

IMPLICATIONS FOR INNOVATIVE DIAGNOSTICS IN GLOBAL HEALTH EMERGENCIES

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# RAPID DEVELOPMENT AND DEPLOYMENT OF AN ARSENAL OF DIAGNOSTIC TESTS IS ESSENTIAL TO PANDEMIC RESPONSE



**Clinical diagnosis** 

Vaccine efficacy / seroprevalence

Surveillance



Lab-based molecular testing

Lab-based antibody testing (ELISA, automated immunoassays)

Sequencing **Lab-based SNP detection** 



access

Improved

**Decentralized molecular** testing platforms

**Decentralized immunoassay** platforms



**Antigen RDTs** 

**Antibody RDTs** 



#### ACCESS FOR LMICS AND SURVEILLANCE



Working with industry and wider partners to:

**Decrease the cost** of rapid diagnostic tests to < \$1.00<sup>1</sup>



Support the expansion of manufacturing bases in LMICs<sup>2</sup>



Work towards modular manufacturing processes



Achieve ACT-Accelerator

Achieve ACT-Accelerator target in LMICs: 100 tests per 100,000 people per day<sup>3</sup>

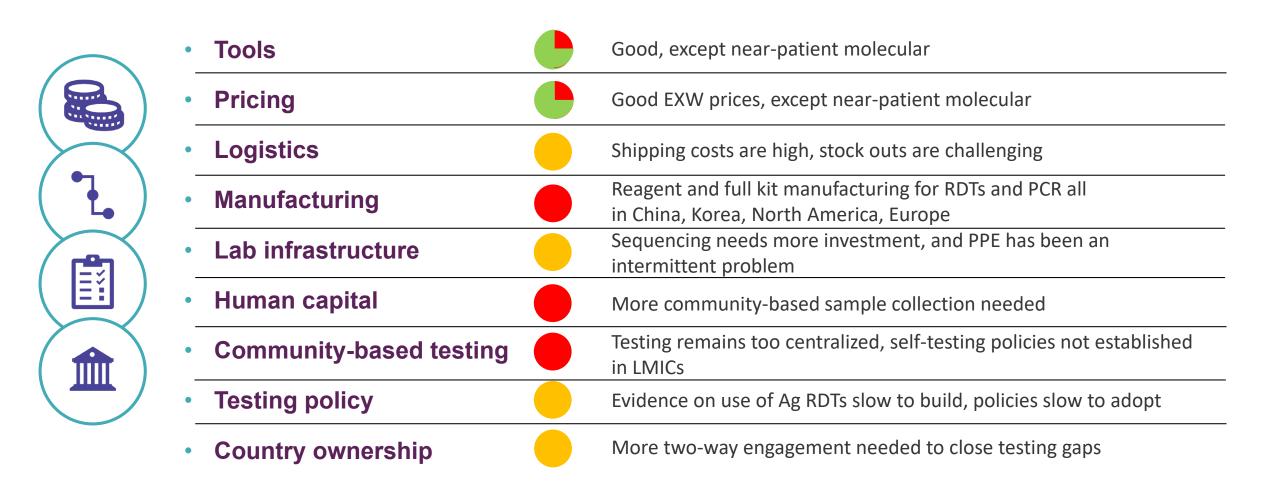




FIND and industry will continue to work with the WHO IPSN to enhance diagnostics capability and capacity for global genomic surveillance of key endemic diseases

FIND >>>

# MULTIPLE, COMPLEX DRIVERS CONTINUE TO IMPACT ROLL OUT OF COVID TESTS AND TESTING STRATEGIES ACROSS THE WORLD

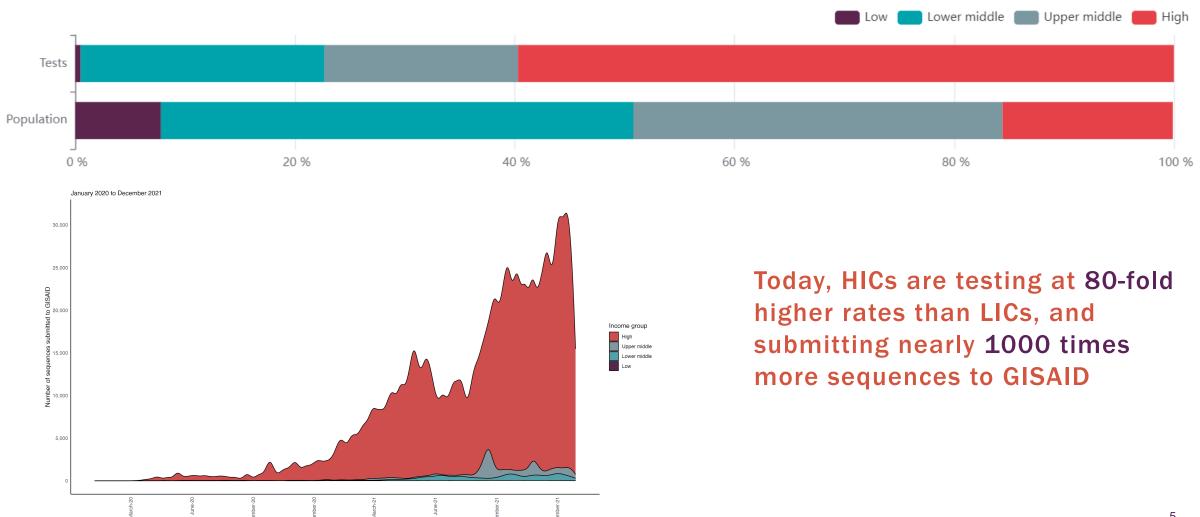






## THE WORLD REMAINS BLIND TO EMERGENCE OF POTENTIAL NEW VARIANTS

Percentage of performed tests and percentage of population across income groups worldwide



#### COVID-19 HAS ACCELERATED

### **GAME-CHANGING TECHNOLOGY ADVANCES**

#### **Artificial intelligence & machine learning**

Quality diagnosis in areas without specialist healthcare workers



#### Mobile devices & connectivity

Reach the hard-to-reach; enable real-time monitoring of health status



### **Next-generation technologies (genomics, CRISPR)**

Sequencing for disease surveillance and rapid response



#### Wearables & home-use tools

Self-monitoring, early detection and ambulatory management



#### Sustainability

Minimize environmental impact of single-use tests



Diagnostic testing is no longer confined to clinics and hospitals

**FIND** 





# ACCELERATING ACCESS TO COVID-19 SELF-TESTING

# Self-testing in LMICs is far behind HICs

A limited number of LMICs are implementing selftesting, including India, Malaysia, Thailand, Georgia

Most of the access is over-the-counter in pharmacies, with little programmatic implementation

Examples of governmental programmes: Thailand: 8.5M free self-tests nationwide; school testing in Malaysia

Self-testing policy likely to lag 6-15 months in best case scenario



# TO BUILD A COMPREHENSIVE 'TEST-TRACE-ISOLATE' RESPONSE (TTI)



**Community engagement** 

- Digital **connectivity for self-testing** initiatives
- Open-access, reusable digital module for professional use RDT-linked data capture at a decentralized level



Connecting communities to health systems

- Linking **communities with their lab-based test results**, including advice on clinical management
- End-to-end mobile digital solutions for TTI teams integrating WhatsApp-based screening and decision support, decentralized testing & data analysis



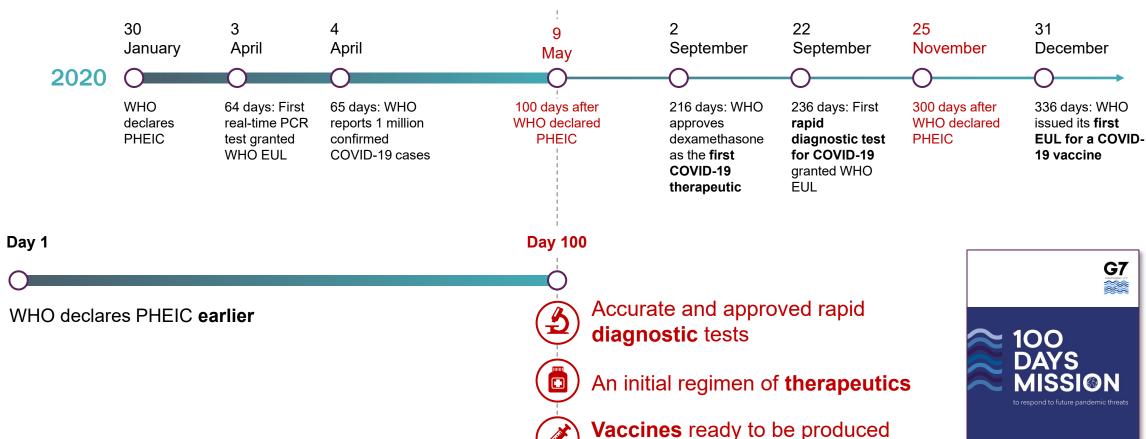
Health system strengthening, including support for surveillance

- Improved disease surveillance using interoperability across different health information systems
- · Evidence generation on the use and impact of digital tools
- Strategic implementation of digital tools to enable effective diagnosis and surveillance





# CRITICAL NEED FOR A FASTER, COMPREHENSIVE, COORDINATED RESPONSE: THE 100 DAYS MISSION



at scale





Together, we can ensure that everyone who needs a test can get one

