MedAccess


# Impact case studies

July 2023

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***We live in a golden age of medical science.***

Yet, today, more than two billion people cannot access vaccines, tests, treatments and other health technologies, leading to preventable illness, disease and death.

We're here to change that.

MedAccess exists for one reason: to bring medical innovations to more people, in more countries, as quickly as possible. We do this by brokering and financing agreements to make health products more affordable and accessible in low- and middle-income countries.

We're off to a strong start. In our first five years our agreements have helped 530 million people in over 95 countries to access health products. These are impressive numbers but behind each one is a person.

A person like Rosemary. Rosemary was pregnant in June 2022 when we visited Nigeria to see how the rollout of MedAccess-supported dual rapid diagnostic tests for HIV and syphilis was going. She told us that everyone in her village knows the importance of knowing whether you have HIV or syphilis when you are pregnant.

Our impact case studies give more insight into our agreements. You can read more about how we have helped increase access to medical innovations to tackle COVID-19, HIV, malaria, syphilis and tuberculosis.

I hope you enjoy reading about our work. Please contact me or one of the MedAccess team if you would like to find out more.

***Warm wishes***

***Michael Anderson***
*manderson@medaccess.org*

## *Why we exist*

More than two billion people are unable to access the medical products they need

## *What we do*

We broker and finance agreements that lower prices and accelerate access to medical innovations

## *How we do it*

We provide financial products such as volume guarantees and procurement guarantees

British International Investment

Our $200 million capital, provided by British International Investment, enables us to impact the lives of millions of people.

*Since 2018, our agreements have helped*

## *530 million people...*

*...to access medical innovations*

## *in over 95 countries*

# Dual rapid diagnostic tests for HIV and syphilis

SD BIOSENSOR

CLINTON HEALTH ACCESS INITIATIVE

## Impact to date

***59,000***
pregnant women with syphilis identified

***10,600***
stillbirths averted

***<$1***
first dual test offered for under $1

***7,900***
cases of congenital syphilis averted

***$883k***
direct savings

***21%***
reduction in average market price

## The challenge

Pregnant women with syphilis are 52% more likely to suffer adverse birth outcomes such as stillbirth, neonatal death, prematurity and low birth weight. UNICEF estimates that 11% of stillbirths in sub-Saharan Africa are attributable to syphilis. Pregnant women who are diagnosed with syphilis can be treated with low-cost antibiotics. However, without screening, many women do not know they have the illness. While antenatal testing rates for HIV are above 95% in many low- and middle-income countries, they remain around 50% for syphilis. Using one diagnostic test for both, known as a dual HIV/syphilis rapid diagnostic test, is an efficient way to screen women for both illnesses in one clinic visit, but can be more expensive than single tests for HIV.

## Our response

MedAccess' volume guarantee for SD Biosensor enabled the manufacturer to offer its dual test for less than $1 per test – the lowest ever price for a HIV/syphilis rapid diagnostic test, and closer to single HIV test pricing. This, together with implementation support from the Clinton Health Access Initiative, has enabled countries to scale up procurement and accelerate roll out of the dual test. For example, more than 25,000 health facilities in Nigeria now offer dual tests as part of a national rollout. This has helped to increase Nigeria's syphilis testing rate from 24% to 31%. We estimate that, over the course of the guarantee, more than 50,000 stillbirths and miscarriages will be averted in low- and middle-income countries thanks to increased access to syphilis testing.

Our guarantee is supporting the expansion of the HIV-syphilis dual test market. Since 2021, nine countries have scaled-up from pilot programmes to national or regional rollouts, using dual tests from three suppliers.


© Bloomberg via Getty Images / Guillem Sartorio, South Africa



# Viral load testing for HIV and viral hepatitis

HOLOGIC®

CLINTON HEALTH ACCESS INITIATIVE

## Impact to date

***932k***
patients not virally suppressed identified

***457k***
patients switched to 2nd line treatment

***$45m***
direct savings

***13 countries***
switched to all-inclusive tender process

***13 countries***
with more than two suppliers

## The challenge

Viral load testing is core to HIV care. It indicates whether treatment is controlling the levels of virus in a person's body. People living with HIV whose viral load is suppressed have the best chance of living longer, healthier lives with virtually no risk of onward transmission of the virus. However, in July 2022, UNAIDS reported that only 68% of all people living with HIV were virally suppressed. There are also significant differences between men and women, with 74% of women virally suppressed, compared to 65% of men. Countries have been cautious about investing in viral load testing equipment due to high and non-transparent prices with hidden costs, poor instrument servicing and maintenance, and uncoordinated and under-resourced patient sample transport networks.

## Our response

Between 2018 and the end of 2022, MedAccess provided a volume guarantee to increase access to viral load testing via Hologic's Panther® platform. The platform provides viral load testing for HIV, viral hepatitis and, since 2020, COVID-19. It also provides diagnostic testing for HPV, the leading cause of cervical cancer. Our guarantee with Hologic set a per patient test ceiling price of $12. It was also the first all-inclusive price, covering other essentials such as installation, reagents and maintenance. Hologic's commitment helped shift the market – procurers in high HIV burden countries in Africa now require all-inclusive pricing. By the end of 2022 the guarantee, supported by an implementation partnership with the Clinton Health Access initiative, increased access to tests run on the Panther® platform and helped more than 450,000 people switch to second line HIV treatment as results showed their first line treatment was not suppressing their viral load.


© Hologic / ITN Productions

# HIV self-tests

## Projected impact

Additional
**8.1m**
people tested for HIV

**33%**
average price reduction

**$6.5m**
in savings for procurers

**140**
eligible countries

## The challenge

People living with HIV need daily treatment to stay healthy. But some 5.8 million of the 38.4 million people living with HIV do not know their status, meaning they do not seek treatment and are at risk of passing the virus on. Although HIV testing has increased substantially over the past 20 years, many people find it difficult to access testing facilities, often because of where they live or because they may face stigma or discrimination. Self-testing enables people to test in privacy and seek medical help depending on the result. For people at high risk but not yet living with HIV, it is also the first step in accessing pre-exposure prophylaxis (PrEP). However, widescale adoption of HIV self-testing was hindered by prevailing high prices due to a lack of competition.

## Our response

MedAccess provided a volume guarantee to Wondfo, enabling the company to make its HIV self-test available for $1. Working with the Clinton Health Access Initiative, the partners aim to increase availability and access to the test in 140 eligible countries. Furthermore, the $1 price will allow health officials to open up new ways of using the test, for example monitoring during PrEP or replacing risk-based screening tools in health facilities.

MedAccess estimates that an additional 8.1 million people will test for HIV using tests supported by our agreement. Those who return a positive self-test can seek a confirmatory test with a qualified health worker and start treatment as soon as possible.

Wondfo is offering the test at 33% below the current lowest priced-test and 50% lower than the most widely used test. By helping Wondfo make its self-test the most affordable WHO prequalified test on the market, MedAccess is contributing towards the first of UNAIDS' 95-95-95 global HIV targets: for 95% of people living with HIV to know their status.

© Wondfo



# 3HP preventive treatment for latent tuberculosis

## Impact to date

**419k**
additional people completing treatment

**882k**
approximate cases of latent TB in household contacts averted

**106k**
hospitalisations due to treatment side effects averted

**32%**
average price reduction

**$22m**
direct savings

**Note:** MedAccess' volume guarantee was conducted in collaboration with Unitaid and its partners as part of the IMPAACT4TB project.

## The challenge

Tuberculosis (TB) is the world's leading cause of death from an infectious disease. In 2021, TB claimed the lives of 1.6 million people, including 187,000 people living with HIV. Latent TB is often cited as the reservoir of the TB epidemic. Worldwide, an estimated 1.7 billion people are living with latent TB, usually without symptoms. Without treatment, 5-10% of people with latent TB will develop active TB in their lifetimes, with children under the age of five and people living with HIV at higher risk. In the past, TB preventive treatments to tackle latent TB have required patients to take multiple pills daily for up to 36 months. The pills often have unpleasant and toxic side effects. Newer, short-course treatments, which can be taken over 1-3 months, are more patient friendly. They have better completion rates – which reduces the risk of increasing resistance to TB treatment – and are less likely to cause liver damage. However, they are more expensive than the current standard of care. The nascent market for short-course treatment was dominated by one supplier, which had indicated it was looking to exit the market in the next couple of years.

## Our response

MedAccess provided a volume guarantee to Macleods for its three-month latent TB treatment (known as 3HP). Under the terms of the agreement, Macleods agreed to scale up production capacity to 1.5 million patient courses in 2021 and looked to increase production further to meet anticipated demand. The company also offered to make 3HP available for $15 per course to more than 130 low- and middle-income countries, and reduced the price to $14.25 per course from July 2022. Our guarantee helps ensure that the 3HP supply remains stable as countries introduce this important product into TB prevention programmes. Since this volume guarantee was first announced, a new supplier has entered the market, strengthening the market with greater competition and improved supply sustainability.

By the end of 2022, our agreement was supporting access to 3HP in more than 40 countries. It complements a broader set of interventions through Unitaid's IMPAACT4TB project, led by the Aurum Institute with technical assistance from the Clinton Health Access Initiative.


© CHAI / Eugene Ncube

# Treatment for drug-resistant tuberculosis

## Progress to date

***34%***
price reduction for pretomanid, a lifesaving medicine used to treat drug-resistant TB

## Projected impact

***31,000***
adverse events avoided as patients switch from current standard of care

***36,000***
additional patients projected to be successfully treated

## The challenge

Tuberculosis (TB) affects people in every country on earth. It has been the world's most deadly infectious disease over the last decade, claiming 1.6 million lives in 2021 alone. TB is preventable and curable but is increasingly resistant to first-line treatments. Drug-resistant tuberculosis (DR-TB) is a public health crisis. The WHO estimates that 450,000 people are living with DR-TB and of the 150,000 who receive treatment, only 60% are treated successfully. This is partly because previously recommended treatment options require patients to take as many as 20 pills per day for up to 20 months. Some of the pills have toxic side effects, making patients feel even more unwell and reducing the likelihood of them finishing their treatment courses successfully.

In 2022, The WHO recommended a six-month treatment regimen, known as BPaLM, that requires patients to take only four or five pills per day. Trials found the regimen to be more than 89% effective in successfully treating patients with multidrug-resistant TB. However, the regimen includes newer TB drugs, which are more expensive than those previously used, meaning procurers and governments face difficult decisions in adopting a new regimen given limited budgets. Price reductions are urgently needed to accelerate access and facilitate scale-up of the BPaLM regimen.

## Our response

MedAccess is working with Viatris and TB Alliance to increase access to pretomanid (the Pa in BPaLM). In December 2022, the partners announced that Viatris had agreed to reduce the ceiling price of pretomanid by 34% in more than 130 low- and middle-income countries. This price reduction brings the price of BPaLM much closer to the price of previously recommended treatment regimens, allowing countries to switch to this new, more effective regimen more easily.

MedAccess forecasts that expanded access to pretomanid through the proposed guarantee is likely to help 36,000 additional patients to be successfully treated for DR-TB. Additionally, 31,000 adverse events could be avoided as patients are treated with newer, better-tolerated drugs.

© TB Alliance / Brendan Hoffman, Ukraine



# Next-generation mosquito nets

## Impact to date

***11.8m***
cases averted (additional to standard nets)

***21,800***
deaths averted (additional to standard nets)

***$25.9m***
in savings to the health systems due to averted cases and treatment

***95.1k***
severe cases averted (additional to standard nets)

***16 countries***
ordering Interceptor® G2 nets

***$24m***
direct savings for producers

## The challenge

Malaria claimed 619,000 lives in 2021, 96% of whom lived in sub-Saharan Africa. Children under five accounted for 80% of the malaria deaths in Africa. Despite progress in recent decades, the malaria response faces the challenge of increasing mosquito resistance to the pyrethroid insecticides in standard nets. Of 38 countries reporting the intensity of pyrethroid resistance to the WHO, 27 reported high intensity resistance across 293 sites. Millions more people are at risk of malaria as the nets become less effective in high resistance areas. While the price of standard nets has reduced substantially over the past decade, next-generation nets, which are effective against resistant mosquitos, are more expensive. Many countries were cautious about buying next-generation nets while clinical trials in Tanzania and Benin were still underway.

## Our response

Between 2019 and 2022, MedAccess teamed up with the Bill & Melinda Gates Foundation to provide a four-year volume guarantee to BASF to increase access to Interceptor® G2 mosquito nets, including through the New Nets Project administered by the Innovative Vector Control Consortium. Interceptor® G2 is a next-generation net combining pyrethroids with chlorfenapyr, an active ingredient new to public health. It is more effective than standard pyrethroid-only nets in areas where mosquito resistance is prevalent. BASF committed to higher production volumes, while offering price reductions of c. 40% for at least 35 million nets. By the end of 2022, more than 41 million Interceptor® G2 nets had been distributed to 16 countries in sub-Saharan Africa, protecting more than 73 million people. In March 2023, following highly successful trials in Benin and Tanzania that showed Interceptor® G2 nets are significantly more effective at preventing malaria cases than standard pyrethroid-only nets, the WHO issued a strong recommendation for their use. Our guarantee enabled people to benefit from the nets ahead of the recommendation and provided BASF with confidence to maintain high levels of production to meet anticipated demand.


© BASF, Namibia

# G6PD testing for *P. vivax* malaria treatment

SD BIOSENSOR

PATH

## Impact to date

**3,000**
additional people on any treatment

**1,000**
malaria relapses averted

**$128k**
direct savings

**5 countries**
completing pilot studies

**2 countries**
scaling up G6PD quantitative testing

## The challenge

The *P. vivax* malaria parasite caused an estimated 4.9 million cases of malaria in 2021. Complete treatment requires elimination of the parasite from the blood as well as the liver. However, doctors are wary of prescribing the most effective treatments (7-day regimen primaquine, or a new single dose treatment with tafenoquine) for liver stage infection because they can cause severe anaemia in people with G6PD enzyme deficiency.

In places with no access to testing for G6PD enzyme deficiency, *P. vivax* malaria patients are usually prescribed lower doses of primaquine for up to eight weeks. However, patients often stop taking the pills when they start to feel better, and this can lead to reinfection as the parasite persists in their livers.

These reinfections are slowing progress towards *P. vivax* malaria elimination. Lack of G6PD testing is estimated to contribute to global costs of $135 million.

Due to the relatively small size and uncertainty of the G6PD testing market, most manufacturers are unwilling to produce the test. In 2021, the only remaining supplier, SD Biosensor, indicated that it was facing commercial pressure to cease production.

## Our response

MedAccess provided a volume guarantee to SD Biosensor to reduce the risks of market uncertainty, resulting in greater supply security and enabling the manufacturer to lower the price of its G6PD testing kits. Working with PATH, we aim to increase access to and adoption of G6PD testing in countries with high *P. vivax* malaria burden. This will enable healthcare workers to provide the most effective treatment to ensure the parasite is killed and patients are cured.

MedAccess' guarantee helps the G6PD testing market remain active with stable supply of G6PD tests and more competitive pricing. Ultimately, increased access to G6PD testing is essential for the elimination of *P. vivax* malaria.

© PATH / Conner House



# Supporting production of the world's first malaria vaccine

GSK Gavi The Vaccine Alliance

## The challenge

The RTS,S malaria vaccine has the potential to prevent the deaths of hundreds of thousands of children. The vaccine received regulatory approval from the European Medicines Agency in 2015 following three decades of development by GSK, with support from global health funders. However, due to the complex nature of the disease, the vaccine profile and the requirement for a new four-dose schedule, the WHO required a multi-country pilot implementation programme before providing a recommendation for large-scale use. Without a policy recommendation from the WHO and a positive funding decision from Gavi, the Vaccine Alliance, there was a risk to continued production. A halt in production could have significantly delayed country rollouts following positive policy and funding decisions.

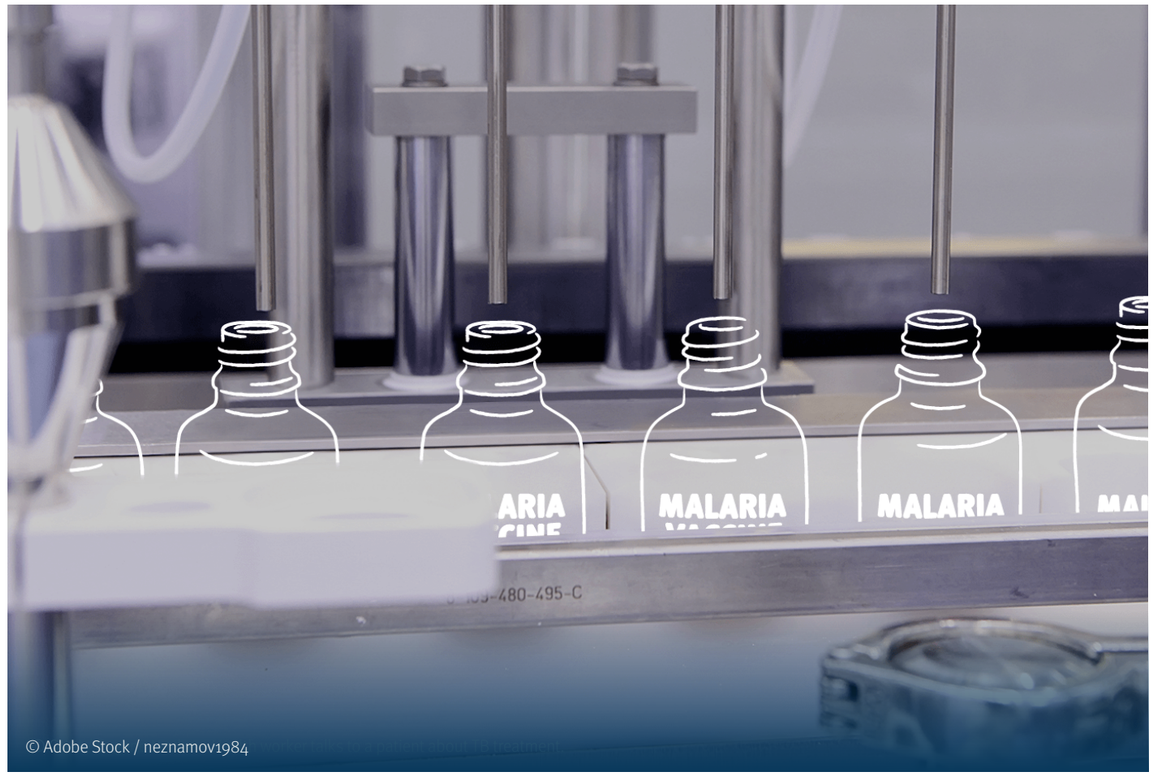
## Our response

MedAccess, Gavi and GSK agreed an innovative financing arrangement to ensure the continued production of RTS,S bulk antigen. The agreement saw Gavi provide funding to GSK for ongoing production ahead of policy and financing decisions. MedAccess provided Gavi with a guarantee to replenish its funds in the event of a negative policy or funding decision. In October 2021, WHO recommended RTS,S for broad use among children in sub-Saharan Africa and Gavi agreed to open a funding window at its Board meeting two months later.

## Impact

MedAccess' support for the continued production of RTS,S antigen ahead of key policy and funding decisions will enable more children to be vaccinated against malaria. With visibility on production volumes, Gavi was able to invite countries to apply to introduce the vaccine shortly after securing Board approval, with applications reviewed in early 2023.

Immunisation programmes using vaccines supported through the MedAccess-GSK-Gavi agreement are expected to begin in late 2023. Children will receive the vaccine in their routine immunisation schedule alongside other childhood vaccines such as pneumococcal and pentavalent. If production had been halted and introductions delayed, millions of children may have been at risk of severe malaria having missed out on the vaccine as part of their routine shots.

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# COVID-19 vaccines

COVAX

OPEN SOCIETY FOUNDATIONS

## The challenge

Unprecedented scientific, industrial and political collaboration saw COVID-19 vaccines developed and approved in record time. But COVID-19 vaccine distribution was fraught with inequity. COVAX, the global partnership set up to ensure equitable distribution, struggled to hit its target of distributing two billion doses by the end of 2021 as dose hoarding, export bans and supply constraints delayed shipments. As the supply situation improved in 2022, COVAX sought to make more doses available at favourable prices to help countries accelerate progress towards national immunisation targets.

## Our response

MedAccess and the Open Society Foundations each provided $100 million of guarantee finance to create a risk-sharing facility for COVAX. The facility reduced financial risks in procurement, enabling COVAX to respond to requests from the world's 92 lowest-income countries for additional COVID-19 vaccines. Countries then had access to a wider range of lower-cost vaccines through the COVAX cost-sharing mechanism. The facility provides a financial backstop for COVAX when it orders additional vaccines on behalf of countries using their own resources. It is designed to help countries aiming to reach the WHO target of 70% vaccine coverage. MedAccess estimates that our contribution to the facility could, if fully utilised, support up to an additional 8.3 million people being fully vaccinated against COVID-19.

COVAX is a global initiative that aims to ensure equitable distribution of vaccines against COVID-19. Part of the Access to COVID Tools Accelerator (ACT Accelerator), it is coordinated by Gavi, the Coalition for Epidemic Preparedness Innovations (CEPI) and the WHO, alongside key delivery partner UNICEF.

© UNICEF / Srishti Bhardwa



# Essential COVID-19 and other supplies

unicef

## Impact to date

***456m***
COVID-19 vaccines and other childhood vaccines

***2.8bn***
syringes and safety boxes for safe injection

***7 months***
faster delivery on products such as childhood vaccines compared to if countries did not order through UNICEF

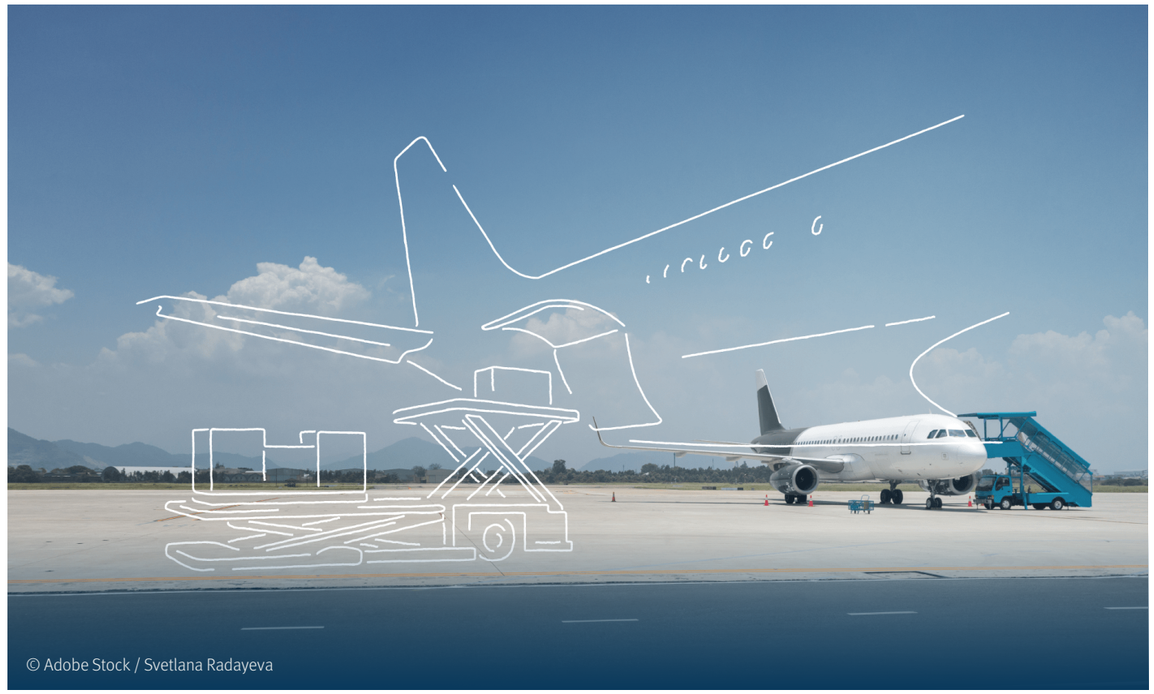
***9.8m***
diagnostics and equipment

## The challenge

The first wave of COVID-19 led to unprecedented demand for medical supplies, which fuelled price volatility and supply shortages as manufacturers battled to meet demand. Countries with greater purchasing power were better able to absorb higher prices and place large orders, while low- and middle-income countries were forced to the back of the queue for essential supplies. In addition, COVID-19 negatively affected routine health services such as immunisation and maternal and child health provision. Major procurers were able to negotiate lower prices for high volume COVID-19 orders, but they were only able to place orders on behalf of countries when funding or finance was in place. This threatened to leave lower-income countries waiting months for vital supplies.

## Our response

MedAccess provided a $50 million procurement guarantee to the UNICEF Supply Division. The guarantee enabled UNICEF to procure essential COVID-19 and non-COVID-19 supplies on behalf of countries. Procuring through UNICEF enabled countries to expedite delivery of COVID-19 supplies and access the lower prices negotiated by UNICEF, which is the largest purchaser of health supplies in the world. The guarantee initially ran from July 2020 for one year. It was extended in March 2021 and expired on 31 December 2022. As the urgent need for COVID-19 products reduced, the guarantee supported UNICEF's procurement of other essential health products, including childhood vaccines, on behalf of countries.



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MedAccess


For more information, please contact

***info@medaccess.org***

MedAccess
84 Eccleston Square
London
SW1V 1PX

Registered in England no 11080032