D-Rev Annual Report 2018

2008
+ D-Rev established
+ Jaipur Knee prototype, the precursor to the ReMotion Knee developed by student team at Stanford

2009
+ Krista Donaldson hired as first CEO

2010
+ 1st baby treated with Brilliance
+ First commercialization partnership launched—Phoenix Medical Systems—ground-breaking in that a for-profit and nonprofit partnered to close a healthcare gap

2013
+ One of Fast Companies’ World’s Most Innovative Companies
+ 1st patient fit with ReMotion Knee

2014
+ World Economic Forum Technology Pioneer
+ Over 50,000 babies treated with Brilliance
+ D-Rev devices in 25 countries
+ Brilliance Pro launches

2015
+ D-Rev mission updated to focus on closing quality healthcare gaps
+ Over 150,000 babies treated with Brilliance
+ D-Rev devices in 50 countries

2016
+ Brilliance Classic enters the market

2017
+ Over 150,000 babies treated with Brilliance
+ D-Rev devices in 69 countries

2018
+ Brilliance study in Rwanda completed
+ D-Rev devices in 69 countries
+ 500 patients fit with the ReMotion Knee
+ 1,000 Knees sold
+ 550,000 babies treated

10 Years in Review
The need for quality healthcare spans the economic spectrum. Regardless of where you are from and what you do, health is critical to wellbeing, productivity, and autonomy. For people to live their best lives, they must be healthy. We exist to design and deliver solutions that close the quality healthcare gap for underserved populations.

D-Rev believes that good health is a human right.

D-Rev has set ambitious targets for the 2030 Sustainable Development Goals.
Letter from the CEO

When I started as CEO of D-Rev, we were a 3-person product development startup, working in a back room in Palo Alto (not-so-lovingly called “the cave”)—almost a typical Silicon Valley story. Over the past 10 years, however, we’ve become a very different organization, and anything but typical. We have stayed true to our design roots and ethos as we have grown and tackled increasingly complex challenges facing humanity. Our unifying belief over the years is that everyone, no matter where they are born, deserves an opportunity to live their best life. This is only possible if you are healthy.

The reality is that quality healthcare is not available if you are born into a poor family. The global medical establishment—as it exists now—does not serve your needs: required treatments are too expensive or inaccessible. State-of-the-art medical technologies and tools are often a mismatch to the resources and context of clinicians, in low resource settings, who seek new and better solutions to provide the best care they can. We built the D-Rev you see today to address the significant and growing global gap in quality healthcare.

Our hypothesis—since the beginning of D-Rev—was that by listening to patients, doctors, nurses, and other healthcare workers, we could develop innovative and sector-changing solutions to end needless suffering or death. We believed we could do better. And we did. The success of our early products has been monumental in global health—we showed that nonprofit-developed global health products could sustainably scale through the market and broadly impact the world’s poorest patients.

Healthcare too has changed, and we’d like to think we have helped it evolve—no longer acceptable are “good enough” products for the poor, now we see greater awareness by experts of local context and user-centered design discussed by governments, major donors, and global health leaders. Ten years after our start, we are proud to still be leading the evolution of our field for global good. We hope to see a very different world by 2030: one where parents can take their child to the local clinic or hospital, and be confident in the quality of care he or she receives.

D-Rev products are now sold in 68 countries, largely low- and middle-income, and our team is spread across the globe. We are on a trajectory to surpass 1M patients treated by the end of 2020. We have come along way from the cave, and we can’t thank you enough for being part of our 10-year journey!

Sincerely,

Krista Donaldson
CEO

Krista Donaldson
D-Rev by the Numbers

6
New markets added in 2018
+ Australia
+ Benin
+ Ethiopia
+ Italy
+ Serbia
+ Sudan

68
Countries with D-Rev Products

1,018
ReMotion Knees sold

5
Medical devices launched

6,827
Brilliance devices sold

474,700
Babies treated who would not have otherwise received effective treatment

559,000
Patients treated

2.12 M
Annual Budget

$26
Per DALY averted cost-effectiveness to D-Rev donors

2
New products in development

16
Scientific, business and impact advisors (Thank you!)

9
Board Members

1.05 M
Patients we project our products will treat by the end of 2020

50%
Of D-Rev staff based in India and East Africa

2018
New markets added in 2018

Australia
Benin
Ethiopia
Italy
Serbia
Sudan

Countries with D-Rev Products

Babies treated who would not have otherwise received effective treatment

Patients treated

Medical devices launched

Annual Budget

New products in development

Scientific, business and impact advisors (Thank you!)

Board Members

Patients we project our products will treat by the end of 2020

Of D-Rev staff based in India and East Africa

D-Rev by the Numbers

10 Years in Review
D-Rev’s Geographic Footprint since Product Launch

2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018
**D-Rev: The Next 10 Years**

As a global society, we have the skills and know-how to solve most critical health issues that result in death or disability. At D-Rev, we believe that the only ethical choice is to do so.

We combine rigorous science and data with personal, hands-on interactions to identify the most significant, urgent gaps in healthcare. From there, we design, refine, launch, implement, and track solutions that deliver quality impact. Our understanding of market dynamics and commercialization enables us to do it sustainably and at scale.

The pace of solution development focused on high-need populations must be much greater if we are going to close the quality healthcare gap.

*Over the past 10 years, D-Rev has proven its design process and model to scale solutions.*
Over the next 10 years, D-Rev has committed to:

- Focusing our work on maternal, newborn and children’s health
- Increasing our pace and scale through acquisitions, partnerships, and expanded delivery
- Launching 10 healthcare solutions in 10 years

Our goal is that no one suffers or dies from an easily treatable condition.

D-Rev measures our impact not just by the lives we save but by the lives we improve. We do this by using DALYs (Disability Adjusted Life Years) as our metric for impact.

Why DALYs?

- We care about morbidity, not just mortality: DALYs measure years of health life lost
- World Health Organization adopted DALYs as their standard metric for quantifying the impact of a health condition across a population
- DALYs give cross-cutting guidance to assist in making decisions about what health intervention to invest in
We have a proven model to deliver deeply designed products to market. We’ve launched five products in four years and currently have two maternal and newborn health projects in development. We will continue to add new products to build a comprehensive portfolio addressing priority health areas by 2030.

D-Rev’s key differentiator is that we manage the product development process from problem identification to sustainable scaling, shaping markets and working with established global partners to deliver affordable medical devices to bring quality treatment to those who most need it.

We believe that selling our products, leveraging the market—rather than ongoing donations—for scale creates impact sustainably and cost-effectively.

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- Product development phase supported by philanthropic giving
- Product distribution phase supported by earned income
D-Rev’s experimental sales laboratory was designed to test and accelerate the adoption of much needed healthcare technologies in high-need facilities—but, put into practice, we’re learning much more than that.

Our focus is on Uttar Pradesh and Madhya Pradesh, India, where along with neighboring Bihar state, they represent nearly 10% of the world’s births, and also have among the highest rates of infant mortality and morbidity. It’s in this environment that we test unconventional healthcare delivery solutions in low-resource places where the medical device industry is not incentivized to go. Our goal is to better build a delivery model and ecosystems that support product adoptions, sustained usage—and impact.

To date, our local teams have held over 36,000 conversations with doctors, testing a people-centric sales strategy, to learn about their challenges diagnosing and treating jaundice, leveraging needed technology, and providing the care their communities need.

WE TESTED

• New ways to support medical education and skill building
• People-centered sales approaches, listening over pitching
• Financing that recognizes constraints of small private hospitals and clinics serving the poor

D-Rev’s Experimental Sales Lab in India’s Highest Need Regions
Our testing has supported early D-Rev learnings: while needed and user-centered technology can leapfrog earlier approaches, it must be paired with delivery and other support to have sustainable impact. Key challenges preventing effective treatment include:

- Doctors lacking confidence in providing treatment
- Parents not given information as to when to seek care
- Physician, patient and facility resource constraints

With these lessons, D-Rev is developing several new delivery-focused initiatives. While our work to date has focused on ending brain damage and death due to lack of jaundice treatment, we believe there are broad lessons for the global health community.

**Expanding Our Delivery Approach for Sustained Impact**

**WE LEARNED**

- Parents play a crucial role in diagnosing and treating severe jaundice
- Access to medical technologies is limited by high upfront costs and on-going maintenance fees
- Physicians’ low morale and confidence are key factors influencing their willingness to treat jaundice

“**When to Consult Your Baby’s Doctor**: An education campaign for new parents**

Many parents in Uttar Pradesh and Madhya Pradesh are reluctant to bring their babies back to the hospital for treatment because they distrust clinicians’ motivations for diagnosing jaundice, not understanding the danger of untreated jaundice, and the cost. In response, D-Rev launched an awareness campaign targeting parents and families to help them spot risky jaundice and bring their babies in for treatment. Eye-catching posters displayed in the local language are visible in neonatal care facilities across the regions.

**Medical Device Leasing Program: Removing the high upfront costs and risk in equipment ownership**

Coming up with the money to purchase a medical device is next to impossible for small clinics, let alone paying for routine service and maintenance. D-Rev tested a payment installment plan to make Brilliance more accessible. The majority of clinics that bought Brilliance through the installment plan indicated they would not have purchased a device without it. In the next year, we will pilot a new leasing program that de-risks medical device ownership by offering payment plans that build-in regular machine servicing.
D-Rev’s Newborn ECHO®
Tele-training: Building Community and Capacity in Neonatal Care

One of the biggest surprises of our experimental sales lab was learning from doctors that they didn’t always feel confident with their own skills and knowledge to provide treatment to newborns with jaundice.

In response, D-Rev launched a first-of-its-kind newborn health tele-training program through a partnership with Project ECHO®. ECHO is a highly-recognized collaborative medical education model started by Dr. Sanjeev Arora of University of New Mexico who created it to serve health clinics suffering high rates of tuberculosis. In D-Rev’s Newborn ECHO, doctors were able to learn about the key issues affecting newborn health in their regions, and learn from each other on how to manage specific cases.

Our ECHO is helping to close the gap in quality healthcare with a holistic approach: delivering world-class capacity building alongside our world-class devices. It is also an example of how investing in understanding a disease area, jaundice in this case, leads to strengthening larger health systems.

SNAPSHOT OF D-REV’S NEWBORN ECHO PILOT:

- Launched December 2018
- Full training will include 12 sessions
- 45 doctors recruited
- Participating physicians’ medical experience ranged from 3-40 years
- Participants in 9 districts of Madhya Pradesh and 10 districts of Uttar Pradesh

"The session was very helpful. A person gets self awareness of things which were forgotten. The expert is very knowledgeable."

Dr. R.P. Gupta, Varanasi, India

Meet Dr. Thora, D-Rev’s Newborn ECHO Expert

Dr. Sharad Thora was the lead subject matter expert for D-Rev’s first ECHO tele-training program on newborn health. With over 38 years of pediatrics experience, he has served as the superintendent of Chacha Nehru Hospital and is a professor and dean at Mahatma Gandhi Memorial Medical College. He has published two books on pediatrics and more than 35 articles in medical journals and is currently the organizing chairman for 2020 PEDICON.
D-Rev’s Product Portfolio
Brilliance: Lifesaving Light for Severely Jaundiced Newborns

We believe every baby, no matter where she is born, deserves equal chance for a healthy start to life.

Jaundice is the number one reason why newborns are readmitted to hospitals globally. Approximately 3 in 5 babies are born with jaundice and for 18% of them, the condition is severe enough to require treatment. If these babies are left untreated or are ineffectively treated, their severe jaundice could lead to brain damage or even death. Yet, at least 6 million babies per year are not effectively treated, most of who live in low-income settings around the world.

Our Solution

Brilliance—a radically affordable, yet technologically advanced phototherapy device to treat severe jaundice in the most over-burdened and resource-limited hospitals. Brilliance sells for a fraction of the cost of its competitors while beating them in performance and durability.

Brilliance Impact to Date

668,400 babies treated

474,700 babies who otherwise wouldn’t have been treated

7,500 deaths and disabilities averted

56 countries where Brilliance has been sold

“The [Brilliance] device is therefore a cost-effective component of inpatient medical care, offering meaningful savings vis-à-vis commercially available devices.”

ImpactMatters
Newborn Jaundice: A Personal Journey

Imagine you are in a maternity ward looking down at a row of babies born. As you scan the swaddled bundles sleeping soundly in their incubators, a much, much tinier baby catches your eye.

It is a little girl born prematurely. Weighing no more than a few pounds, her jaundice is so severe that the attending pediatrician recommends she receive an exchange transfusion in addition to phototherapy. It is a delicate and lengthy process that can only be done at another hospital. That hospital is at capacity, however, and cannot admit the baby for treatment. If her jaundice is left untreated, or is ineffectively treated, the baby girl will have severe brain damage or die.

This is exactly the situation that one of D-Rev’s most active supporters, Bonnie Weiss, Co-Founder & Trustee of Child Relief International, observed while visiting the University Teaching Hospital of Kigali (CHUK), where five Brilliance devices had been installed the previous year.

Bonnie left that day not knowing if the baby had survived. Several months later, she still could not stop thinking and wondering about that baby. She asked if there might be a way to find out what had happened.

Sara Tollefson, D-Rev’s Director of Impact, reached out to Dr. Lisine Tuyisenge, Clinical Director of CHUK and a co-PI on the Brilliance phototherapy study. Dr. Lisine was able to get in touch with the NICU nurse who was on staff that day to get the rest of the story.

Unable to refer the baby for an exchange transfusion, the clinical staff at CHUK used two Brilliance devices to treat the baby instead. It improved her condition so effectively that an exchange transfusion became unnecessary, alleviating the need for the baby to be transferred to another hospital.

Not only did the use of Brilliance help save the life of this baby girl, it was effective in treating her right where she was, allowing the staff at the other referral hospital to focus on patients with even more critical care needs. This two-pronged benefit is the outcome that D-Rev designs for, not only in Brilliance, but in all our medical solutions.

Many thanks to Bonnie for her curiosity, compassion, and commitment to children, which led not only to a successful initiative in Rwanda, but also to the chance to hear how it made a difference in this one baby’s treatment.
D-Rev’s First Nation-wide Technology Feasibility Study: The Impact of Brilliance in Rwanda

Study Question: Does access to technology improve healthcare?

In an effort to eradicate preventable newborn deaths in East Africa, Child Relief International Foundation, partnered with the Rwandan Ministry of Health to launch a landmark program, equipping public referral hospitals in Rwanda with Brilliance Pro devices. An international team of researchers (Rwanda, USA) set out to better understand the impact of Brilliance Pro on the treatment of newborn jaundice in Rwanda, conducting an impact study of the devices in a rigorous stepped wedge cluster randomized study. Installations of Brilliance and data collection concluded in 2018 with preliminary analysis confirming improved quality of care provided in hospitals using Brilliance devices. With this success, we will be scaling up in other areas of East Africa in 2019.

“

They [Brilliance] are very, very effective. They are among the best that we have here in Rwanda. They are very slim, perfect to use right above an incubator.”

Dr. Emmanuel, Ruhengeri Referral Hospital, Rwanda

One in three babies born in Rwanda are born in facilities now using Brilliance.
We believe all people with physical disabilities deserve affordable products designed to meet their mobility needs and global standards.

There are approximately 1 million people with above-knee amputations living in low- and middle-income countries who do not have access to the prosthetic devices they need to live more independent and productive lives.

Modern prosthetics are prohibitively expensive, and as a result, an estimated 80% of amputees in low-resource settings do not have access to modern prosthetics. Even if an amputee is able to pay, access to a prosthetics clinic that fits their needs is almost nonexistent.

Our Solution

The $80 ReMotion Knee outperforms competition at a fraction of the cost. Durable, flexible and lightweight, it provides an accessible and appropriate mobility option for users living in low-resource settings. To accelerate the ReMotion Knee’s impact, D-Rev partners with clinics around the world who employ skilled prosthetic experts, have local knowledge, and established distribution channels.

ReMotion Impact to Date

582 amputees fitted
327 amputees who otherwise wouldn’t have been fitted
32 countries where ReMotion Knees have been sold

ReMotion was featured in 2018 for its unprecedented design in two museum exhibits: SFMOMA’s Designed in California and Bill & Melinda Gates Discovery Center’s Design with the 90%.
ReMotion: Exceeding Expectations in Cambodia

In June 2018, Nhun Thea’s life was turned upside down when she was involved in a tragic car accident, an all too common occurrence in her hometown of Phnom Phen, Cambodia.

A young mother to a three-year-old, Thea worked until recently in a garment factory where she brought in vital income to support her small family. However, the injuries Thea sustained in the car crash were severe, among them losing nearly her entire left leg.

With the loss of her leg came more loss than she could have ever imagined—the loss of her independence, the loss of her employment, even the loss of connecting with her child in the same ways she once enjoyed.

Fortunately, Thea learned of Exceed Worldwide, a prosthetic clinic in Phnom Phen that could provide her with a rugged knee joint that could keep up with the demands of her daily life. With a sense of hope, she made her way to the clinic and was met there by prosthetists who skillfully fitted her with D-Rev’s ReMotion Knee.

Soon, she was able to walk on her own again, chase after her son and even squat down to pick him up—a motion not possible with most prosthetics knees that have a more limited range. She is also back to work and has entrepreneurial aspirations to start her own clothing business, something she would not have dreamed possible if she hadn’t found Exceed, and been fitted with a ReMotion Knee.

“My new ReMotion prosthesis has allowed me to walk for the first time in 12 years! I am now studying engineering and in the next two years, I hope to practice in the field of my profession. I greatly appreciate your kindness in supporting me.”

Philip, a ReMotion user from Mwingi, Kenya who lost his leg from a snake bite
New Product Development
What Drives Us: The Need for Quality and Newborn Healthcare

Late on a Friday afternoon, Kyomukama sat alone on a thatched mat just inside the doorway of her home in Kitoma Village near Fort Portal, Uganda.

As the shadows grew long and the sun began to set, she retraced the traumatic loss of her fifth child while giving birth just weeks before. The delivery was arduous and complicated, unlike the deliveries of her other children. After frantically seeking help from three different medical centers in the middle of the night, and borrowing money to cover the cost of a private hospital, Kyomukama still lacked access to the medical interventions needed to save her baby’s life. “The baby let out a single cry, and then was rushed off to the NICU.” Kyomukama did not learn of her baby’s death until five hours later.

Betty Ayebale, a midwife who cared for Kyomukama after the loss of her baby, explained that this type of story is an all-too-common occurrence. In 2017, the infant mortality rate in Uganda was 56.1 deaths per 1000 live births, nearly ten times higher than that of the United States. “Mothers and newborns in poor families have an increased risk of illness and face more challenges in accessing timely quality care compared to wealthier families. Rural families and the urban poor are particularly vulnerable,” the Uganda Ministry of Health reports.

When maternal and neonatal complications arise in rural Uganda, access to the appropriate interventions often equals the difference between life and death for babies and mothers. This is also the case in low-resourced areas globally and why D-Rev is focusing on maternal and newborn healthcare. Building on the success of Brilliance, launched in 2012, we will continue to develop life-saving therapies for critical conditions mothers and babies incur around the world.

“I would have loved to raise that baby.”

Kyomukama
D-Rev’s CPAP: Saving Critical Minutes and Lives in Hospitals

Approximately one million babies die from prematurity-related issues per year.

As rates of prematurity increase world-wide, demand for cost-effective care is also increasing. Globally, 7% of all newborns—30% of all premature babies—have difficulty breathing. For preemies, Respiratory Distress Syndrome generally begins at birth and results in nearly 100% mortality if left untreated. Continuous Positive Airway Pressure (CPAP) devices can effectively treat almost all of these babies who would otherwise perish—and they do in well-resourced hospitals.

However, many of the world’s hospitals do not have access to CPAP devices and even if they do, we have found that chronic nursing shortages prevent effective usage. In the absence of CPAP, we found that doctors and nurses will fashion “homemade” devices that are risky—in many cases they can cause oxygen poisoning or blindness. Without a CPAP that recognizes the needs and context of healthcare providers, lives will continue to be lost.

Our Solution

D-Rev is developing a “smart” CPAP, leveraging the latest advances in medical research and sensor technology to provide respiratory support while lessening the burden on already thinly-stretched NICU staff.

75% of my newborn patients have at least mild RDS [Respiratory Distress Syndrome]. 20-30% of the more severe RDS cases referred to me die during their transport to my hospital.”

A doctor in Indore, Madhya Pradesh, India
Prototyping and Testing

The D-Rev CPAP has changed drastically over the course of 2018, iteration by iteration.

- Our prototype started 2018 as breadboard (the green circuit board for testing electronics) and ended the year as a functional prototype- and technical proof-of-concept.
- Since then, we’ve continually collected user-feedback and then iterated on multiple versions. The CPAP has evolved into a physical prototype with features users can interact with and test.
- In 2019, we will produce fully functional CPAPs for our human factors study where health care professionals across India and East Africa will test and provide feedback on the usability of the device.

D-Rev’s “smart” CPAP Prototype at NeoCon (pictured right)

At the annual meeting of the National Neonatology Forum in Varanasi, India, we shared our prototype with over 100 doctors and clinicians to collect feedback. Here are our favorite quotes from these users:

“*We need a device that is available to the people.*”

“*Can I buy it now? I can’t?! Tell me when it is ready!*”

“*You will have a very good future. I would buy three now!*”

“*This is great because it doesn’t require my intervention.*”
D-Rev’s Lactation Support Tool: Empowering Mothers and Babies to Win the Fight Against Infection

Oxford University estimates the total global cost of not breastfeeding to be between US$257 billion and US$341 billion, or between 0.37% and 0.70% of global gross national income each year.

D-Rev envisions a world where every baby is protected from needless and preventable deadly infections. We believe breast milk is a mother’s best defense in protecting her baby from disability or death caused by infection.

Common infectious diseases account for one-third of pediatric deaths in children under 5 years of age. They are preventable and treatable, but heavily impact poor parts of the world. Consumption of human breast milk is the strongest predictor of child survival in these settings. Yet, exclusive breastfeeding rates are stagnating at 50% and even decreasing in some areas.

Our Solution

A mother-centric lactation support tool to provide new moms with the resources they need to reach their breastfeeding goals through a mother-centered design approach. In partnership with PATH-India, we are developing a tool that will support mothers no matter where they are located. Our research has shown that while some women receive some in-hospital support, most do not, and there is negligible support once mom leaves the facility. Our approach is to leverage pre-existing mobile phone applications, to provide support to mothers in low-resource areas. We aim to democratize what is an expensive and scarce resource: expert lactation support.
PUTTING MOTHERS AT THE FOREFRONT:

Our user-centered design process also helped us realize that mothers are all too often minimized when improving a newborn’s nutrition. In many breastfeeding promotion programs, we see the focus always on the baby with minimal consideration for the mother’s well-being or her needs. We are designing our lactation support tool with mothers front and center, which will benefit her and baby.
Financials

Total Revenue
2.16 M
2018

Total Expenses
2.12 M
2018

2.03 M
2017

1.84 M
2017

D-Rev undergoes an annual financial audit.
Thank You For 10 Years of Support!

The A & A Fund
Adobe
Apple Inc.
Associated Students of Stanford
Autodesk Foundation
Bain & Company Middle East
Belkin International Inc.
William K. Bowes, Jr. Foundation
The Amy and Ping Chao Foundation
CRI Foundation (Child Relief International)
ClearNet
Stephanie Dodson Cornell and James Cornell Family Donor Advised Fund
Stuart Coulson
Da Capo Fund
DAK Foundation
Dawson Family Fund
Department for International Development (DFID)
Development Innovation Ventures (DIV), USAID
The Draper Richards Kaplan Foundation
Elmo Foundation
Fidelity Charitable, Trustee’s Philanthropy Fund
Focusing Philanthropy
Bill & Melinda Gates Foundation
Global Giving Foundation
Google Inc.
Google Inc. Charitable Giving Fund
Google.org
The Greenbaum Foundation
Ideo.org
Indo-US Science and Technology Forum
Jasper Ridge Charitable Fund
Oliana Khan
Robert Wood Johnson Foundation
Lemelson Foundation
Joe & Elizabeth Mandato Family Fund
Medtronic
William M. & Miriam F. Meehan Foundation, Inc.
Morgan Family Foundation
Mulago Foundation
National Endowment for the Arts
Network for Good
Neukermans Family Fund
New Opportunities Fund
New York Community Trust
Newman’s Own Foundation
Opportunity Foundation
Natalie Orfalea Foundation
The Kunal Patel Memorial Fund
James Patell
Peery Foundation
Project Redwood
Reis Foundation
SAP
Silicon Valley Community Foundation
Sustainable Village LLC
Surdna Foundation
Tarsadia Foundation
The Tech Museum of Innovation
Triad Foundation
Trust for Conservation Innovation
William D. Unger
University of California - Berkeley
VentureWell (formerly NCIIA)
Wadhwani Foundation
David Weekley Family Foundation
Our Team

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Andrea Coen
Director of Development

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Business Development Executive

Mayank Bhutani
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Connie Ng
Studio Coordinator

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Rob Weiss
ReMotion Product Manager

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Kelly Blank
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Shailesh Nishra
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Viney Joshi
India Country Manager

Vinay Narayan
Director of New Product Development

Vipin Tyagi
Business Development Executive
The right to health for all people means that everyone should have access to the health services they need, when and where they need them, without suffering financial hardship.

Dr. Tedros Adhanom Ghebreyesus, WHO Director-General