



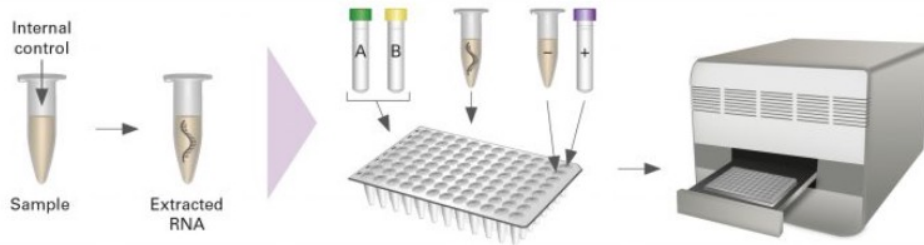
ROUNDTABLE ON ACCESS TO MULTI- DISEASE MOLECULAR DIAGNOSTICS – June 2nd , 2022

- ◆ Landscape and pipeline for multi-disease molecular diagnostic platforms



MOLECULAR DX: EXISTING LANDSCAPE

LABORATORY BASED TESTS:



COGS	0.5 to 3 USD
Instruments required	Extraction unit and thermocycler (mostly) Integrated large system existing
Intended use & settings	Confirmatory test for large centralized testing units and hospitals

POC MOLECULAR DIAGNOSTICS (MDx)



COGS	2 USD to ~ 50 USD
Instruments required	Single instruments and cartridge (mostly) Instruments free solutions exists
Intended use & settings	Screening test or fast confirmatory test for decentralized units down to primary centers

> 550

Total tests in
FIND landscape

80%

Open source
platforms

145

Total POC MDx
platforms in
FIND landscape

75

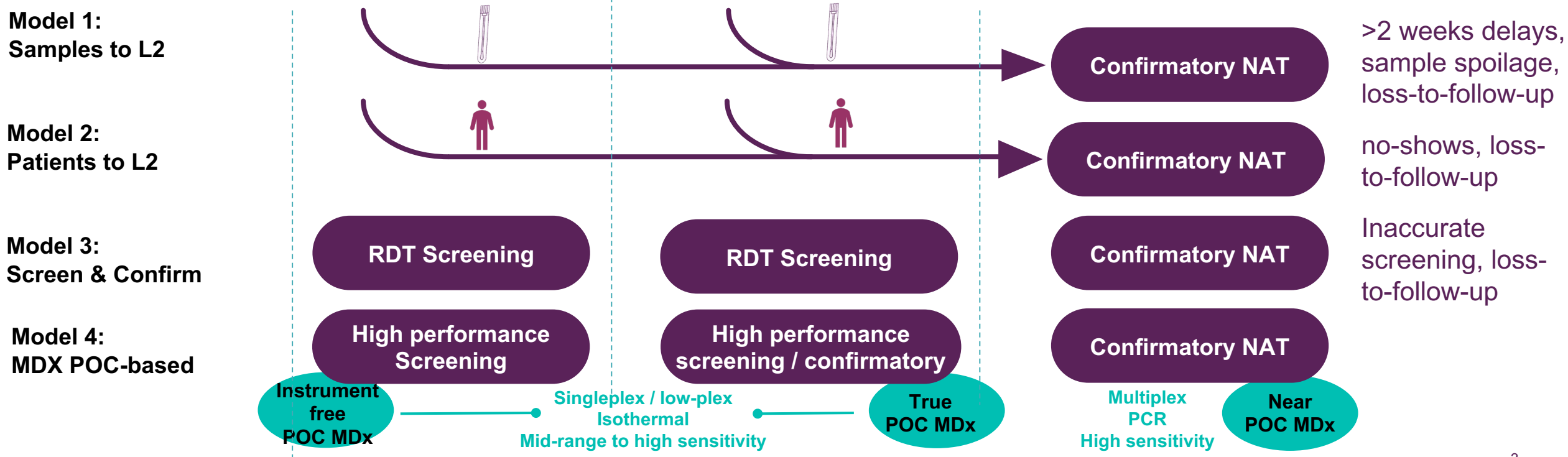
New POC MDx
Launched in
total post covid

3

Instruments free
platform in the
market

USER SETTINGS AND HEALTHCARE LEVEL

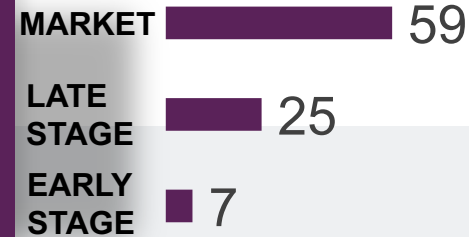
	Level 0 (L0) - Community	Level 1 (L1) - Primary Care	Level 2 (L2) – District Hospital Lab
User setting	<ul style="list-style-type: none"> Community outreach Home testing 	<ul style="list-style-type: none"> Primary care facility 	<ul style="list-style-type: none"> Near-patient laboratory Referral hospital laboratory
Lab infrastructure	<ul style="list-style-type: none"> No mains power No water No lab equipment No temperature control 	<ul style="list-style-type: none"> No mains power (unreliable) Minimal lab equipment (may not support cold chain) BSL-1 containment 	<ul style="list-style-type: none"> Mains power (may be intermittent) Basic lab equipment (biosafety cabinet, centrifuge, calibrated pipets, fridge) BSL-2/1 containment



POINT OF CARE MOLECULAR DIAGNOSTICS: A STRONG PIPELINE

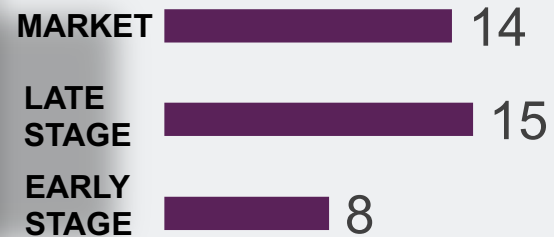
Near POC pipeline:

- > 90 novel platforms with competitive characteristics to Cepheid. Strong multi-pathogen potentials
- FIND invested in 2 platforms



True POC pipeline:

- >30 platforms. Mostly based on isothermal amplification. Cost below 5 USD has been reached. Growing market penetration.
- FIND invested in 2 platforms

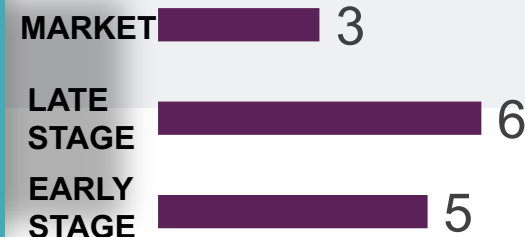


PRIMARY
CARE



Instrument free POC pipeline:

- >10 platforms in development, 3 in the market. Cost for test is still high and commercialization limited to US
- FIND is initiating an investment plan



AT HOME/
COMMUNITY



HOSPITAL
/LAB

POINT OF CARE MOLECULAR DIAGNOSTICS: OPTIONS ARE AVAILABLE FOR LMICS

Near POC pipeline:

STANDARD M10



SDB M10



BIONEER IRON Q PCR



CEPHEID GENEXPERT



MOLBIO TRUENAT

True POC pipeline:



BIOMEME ISP



QLIFE - EGOO



THERMO -ACCUA



PLUSLIFE-DOCK

Instrument free POC pipeline:



VISBY-COVID19



SENSE-VEROS



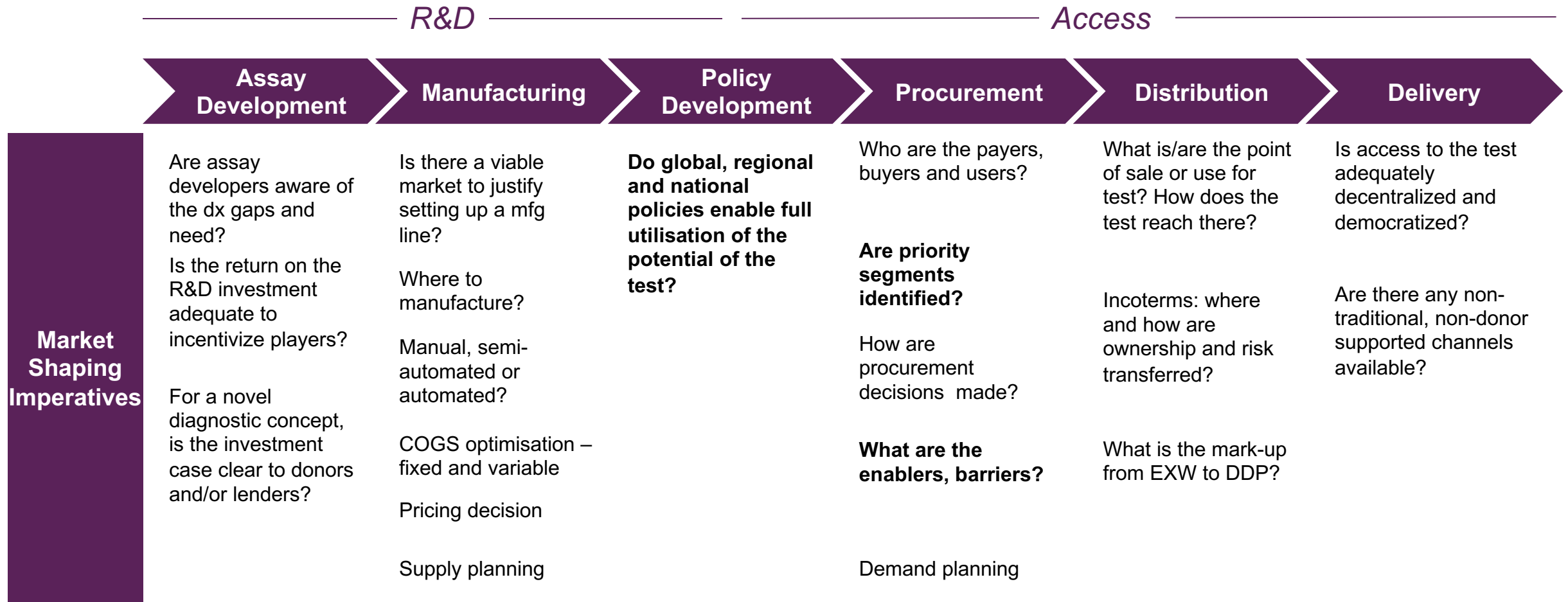
LUCIRA-COVID19



SELF-DIAGNOSTICS

What are the key questions to answer that support product market entry?


















Diagnostic Product Lifecycle



Ensure availability of easy to use, quality and affordable diagnostics for patients in all healthcare settings through successful and sustainable commercialization

What are the main barriers that may impact the adoption of the platform? What can FIND and other partners do to overcome these barriers?

Particularly strong resource constraints

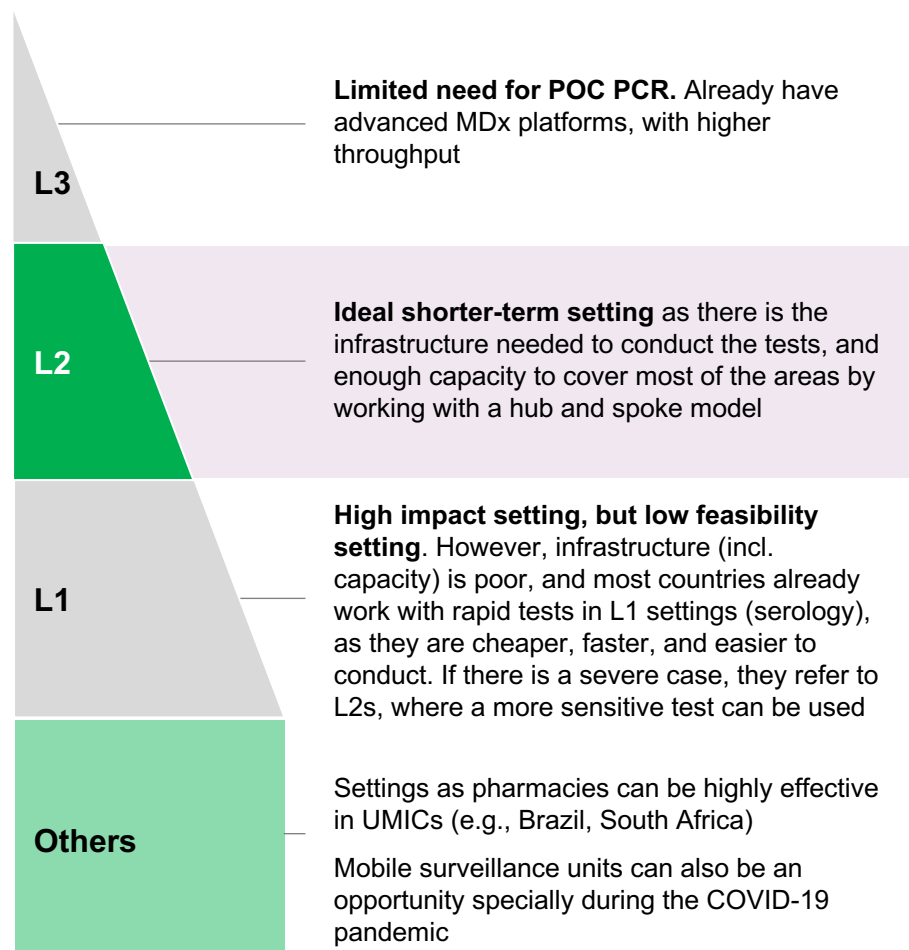
	 Brazil	 DRC	 Ethiopia	 Kenya	 Nigeria	 India	 Indonesia	 South Africa	 Thailand	 Vietnam
 Dependence on alignment with government agenda										
 Need for upfront investment/funding (Capex)										
 Need for reimbursement and (Opex)										
 Lack of compatibility of consumables across providers										
 Integration in overall programs										
 Capability constraints										
 Long approval timelines										

Where and how should the product be rolled out?











L2 setting is the most accessible entry point. In some countries, it may make more sense to start with the private sector

FIND➡➡

Healthcare level setting



Private vs. Public

		Public Private		L2 network ¹	Conclusion
	Brazil	15%	85%	70K	L2, private, potentially incl. pharmacies
	DRC	NA		390	L2, public, urban areas
	Ethiopia	NA		390	L2, private, urban areas
	Kenya	NA		266	L2, public
	Nigeria	75%	25%	4K	L2, public, potentially in mobile surveillance too
	India	50%	50%	83K	L2, public, partner up with ICMR and potentially with a local manufacturer
	Indonesia	NA			L2 and possibly L1, public. 1-day approval for COVID-19 equipment
	South Africa	90%	10%	5K	L2, public, with potential expansion to pharmacies
	Thailand	80%	20%	1K	L2, private (little donor funding)
	Vietnam	95%	5%	1K	L2, public

1. Approximate numbers

