

AN EMERGING NEW NORMAL

FOR DIAGNOSTIC TESTING?

ACTIVITY REPORT 2022



Leadership message

The last 12 months have seen the tide finally start to turn on COVID-19. As we move from response to recovery, we have “a once in a century” opportunity to realign the global trajectory towards health for all.



Already we are seeing governments, civil society and the international community using lessons learned from the pandemic to embed new standards, deliver more equitable access to healthcare, and protect communities across the world from current and emerging health threats. This commitment to collaborate and build more resilient health systems that work for everyone is being echoed by world leaders through the G20 health agenda, as the baton passed from Indonesia to India.

On the technology and development side, we spent 2022 working to capitalize on the wave of innovation that emerged to tackle the pandemic, as a means to accelerate the recovery of hard-won gains across a number of diseases. Driven by the needs and perspectives of the communities we serve, we have worked together to co-create and generate evidence on solutions that expedite diagnosis and streamline links to treatment and care. This included the use of new advances in point-of-care (POC) technologies and multi-pathogen testing. Taking tuberculosis (TB) as an example, this year we led or co-led 19 clinical trials for enhanced TB diagnostics, including next-generation drug-resistance testing, non-sputum-based testing, and combination TB/COVID-19 screening. Not only is this shift towards POC and multi-pathogen testing good news for the “missing millions” with TB, it also represents a broader trend towards technologies that will enable us to change the question from “is this [disease]?” to “what is this?”

On the access side, too, we took advantage of COVID-spurred initiatives, including trialling innovative patient-centred delivery models that improve access to diagnostic testing across a range of diseases and conditions.

This included self-testing for hepatitis C virus (HCVST), with real-world impact studies conducted with partners in Georgia, Pakistan, and Malaysia, showing HCVST to improve uptake of testing of 19% to over 60%, compared with the standard of care.

2022 provided an opportunity to leverage the potential of diagnostics as a foundational tool for disease surveillance and response. This includes work to support the development of data management systems for antimicrobial resistance (AMR) in Kenya and Nepal, as well as the launch of new test directories to help guide and inform the test selection in response to diseases like mpox, Ebola and neglected tropical diseases.

On a very positive note, diagnostics-powered disease surveillance has enabled WHO to certify the elimination of sleeping sickness from multiple African countries – three in 2022, with a fourth dossier submitted – part of a long-standing programme with our partners to build capacity for screening, testing and surveillance so that countries can track down and treat the very last cases.

Operationally within our organization, in 2022 we increased our focus on gender equity, and kicked off two new health programmes, on Women’s Health and Non-communicable Diseases (NCDs). We also welcomed the commissioning of our East Africa hub office in Nairobi, Kenya.

The work highlighted in this activity report provides a snapshot of our achievements in 2022 and demonstrates the power of collaboration to drive progress. We offer heartfelt thanks to the FIND team, and to all our partners, donors, and stakeholders across the world for your dedication and ongoing support.



MARK KESSEL,
CHAIRMAN OF THE BOARD



BILL RODRIGUEZ,
CHIEF EXECUTIVE OFFICER

Highlights of the year



**G20 TECHNICAL
WORKING
GROUP IN BALI**



**SLEEPING SICKNESS
ELIMINATION
CEREMONY
IN UGANDA**



**FIND KENYA
OFFICE
COMMISSIONING**

**MAY
2022
(US)**

**GLOBAL
COVID-19
SUMMIT
AT THE
WHITE HOUSE**

**JUNE
2022
(INDONESIA)**

**SEPTEMBER
2022**

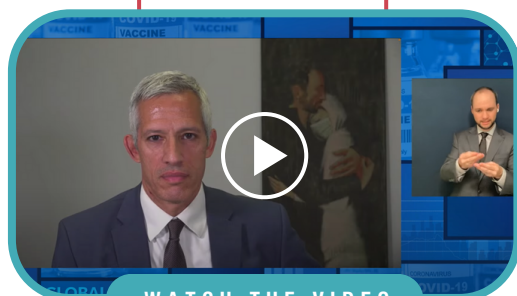
**OFFICIAL LAUNCH
OF FIND NCD
PROGRAMME
DURING THE
GLOBAL WEEK FOR
ACTION ON NCDs**

**OCTOBER
2022
(UGANDA)**

**NOVEMBER
2022**

**ADVOCATING FOR
THE FIGHT AGAINST
CERVICAL CANCER
TO BE CONSIDERED
AS AN INVESTMENT,
NOT A COST**

**DECEMBER
2022
(KENYA)**



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WATCH THE VIDEO



WATCH THE VIDEO

Personal reflection

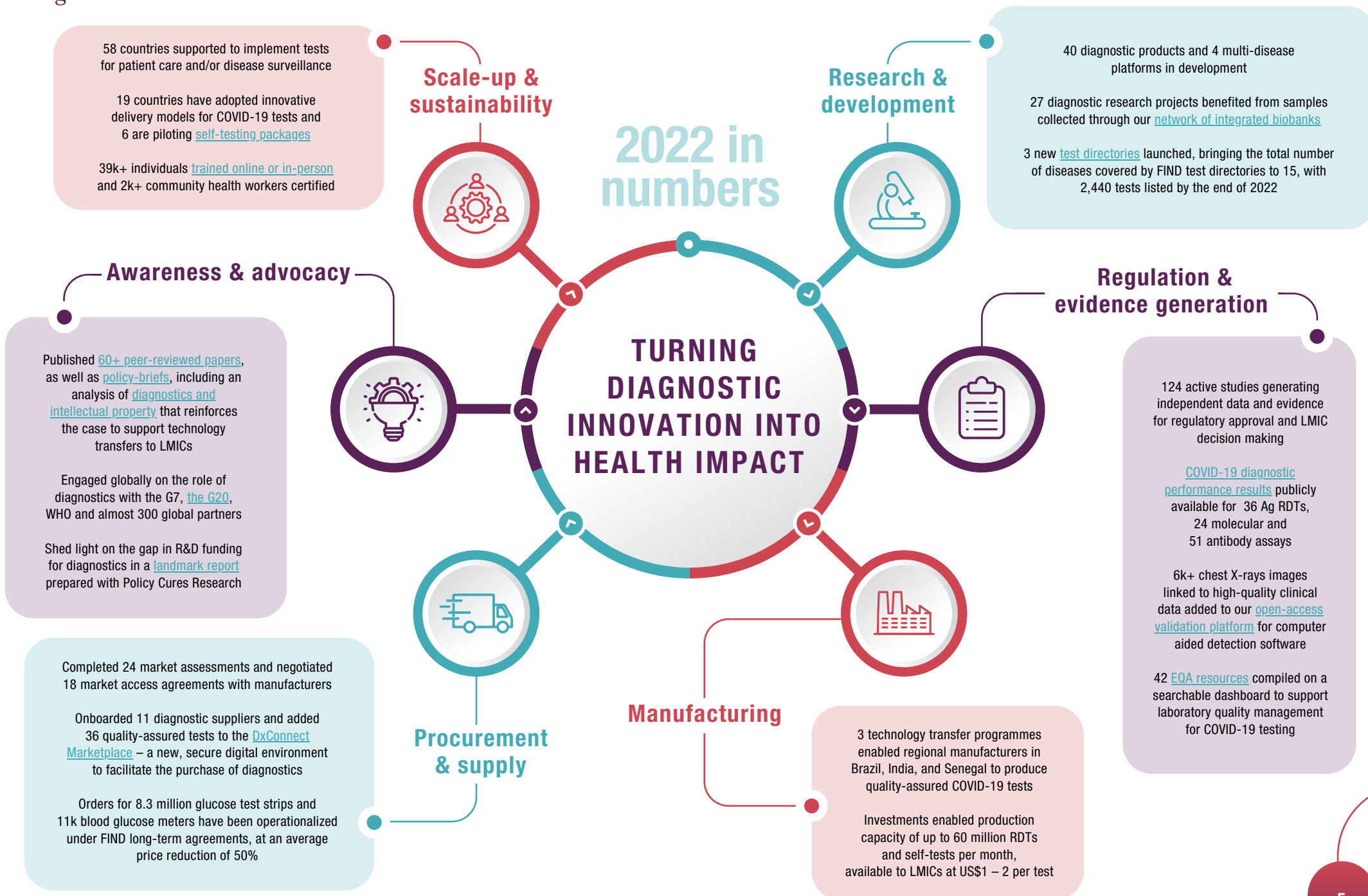
2022 marked the last year of Mark Kessel as FIND Chair, after 12 years. His leadership has been instrumental in shaping FIND's direction as our organization has grown over that time and we thank him sincerely for his commitment.



After completing my term as a Director of the Global Alliance for TB Drug Development, in 2011 the Bill & Melinda Gates Foundation asked me to join the Board of FIND. At that point, diagnostics were the “stepchild” of a world health community that was primarily focused on therapeutics and vaccines. Since then, we have witnessed a global shift in understanding of the power of testing, most dramatically – but certainly not only – as a result of the COVID-19 pandemic. Before COVID-19, diagnostics were the frontlines of the battle to contain Ebola outbreaks. Diagnostics continue to help WHO validate the elimination of sleeping sickness as a public health problem, now achieved in seven countries and counting. TB testing in primary care clinics, where people first seek care, is no longer a pipe dream. The list goes on.

Reflecting on these last 12 years, I am proud of FIND's work to accelerate, facilitate and capitalize on progress across diagnostic innovation and access. None of the organization's accomplishments could have been realized without the professionalism and commitment of its growing staff. I am especially indebted to the commitment of Dr Catharina Boehme, who served as CEO for the majority of my tenure as Chair, as well as current CEO Dr Bill Rodriguez. I was also fortunate to be supported by a most accomplished Board, who continue to be a tremendous resource to FIND. It has been a privilege for me to be associated with everyone across the organization, past and present. I warmly welcome the appointment of Dr Yodi Alakija as my successor, and feel that I am leaving FIND better positioned to continue on its mission than when I joined. I wish the organization every success as it continues to strive for diagnosis for all.

MARK KESSEL,
CHAIRMAN OF THE BOARD



Priorities to harness momentum from the COVID-19 pandemic

ACTIVITY REPORT 2022

1.

**Strengthening testing
in primary care**

to reach people where
they first seek care

2.

**Enabling an
integrated approach**

to diagnostic testing

3.

**Expanding
disease surveillance**

to protect global health

4.

**Building
testing capacity**

in support of country
autonomy

1.

Strengthening primary-level testing to reach people where they first seek care

Healthcare begins at home and in communities.

The first port of call for millions of people around the world, 80–90% of a person's healthcare needs can be met in primary care. Despite this, just 1% of primary care clinics in some low- and middle-income countries (LMICs) are equipped to offer basic diagnostic services.

FIND is working with communities and partners to co-create solutions that can enable testing when and where people first seek care.

We have helped drive development, evaluation and access to fit-for-purpose tools that enable self-testing and monitoring, as well as community-based and facility-level care, capitalizing on the accelerated pace of innovation due to COVID-19 that can empower health workers and care seekers with a growing portfolio of tests and digital tools.

Putting diagnostics in the hands of people where they are

HEAR HOW SELF-TESTS IMPROVED ACCESS TO COVID-19 TESTING IN A REMOTE VILLAGE IN GEORGIA



WATCH THE VIDEO

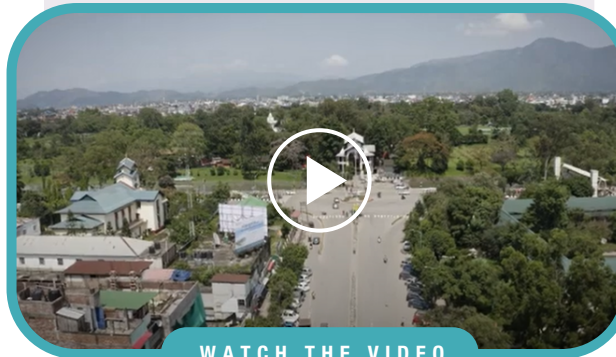
- We demonstrated the power of self-testing for COVID-19 in workplace settings, running pilots in five different countries. This includes Georgia, where self-testing in high-risk settings like [hospitals](#), [nursing homes](#) and [schools](#) helped improve access to testing and reduce the transmission of COVID-19.
- We piloted initiatives to deliver testing, especially COVID-19 testing, through pharmacy channels in Africa and Asia. In Viet Nam, 180 pharmacies were engaged to stock at least one quality-assured COVID-19 antigen detection rapid diagnostic test (Ag RDT) at prices that were reduced by 60%.

“Self-testing is fast, simple, easy and convenient. We are all responsible for creating a safe and healthy environment for all to share!”

VERIKO AVALIANI, SENIOR TEACHER OF USHGULI VILLAGE PUBLIC SCHOOL, GEORGIA

- As part of our partnership with the Indian State Government of Haryana, we expanded our work to [eliminate HCV from prison populations](#), including in people who inject drugs. In 2022, 1,297 people were screened for the disease at 10 oral substitution treatment sites. Almost 25% of people screened were confirmed positive for HCV and 239 were linked to treatment.

DISCOVER OUR WORK WITH THE INDIA STATE GOVERNMENT OF HARYANA TO TACKLE HCV IN PRISONS



WATCH THE VIDEO



WATCH THE VIDEO

LEARN MORE ABOUT PATIENT-CENTRIC DIAGNOSTICS APPROACHES FOR NCDS AND INFECTIOUS DISEASES

- Orders for 8.3 million glucose test strips and 11,000 blood glucose meters (BGMs) have been operationalized for products under FIND long-term agreements, at an average price reduction of 50%. Together these products are predicted to reach 11,000 people living with diabetes across Cambodia, Kenya, Palestine, and Rwanda.

“It’s very important for people living with a chronic condition to be able to invest into their health and take care of themselves. Proper self-management is improving our quality of life.”

LEJLA DRUSKIC, NURSE, T1D, ADVOCATE, CONSULTANT

Innovating fit-for-purpose tools that work in community settings

34 out of 40 FIND-supported diagnostic tools in development are designed for use at primary care and 18 digital tools work to support decentralize testing and improve data reporting and use.



- In partnership with Unitaaid, we kicked off [Drive Diagnostics for Tuberculosis \(DriveDx4TB\)](#) – a 4-year project to accelerate the introduction of diagnostic tools that can address barriers to access and improve case detection at primary healthcare levels.
 - Running across South Africa, India, Indonesia and Kenya, this project is designed to generate evidence and support global policy development for new non-sputum-based TB diagnostics.
 - To ensure a patient-centric approach, we started by asking patients' perspectives on the use of novel sample types for TB diagnostics and worked together to co-design the study.
- The clinical evaluation of FIND-supported rapid test for gonorrhoea showed sensitivity and specificity rates of 91% and 86%. Higher than minimum target product profile (TPP) requirements, the final prototype has now moved to manufacturing. This test will support stewardship of new and existing antibiotics and help preserve their efficiency for as long as possible.
- Recognizing the importance of diagnostic tools for patient triage and severity assessment, we evaluated several multimodal vital sign devices and analytical performance of [17 commercially available point-of-care C-reactive protein tests](#) to support patient management in primary care.

LEARN MORE ABOUT OUR PRODUCT PIPELINE

Empowering health workers and patients with digitally enabled solutions

- We collaborated with government agencies in Kenya, Rwanda, South Africa, Ecuador and Uganda to support and demonstrate the feasibility of decentralized testing using POC and digital tools in community and primary care settings. Learnings from these studies have informed country and global policies.
- Jointly with WHO, we developed a [TPP for rapid diagnostic test \(RDT\) readers](#), as a companion tool for RDTs for malaria, COVID-19 and other diseases, to promote more consistent and accurate test performance, interpretation and reporting.
- Our study with Institut Pasteur de Dakar in Senegal showed that [using digital clinical decision support tools in combination with RDTs](#) reduced the unnecessary prescription of antibiotics and improved reporting for the surveillance of diseases presenting with acute fever. The Ministry of Health since has recommended the scale up of this approach across primary health posts in Senegal.
- In partnership with leading developers of digital health solutions already in use in LMICs, we supported multiple countries to expand their systems to support COVID-19 RDT data capture for improved local and global public health response.



2. Enabling an integrated approach to diagnostic testing

Good healthcare starts with people not diseases.

An integrated healthcare system provides high-quality, seamless care that's built around people. In 2022, we continued our work to develop cross-cutting solutions that break down disease silos and streamline the link between diagnosis, treatment and care, and to advocate for and support the development of national Essential Diagnostic Lists (NEDLs) – a foundational tool to help countries identify and prioritize the types of tests needed to meet people's health needs at every level of the health system.

We accelerated the development of new technologies that can enable multi-pathogen testing, as well as integrated delivery models that give patients the chance to be tested for more than one disease at once. We also advanced “test and treat” programmes that support onward patient referrals and can help to close the care gap.

Integrating testing using multiplex technologies

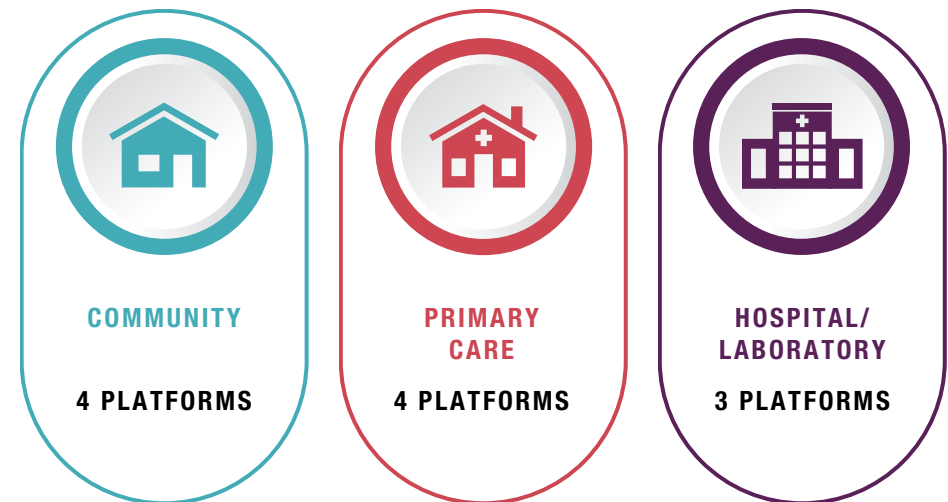
- Building on advances accelerated by the COVID-19 pandemic, we have increased our focus on molecular POC diagnostic platforms that can detect multiple disease pathogens. A new pipeline of products is now approaching launch and we are preparing for market entry and uptake in LMICs while supporting the expansion of test panels for more diseases.
- We collaborated with selected industry partners to develop and finalize a simplified blood culture system suitable for Level 2 hospitals in LMICs. The prototype is now available for laboratory and clinical evaluation. This technology is a critical tool to help diagnose severe bloodstream infections quickly and curb the development of multidrug-resistant infections.



“The point-of-care molecular diagnostic pipeline is stronger than ever. This means high-quality testing is getting closer and closer to where people can most readily access it, allowing for better differential diagnosis of illnesses, improved health outcomes and disease surveillance capacity.”

MARTA FERNÁNDEZ SUÁREZ, CHIEF TECHNOLOGY OFFICER

[READ MORE](#)



OUR INVESTMENTS STRENGTHEN DIAGNOSTIC CAPACITY ACROSS HEALTH SYSTEMS.

Integrated testing programmes across diseases

LEARN HOW INTEGRATING COVID-19 TESTING INTO AN EXISTING HEALTH PROGRAMME HELPED REACH A REMOTE GOLD MINING COMMUNITY IN SURINAME



- We joined forces with UNICEF and the Ministry of Health in Suriname to support the [integration of COVID-19 testing into an existing malaria programme](#) – enabling people living and working in mobile mining communities to access testing and care nearby.
- Together with our partners, we piloted a new model building [NCD screening into a COVID-19 testing programme at a taxi rank in South Africa](#). Results show 24% of participants received a potential new diagnosis for diabetes or hypertension.



“COVID-19 has demonstrated the value and feasibility of integrated testing across diseases. To accelerate progress towards UHC and ensure pandemic preparedness, we need to prioritize solutions that can enable a permanent shift to routine, integrated testing.”

EMMA HANNAY, CHIEF ACCESS OFFICER

[READ MORE](#)

- Through [diagnostic network optimization \(DNO\) in Zambia](#), we demonstrated that TB/HIV testing integration can improve the performance of the diagnostic network and increase the proportion of specimens tested closer to the patient whilst not increasing costs.
- DNO is a powerful tool to inform the integration of previously siloed programmes and guide decision-makers on the use of best strategies that leverage existing network capacity. 12 countries have ongoing or completed analyses using OptiDx – network optimization software developed by FIND and partners to support resource planning for national laboratory systems – for TB, TB/HIV, and associated molecular testing.

Integrating diagnosis and treatment to improve health outcomes

- Working in partnership with the Community Network for Empowerment (CoNE) and the TREAT Asia network, we launched a same-day test and treat programme for hepatitis B and C in Manipur, India. Focused on the needs of the drug user community, the median time from test to treatment was just over 5 hours, with 100% of those eligible for HCV treatment initiated.

LEARN MORE ABOUT OUR INNOVATIVE TEST & TREAT PROGRAMME FOR HCV IN MANIPUR

AN INNOVATIVE
TEST & TREAT PROGRAMME
HAS BEEN IMPLEMENTED
IN MANIPUR, INDIA
IN PARTNERSHIP WITH CO-NE

WATCH THE VIDEO

- With Unitaid through the Access to COVID-19 Tools (ACT)-Accelerator, we're building much needed advocacy for diagnostics, by partnering with 21 organizations in 19 countries across Africa, Asia and Latin America [to raise awareness and generate demand for test-and-treat approaches](#).

- We contributed to the development of the [first scoring system for neonatal sepsis designed for use in South Africa](#). This was achieved through a retrospective study in South Africa, which demonstrated that prediction scores for neonatal sepsis developed in high-income countries are not applicable to low-resource settings. Pending validation in other countries, the new scoring system could improve the diagnosis, treatment, and management of newborn infections in low-resource environments.



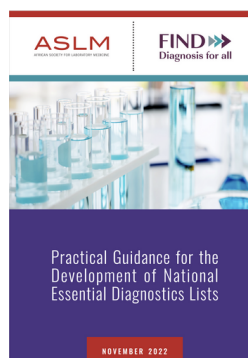
COMMUNITY-LED AWARENESS CAMPAIGN CONDUCTED BY THE SHIFA FOUNDATION IN PAKISTAN

Integrating testing into national health strategies



FIRST-OF-ITS-KIND REGIONAL EVENT DESIGNED TO SUPPORT THE DEVELOPMENT AND UPTAKE OF NATIONAL EDLS IN WEST AFRICA, DAKAR, SENEGAL, OCTOBER 2022

- We supported the organization and delivery of two regional workshops designed to advocate and support the development of NEDLs as a key tool in achieving UHC. The first event, led by WHO and supported by FIND, gathered more than 60 participants from across [South-East Asia](#) for a 2-day virtual workshop. The second, a [regional event](#) held in Dakar, Senegal, brought together representatives from 15 West African nations as part of a collaborative event organized by FIND, the African Society for Laboratory Medicine (ASLM) and Africa Centres for Disease Control (Africa CDC).



- Together with ASLM, we published a [practical guide](#) providing countries in Africa with guidance to develop NEDLs that are appropriate for their settings.
- Working closely with the Ministry of Health, we also contributed to the development of an NEDL for primary care settings in Viet Nam. Similar efforts are ongoing with Kenya for scaling up access to essential diagnostics in primary care.



3. Expanding disease surveillance to protect global health

You can't treat what you can't see.

With utility far beyond direct patient care, diagnostics – particularly those at primary care level – are the eyes and ears of any healthcare system, and an essential part of local and global health security.

In 2022, we worked with partners on initiatives that can help ensure that testing innovation can keep pace with evolving disease pathogens. Recognizing the role and potential of new genomic technologies, we continued our work to expand capacity for next-generation sequencing (NGS), a powerful tool that has proven critical to COVID-19 surveillance and TB drug-resistance profiling, and which can now help address growing health threats including AMR.

We also continued our work with government partners to build broader capacity for disease surveillance and develop tailored systems that track the evolution and spread of specific diseases. Not only does this support ongoing efforts towards disease elimination, it also makes it possible to identify emerging trends and manage potential disease outbreaks before they take hold.

New tests and technologies to track evolving pathogens

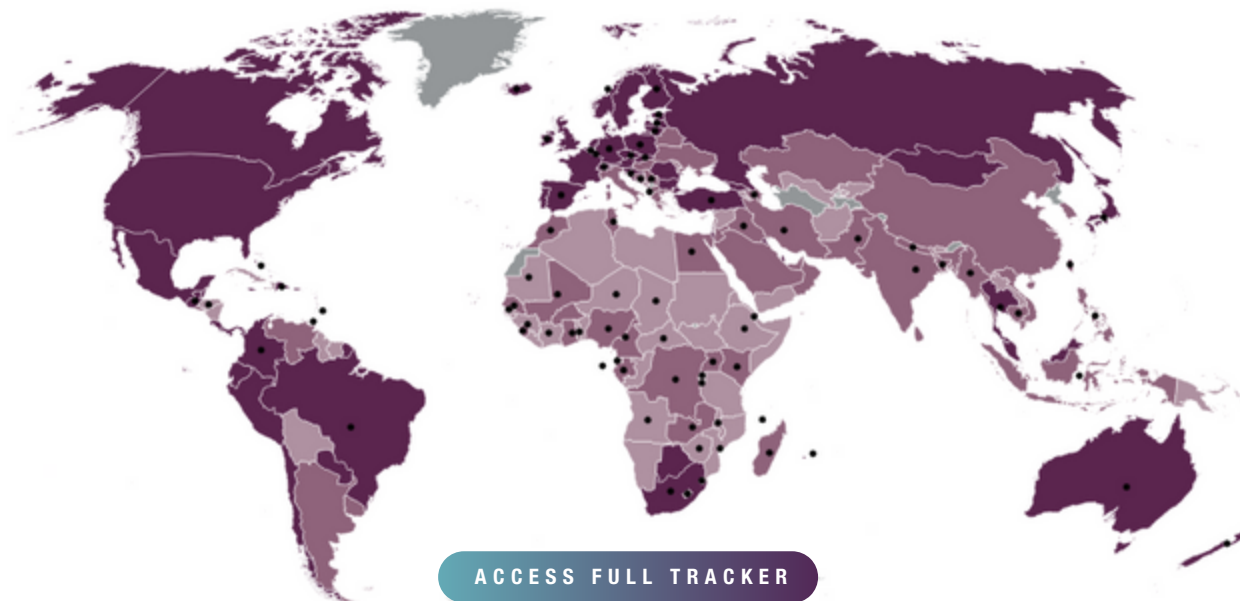
- The FIND interactive next-generation sequencing (NGS) capacity mapping tool has systematically mapped and evaluated global sequencing capacity for SARS-CoV-2.

← → This global map shows countries classified into recommendation-based archetypes, which reflect a country's sequencing, facility access, and testing surveillance capacity. The black dots denote countries that have not met testing targets. **Search for or hover over a country of interest in order to see archetypes and data.**

1 of 5

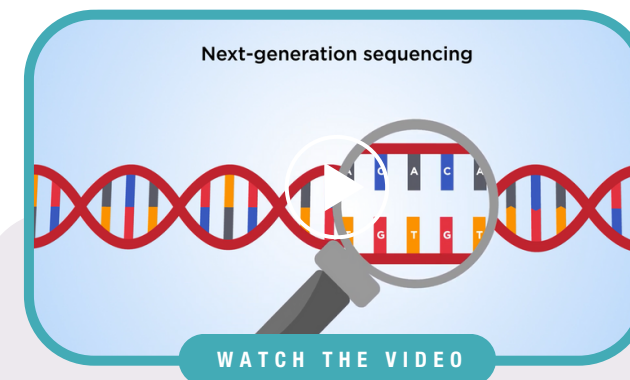
Meets Testing Targets: 0 • 1

NGS Archetype:  Insufficient data  Connect/Build  Strengthen/Leverage  Sustain



[ACCESS FULL TRACKER](#)

LEARN MORE ABOUT NEXT-GENERATION SEQUENCING

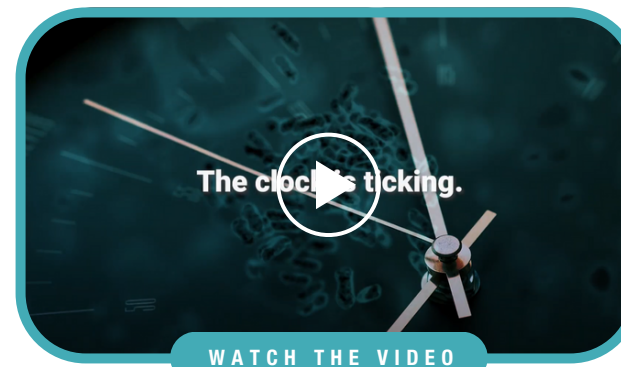


- In 2022, we helped build sequencing capacity for SARS-CoV-2 genomic surveillance in Bangladesh, Botswana, the Democratic Republic of Congo (DRC), India, Indonesia and Nigeria.
- In India, we helped set up three microlabs in the states of Haryana, Assam and Uttar Pradesh. Collectively, they sequenced and analysed 2,695 samples, with over 2,300 uploading to [GISAID](#), the most used global SARS-CoV-2 genome repository.

Integrated surveillance systems for AMR

- This year, we launched two projects with Kenya and Nepal MoH to improve the management of hospital-acquired infections and antimicrobial stewardship through better collection, reporting and use of drug-resistant infections data.
- We worked with the Nepalese government agencies to develop a national AMR database – the single most comprehensive repository in the country which covers both human and animal health data.
- We continued to support the Kenyan nodal government agency (NASIC) in strengthening the existing AMR surveillance system, with our contributions in [building an integrated one health surveillance system](#) highlighted as one of NASIC's key achievements in 2022.

HEAR FROM OUR PARTNERS AND AMR ADVOCATES WHY
DIAGNOSTICS MUST BE PRIORITIZED TO TACKLE AMR



STAKEHOLDER EVENT, HOSTED IN NEW DEHLI INDIA IN NOVEMBER 2022, BRINGING TOGETHER KEY PUBLIC AND PRIVATE SECTOR STAKEHOLDERS TO DISCUSS CROSS-SECTORAL SOLUTIONS FOR A CONCERTED COUNTRY-LEVEL ACTION AGAINST AMR

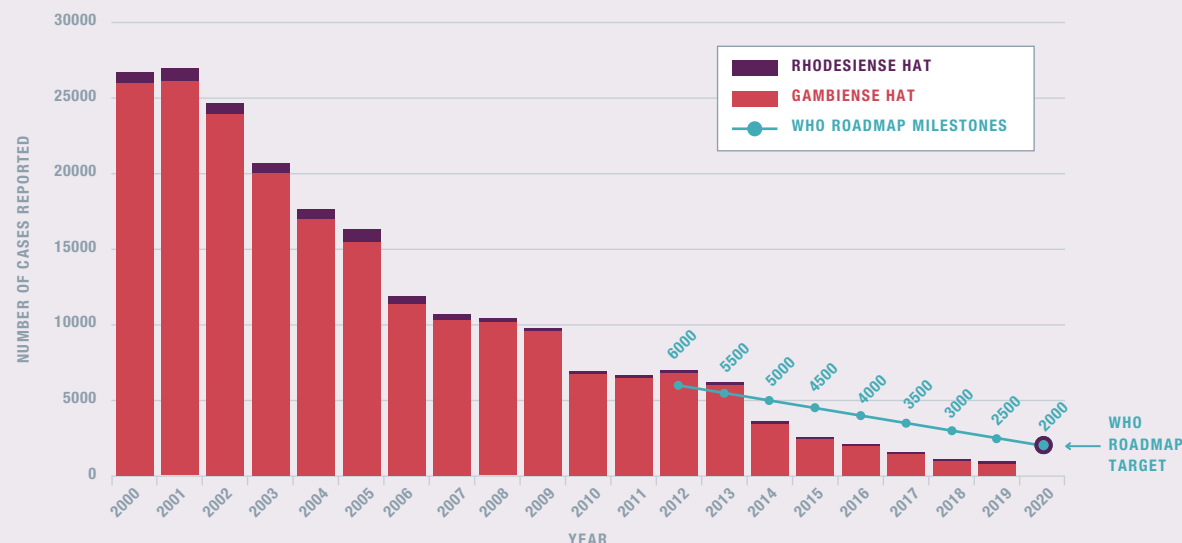
Tailored surveillance strategy

SLEEPING SICKNESS ELIMINATION CEREMONY HOSTED BY THE MOH OF UGANDA IN KAMPALA IN OCTOBER 2022



- Our work with partners to [boost enhanced passive and active disease surveillance and improve access to treatment](#) has seen a progressive decrease in the prevalence of sleeping sickness (HAT) in Africa in recent years. In 2022, WHO certified elimination of the gambiense form of HAT in Benin, Rwanda, Uganda, and the validation dossier for Chad was also submitted.

- Led by Africa CDC in collaboration with ASLM and Clinton Health Access Initiative (CHAI), we launched a [consultative workshop on revised COVID-19 testing and surveillance strategy](#). Held in Ghana, this 3-day event brought together representatives from 46 African Union Member States to formulate practical approaches that would consolidate learning from the pandemic and support the transition of emergency COVID-19 testing and surveillance into routine healthcare services.



WORLD HEALTH ORGANIZATION, [SUSTAINED DECLINE IN SLEEPING SICKNESS CASES PUTS ELIMINATION WITHIN REACH](#). ACCESSED 25 JULY 2023.

4. Building testing capacity in support of country autonomy

Empowering individual countries to protect national and global health.

Regional country leadership is essential for making new gains in public health. For FIND, this has meant working with government partners to optimize diagnostic networks, support the development of local laboratory services and provide training for key staff and health workers. It has also meant working with selected partners to build regional manufacturing and biobanking capacity to reduce dependence on global supply chains and support the delivery of locally sourced products and biological samples.

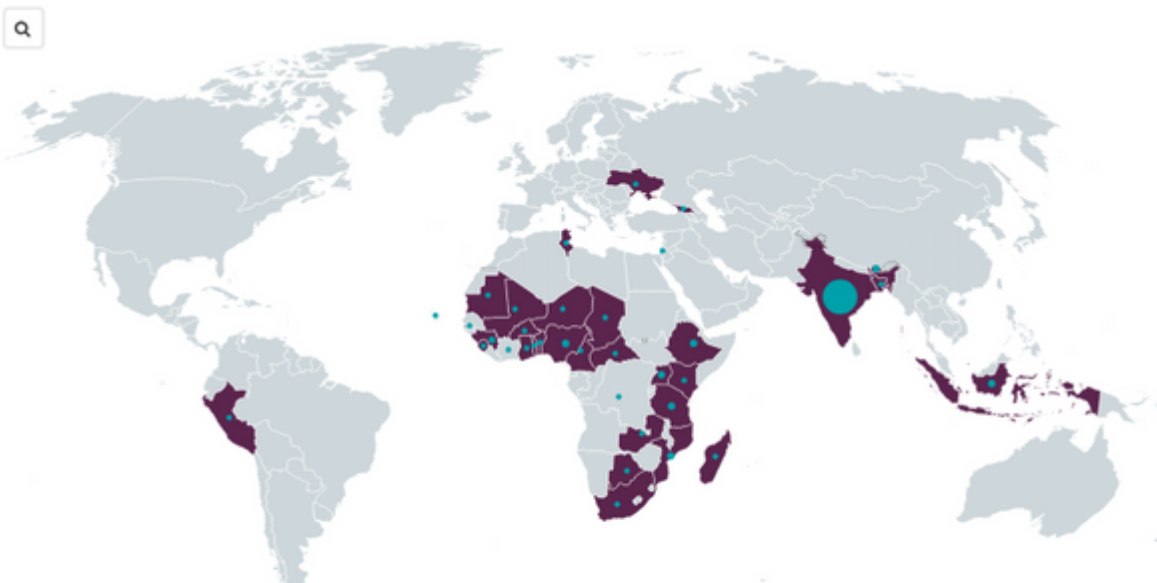
This year saw us continue to build a suite of global test directories that bring transparency to the diagnostic landscape. By making key information on diagnostic tools available and accessible, we can help make sure that policy and decision-makers have the information they need to make data-driven decisions that can protect population health.

Strengthening laboratory capacity

← → We supported 4140 laboratories across 52 countries – 85% are national reference laboratories and the remainder sites are regional or provincial laboratories, district hospital laboratories and laboratories affiliated with primary healthcare centres.
1 of 2

In 2022, we supported laboratory capacity strengthening across 52 countries

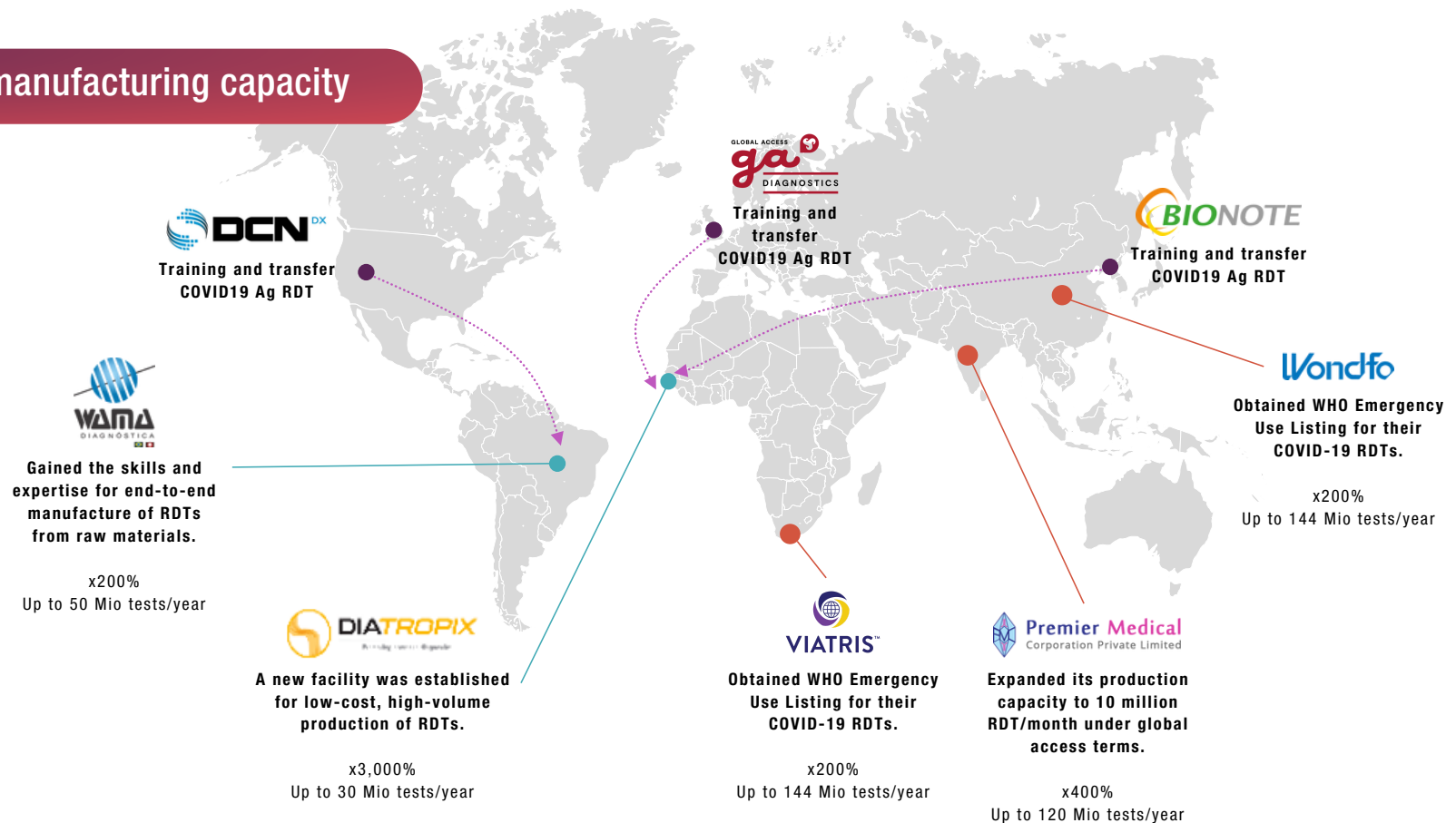
No. of sites supported: 100 ● 1000



- Working closely with the Nigeria Centre for Disease Control, we strengthened laboratory capacity for Lassa fever surveillance, with nine new laboratories activated and more than 2,000 well-characterized blood samples now available for R&D – a model and proof of concept for the management of local biobanks.
- In collaboration with ASLM, we launched the [diagnostic network optimization sub-community of practice \(DNO sub-CoP\)](#) – an initiative bringing together laboratory experts, programme implementers, and representatives from the Ministry of Health and regulatory agencies to share challenges, solutions and best practices that help optimize diagnostic networks.
- Part of the largest external quality assurance (EQA) programme for rapid TB testing in the world, we are working with India's National Technical Institute to build laboratory capacity for genomic sequencing and enhanced treatment monitoring for drug-resistant TB – supporting 3,353 sites across 18 states in 2022.
- We helped to improve the quality assessment of SARS-CoV-2 testing, enrolling 10 Asian and 21 African countries, with 109 testing sites, to participate in the COVID-19 Ag RDT EQA programme. Led by Institute Pasteur of Dakar, we also established an EQA programme in Sub-Saharan Africa for SARS-CoV-2 molecular testing.

Expanding regional R&D and manufacturing capacity

- Through the Access to COVID-19 Tools (ACT)-Accelerator and working with global and regional manufacturers, we continued our work to expand manufacturing capacity for quality-assured COVID-19 antigen RDTs.
- Providing regulatory support and investing in technology transfer and capacity building, our work gave a major boost to increase regional diagnostic manufacturing capacity. These efforts can be leveraged in the future for other essential RDTs that can help address regional priorities.



- To speed up test development and evaluation, we expanded our [FIND Integrated Biobank network](#) with sample collection and storage capacity in six sites, in DRC, Moldova, Nigeria, Peru, and South Africa.

“Expanding local production and strengthening local regulatory capacity are both essential for reducing health inequities.”

TEDROS ADHANOM GHEBREYESUS, WHO DIRECTOR GENERAL

Building in-country diagnostic capacity

- Together with Somalia's national laboratory working group and WHO we co-created their first national testing strategy and COVID-19 Ag RDT operational guidelines, and supported the introduction and roll-out of community-based testing in four states.
- We built health facility capacity and ran awareness raising campaigns to generate demand and improve diagnostic testing for visceral leishmaniasis in 11 Kenyan counties, with case fatality rates now falling below the elimination threshold (1%).



- Collating information from partners and developers across the diagnostic landscape, we continued our efforts to centralize and promote the transparency of diagnostic data by publishing new open-access [DxConnect test directories for Ebola, mpox and neglected tropical diseases](#).

DISCOVER HOW OUR NTD TEST DIRECTORY
HELPS COORDINATE R&D EFFORTS



Thank you to our donors and all our partners

Our work is made possible
by our donors, alongside
significant financial
contributions from our
private sector partners.





FIND ➡➡
Diagnosis for all

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REPORT OF THE STATUTORY AUDITOR TO THE BOARD

FINANCIAL STATEMENT 2022

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