIND, GARDP and CARB-X, by ensuring there is a robust downstream mechanism for driving uptake and implementation.

In the first instance we are focusing on interventions to improve management of children and adolescents presenting with acute undifferentiated febrile illness, by providing a package of interventions that can help healthcare professionals provide targeted treatments. The package of interventions includes promoting available diagnostic tests, clinical decision aids, and encouraging behaviour change in outpatient clinics, we aim to rationalize the use of antibiotics.

To generate empirical evidence of the impact of our package of interventions on clinical outcomes of acute febrile illness, and on reducing antibiotic prescriptions, we are running clinical trials that share a common protocol with 9 partner institutions. Of these, 3 are in Africa (Ghana, Burkina Faso and Uganda) and 6 are in Asia (Myanmar, Nepal and 4 in India).

In India, our partners are: Jan Swasthya Sahyog in Ganiyari (Chhattisgarh), ICMR-National Institute for Cholera and Enteric Diseases (ICMR-NICED) in Kolkata (West Bengal), Post Graduate Institute of Medical Education & Research (PGIMER) in Chandigarh (Punjab) and R D Gardi Medical College in Ujjain (Madhya Pradesh). The full programme in India is being conducted in collaboration with the ICMR.

The University of Oxford is supporting us with grant management, and trial monitoring and evaluation. The WHO Special Programme for Research and Training in Tropical Diseases (TDR) is providing technical support, and collaborating with us on study design and implementation. These first-wave activities are supported by UK aid from the British people, and the Swiss Agency for Development and Cooperation (SDC).

FIND INDIA TEAM

Sanjay SARIN	Head of FIND India
Sarabjit Singh CHADHA	Regional Technical Director
C.N. PARAMSIVAN	Senior Scientific Advisor
Madhu AGRAWAL	Procurement Officer
Simhachalam AKKENA	Laboratory Coordinator
Asmita Vijay BABHULKAR	Laboratory Coordinator
ER BABU	Country Project Manager – HCV
Ashish BARUA	Laboratory Coordinator
Prakash BASNET	Project Assistant – HCV
Om Prakash BERA	State PPM Lead
Sojitra Sejalben BHARATBHAI	Data Entry Operator
Shipra BHARGAVA	Microbiologist EQA
Kamlesh BHATT	Microbiologist E-Training
Sanjib BHUYAN	Laboratory Coordinator
Anshul CHAUHAN	State PPM Lead
Aradhana CHAUHAN	Microbiologist – Assistant Lead (NABL)
Manisha CHAUHAN	Senior Laboratory Technician
Suman CHAUHAN	Administration Assistant
Gajera Bipin Kumar CHIMANBHAI	Laboratory Coordinator
Amit DAS	Regional Biomedical Engineer
Shobha EKKA	State PPM Lead
Vaibhav GHULE	Project Lead
Charu GOGIA	Junior Accountant
Vidyanidhi GUMMA	Project Coordinator
Raman Kumar GUPTA	State Operations Manager
Vijay Kumar GUPTA	Finance Officer
Rishabh JAIN	Administrative Assistant – Finance
Sanjeev JHA	State PPM Lead
Ricky JOSHI	Regional Biomedical Engineer
Vijay Kumar Bharat KADAM	State PPM Lead
Aakshi KALRA	National Manager Operations
Bharat KAPOOR	Data Entry Operator
DSA KARTHICKEYAN	Medical Officer
Preetishirin F KATAPUR	Laboratory Specialist
Sukhvinder KAUR	Data Entry Operator – Administration
Jyothi Embekkat KAVIYIL	Technical Coordinator
N KEERTHI	Laboratory Coordinator
Sandeep KINDO	State PPM Lead
Amit KUMAR	Senior Administration Assistant (Logistics)
Ajaz LONE	Monitoring & Evaluation Lead
Ramesh MAHADEVAN	Logistics Officer
Radhey Shyam MANDAL	HR Officer
Priya P	Data Analyst
LMB Reddy PADALA	Data Entry Operator

Jagadish PANDA	Biomedical Engineer
Sikha PANDA	Regional Biomedical Engineer
Debadutta PARIJA	Medical Officer
Lekhika PATHAK	Laboratory Coordinator
Probin PHUKAN	Data Entry Operator
Prashant POLEPAKA	Data Analyst
Loganathan PRABAKARAN	Medical Officer
Kavita PUROHIT	Laboratory Coordinator
Anandita RAJPUT	Administrative Assistant
Sumit RANA	Administrative Assistant – Logistics
Devraj RANGASWAMY	Laboratory Support
N D RANI	Laboratory Coordinator
Velidi Nageswara RAO	State Operations Manager
GC Kiran REDDY	State Operations Manager
Kishore REDDY	Microbiologist
Sohail S	Administrative Assistant – Store
Praveen SANKER	Laboratory Specialist
Rita Goverdhan SANTANI	Laboratory Coordinator
Rajashree SEN	Senior Manager – Programmes & Partnership
Sudipta SENGUPTA	State Operations Manager
Tarak SHAH	Medical Officer
Syed Mohd SHAJER	Regional Biomedical Engineer
Rajni SHARMA	Data Analyst
Shubhada SHENAI	Medical Officer
Sitarunnisa SHIEKH	Data Entry Operator
Tajamul SHOWKET	Monitoring & Evaluation Analyst
Mavani SIDDHI BHIMJIBHAI	Laboratory Coordinator
Arman SINGH	Data Entry Operator – Field
Deepak SINGH	Deputy Finance Officer
Niraj SINHA	State Operations Manager
Kankipati SIVE TEJA	Laboratory Coordinator
Amit Kumar SRIVASTAVA	Administrative Assistant – Procurement
Pooja SRIVASTAVA	Senior Biomedical Engineer
Shirly SUZANA B	Senior Laboratory Technician
Navneet S TEWATIA	Advocacy Officer
Aju THOMAS	Senior Administrative Assistant – Finance
Jagadeesh UPRETI	Procurement Assistant
Uma V	Data Entry Operator
Sowjanya VANAJANGI	Laboratory Coordinator
Setu Kumar VERMA	Regional Biomedical Engineer
Satya VIJAY	Data Analyst
Pramod Kumar VISHWAKARMA	Senior Administrative Assistant – HR
Rehan ZARIWALA	Regional Biomedical Engineer

LOOKING AHEAD

FIND will be launching its next organizational strategy in 2020, highlighting our focus areas for the next 5 years. In line with the global strategy, FIND India will continue to work to ensure access to diagnostics for TB, hepatitis C and AMR. Differentiating between the different causes of fever is going to be another key focus area for us.

Fever is one of the most common symptoms of illness around the world, whether from bacterial, viral or other causes, with an estimated 5.1 billion fever episodes occurring in India every year. Due to the increased use of malaria rapid diagnostic tests, we know that less than half of presenting fevers in malaria-endemic countries are caused by malaria parasites. In the absence of a confirmed diagnosis, patients are often prescribed broad-spectrum antibiotics, frequently an inappropriate treatment that contributes to AMR.

Currently, on a global front, FIND is working with partners to support the development of affordable and appropriate new tests that meet the needs of low- and middle-income countries. These include a rapid triage test to distinguish between bacterial and nonbacterial infections, and rapid point-of-care tests to identify the most common infectious diseases that cause fever in different regions. In India, we are planning to go beyond and explore interventions in community settings to ensure uptake of better diagnostics.

On the TB front, we will continue to provide unique technical assistance that is building capacity and establishing new TB C&DST facilities in India, in collaboration with the RNTCP. FIND has supported the establishment of all 61 currently existing C&DST laboratories, and ensured sustained service delivery in these laboratories through management of reagent supplies and maintenance of equipment. While 20 more C&DST laboratories are currently in the pipeline in India, at least 25–30 more will be needed to meet the WHO targets and achieve the NSP goal. Our experience in this space has uniquely positioned us to provide the support required to boost the diagnostic capacity across India.

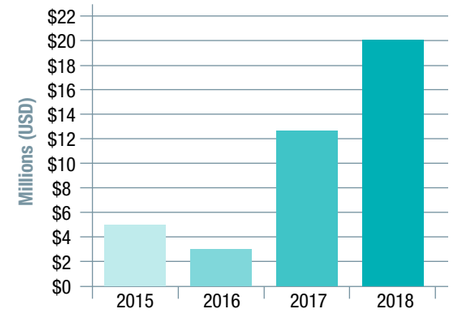
A project that we are excited about is focused on screening over 20,000 prisoners in the state of Punjab for hepatitis C as a part of our HEAD-Start project. The HEAD-Start project will come to a close in 2020 and we will ensure that our learnings are shared with the global health community.
There is a lot to be done and we will continue to be led by our vision of a world where diagnosis guides the way to health for all people.

FINANCIAL FIGURES

EXPENDITURE 2015–2018

Total expenditure[1]	2015	2016	2017	2018
INR in lakhs	3,230	2,447	8,265	14,002
USD in thousands	5,028	3,626	12,718	20,429

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

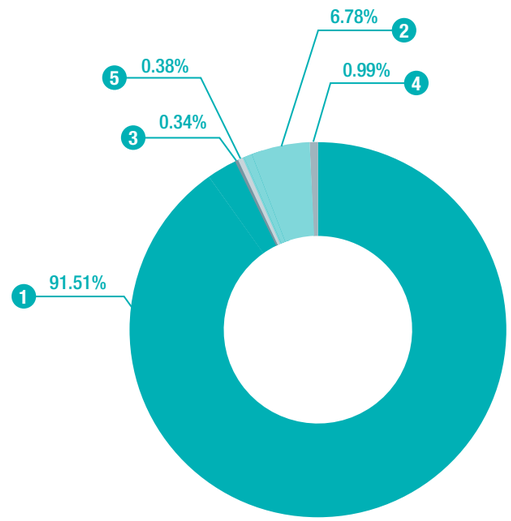


EXPENDITURE 2018

Expenditure 2018[1]	INR in lakhs	USD in thousands	%
Building Labrotory Capacity [The Global Fund]	12,925	18,858	91.51%
Providing HR and Payroll Management Services [CTD]	950	1,386	6.78%
Indirect Expenditure	48	70	0.34%
TB Challenge via KNCV and Union	138	201	0.99%
Other	54	78	0.38%

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

1. Building Labrotory Capacity [The Global Fund]
2. Providing HR and Payroll Management Services [CTD]
3. Indirect Expenditure
4. TB Challenge via KNCV and Union
5. Other



OUR PARTNERS

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About FIND

FIND is a global non-profit organization that drives innovation in the development and delivery of diagnostics to combat major diseases affecting the world's poorest populations. Our work bridges R&D to access, overcoming scientific barriers to technology development; generating evidence for regulators and policy-makers; addressing market failures; and enabling accelerated uptake and access to diagnostics in low- and middle-income countries (LMICs). Since 2003, we have been instrumental in the delivery of 24 new diagnostic tools. Over 50 million FIND-supported products have been provided to 150 LMICs since the start of 2015. A WHO Collaborating Centre, we work with more than 200 academic, industry, governmental, and civil society partners worldwide, on over 70 active projects that cross six priority disease areas. FIND is committed to a future in which diagnostics underpin treatment decisions and provide the foundation for disease surveillance, control and prevention.