

Impact case studies

September 2025



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Welcome

Every day, medical innovations save and change lives. Illnesses that were a near-term death sentence a generation ago are now manageable – and even curable – thanks to modern treatments. Yet for millions of people, these marvellous medical advances remain out of reach. MedAccess exists to change that.

We bridge the gap between makers and buyers so that millions more people can access the health products they need when they need them. We use innovative finance tools creatively to reduce financial risks, lower prices, increase supply and improve access for patients.

We collaborate with global, regional and national partners who share our commitment to improving human health. Every partner plays a crucial role. Innovative companies provide cutting-edge health products. Global and regional health organisations pool demand and set regulatory standards. Frontline health systems get products into patients' hands. MedAccess' role is to combine rigour, commercial insight and public health expertise with powerful innovative finance to help all our agreement partners reach their goals.

Together, we have achieved impressive results, with 559 million people in more than 115 countries benefitting from products purchased under MedAccess guarantee terms. Additionally, procurers have saved more than \$217 million.

Despite seismic shifts in global health in 2025, MedAccess' impact to date gives me confidence that we can achieve even more in the future. We are ready for the new era thanks to our diverse partnerships, our exceptional team and the strong financial backing of our founder, British International Investment.

I hope you are inspired by these case studies. Please get in touch with me to find out more.

Warm wishes,



Michael Anderson

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Chief Executive Officer
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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.



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

Introduction

Our impact

Since 2017, MedAccess-supported products have reached:



559m
people

Vaccines, diagnostics, medicines and other health technologies supported by our agreements have reached 559 million people.



>115
low and middle-income countries

Our agreements support partnerships that have benefitted people living in over 115 low- and middle-income countries and geographies.



\$217m
in savings for purchasers

Our agreements have enabled manufacturers to offer their products at lower prices, leading to \$217 million in savings for purchasers. The overall savings for health systems are likely to be far higher.



“People reached” indicates the total number of people who have benefitted from access to health products under the terms of MedAccess’ agreements, meaning any person who benefits from more than one health product is counted more than once. Impact figures for individual agreements indicate downstream outcomes resulting from improved access to health products due to MedAccess’ agreements.

Active agreements

Dual rapid diagnostic tests for HIV and syphilis



The challenge

Pregnant women with syphilis are 52% more likely to experience adverse birth outcomes such as stillbirth, neonatal death, prematurity and low birth weight. Latest available data from UNICEF estimates that 11% of stillbirths in sub-Saharan Africa are attributable to syphilis. Although syphilis is treatable with low-cost antibiotics, many women remain undiagnosed due to low screening rates.

While antenatal HIV testing rates exceeded 95% in many LMICs at the start of our agreement, syphilis testing reached only 50%. Dual HIV/syphilis rapid diagnostic tests allow screening for both diseases in one visit but are often more expensive than single HIV tests.

Our response

In 2021, MedAccess launched a volume guarantee with SD Biosensor, enabling the company to offer its dual HIV/syphilis test for \$0.95 – the lowest price ever for an HIV/syphilis rapid test and comparable to a single HIV test. With implementation support from CHAI, countries have expanded procurement and accelerated rollout. For example, from the start of our agreement to the end of 2023, over 25,000 health facilities in Nigeria started offering the dual test, increasing syphilis testing rates from 24% to 31%.

With CHAI’s support, our guarantee has helped to build a diverse and sustainable market for dual testing across 14 countries – many of them smaller nations who had not previously planned to introduce the tests. By the end of 2024, an estimated 31 million pregnant women had benefitted from access to the dual tests, leading to more than 90,000 stillbirths being averted thanks to timely treatment with low-cost, widely available antibiotics.

Impact to end of 2024

446k
pregnant women with syphilis identified

96.3k
stillbirths averted

\$11.3m
direct savings for procurers

69.1k
cases of congenital syphilis averted

21%
reduction in average market price until mid-2024



Active agreements

HIV self-tests



The challenge

People living with HIV require daily treatment to stay healthy, but around 14% of the 39.9 million people living with HIV globally in 2023 didn’t know their status. Without testing, they can’t access treatment and risk transmitting the virus. Despite increased HIV testing over the past 20 years, many still face barriers such as distance, stigma or discrimination.

HIV self-testing provides a private and convenient option for people. It’s also a gateway to accessing pre-exposure prophylaxis (PrEP) for those at high risk but not living with HIV. However, high prices – due to a lack of competition – have slowed widespread adoption.

Our response

In July 2022, MedAccess announced a volume guarantee with Wondfo, enabling Wondfo’s HIV self-test to be sold for just \$1. The partnership with Wondfo aims to increase access to 140 eligible countries and is supported by CHAI and other critical partners. The low price will help countries explore new uses, such as monitoring during PrEP or replacing risk-based screening tools.

By the end of 2024, an estimated 750,000 additional people had been tested using MedAccess-supported tests. More than 12,000 people living with HIV were connected to care as a result of the tests. During the year, three high HIV burden countries – Cameroon, Kenya and South Africa – approved Wondfo’s test for use in their health systems.

At \$1, the test is 33% cheaper than the next lowest-priced option and 50% below the most widely used product. By helping Wondfo make its self-test the most affordable WHO-prequalified test available, MedAccess is supporting progress toward UNAIDS’ third target of 95% of people with HIV knowing their status.

Impact to end of 2024

750k
additional people tested for HIV

\$777k
direct savings

12.2k
additional people living with HIV starting treatment

33%
average price reduction

Past agreements

Viral load testing



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 human papillomavirus (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 CHAI, 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.

Impact

932k
people living with HIV who were not virally suppressed identified

457k
patients switched to secondline HIV treatment

\$45m
direct savings for procurers



Active agreements

Treatment for drug-resistant TB



The challenge

TB remains one of the world’s deadliest infectious diseases, claiming 1.25 million lives in 2023. Drug-resistant TB (DR-TB) is a growing public health crisis, with 400,000 people affected in 2023 and 175,900 receiving treatment. Success rates are low – 68% of those treated in 2021 were cured – partly due to the complexity and toxic side effects of older treatment regimens, which required up to 20 pills daily for as long as 20 months.

In 2022, the WHO recommended a new six-month regimen – BPaLM – that requires four or five pills per day, with trials showing it to be more than 89% effective. However, BPaLM includes newer, more expensive drugs such as pretomanid, making it difficult for governments to adopt the regimen within limited budgets. Lower pricing was urgently needed to expand access.

Our response

In December 2022, MedAccess, Viartis and TB Alliance partnered to reduce the price of pretomanid – the ‘Pa’ in BPaLM – by 34% across more than 130 LMICs. This, along with a separate price cut for bedaquiline (the ‘B’), brought the full BPaLM regimen to under \$500 per six-month course.

As a result, approximately 29,500 additional patients have been treated, helping to avert an estimated 25,300 severe adverse events that likely would have occurred with older regimens. In 2024, India adopted BPaLM as the first-choice treatment for drug-resistant tuberculosis patients older than 14 and placed its first order of pretomanid. This was a significant milestone as the country has the largest DR-TB burden globally. Other countries that rolled out BPaLM during 2024 included South Africa and Indonesia.

Impact to end of 2024

29.5k
additional patients successfully treated

25.3k
severe adverse events averted

\$12.7m
direct savings

Past agreements

3HP preventive treatment for latent TB



The challenge

In 2022, TB claimed the lives of 1.3 million people, including 167,000 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 five and people living with HIV at higher risk.

In the past, 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 – reducing the risk of increasing resistance to TB treatment – and are less likely to cause liver damage. However, they are more expensive. The nascent market for short-course treatment was dominated by one supplier, which had indicated it was looking to exit the market due to limited uptake.

Our response

MedAccess provided a volume guarantee to Macleods for its three-month latent TB treatment (known as 3HP). Under the agreement, Macleods agreed to scale-up production capacity to 1.5 million patient courses in 2021 and looked to increase production to meet anticipated demand. Our agreement secured Macleods’ commitment to make 3HP available initially at \$15 per course with a step down to \$14.25, setting a low-cost price benchmark for new competitors. When a new supplier subsequently entered the market, it did so at the same price – driving greater competition and improving supply sustainability. In 2023, the Global Drug Facility, in collaboration with USAID and PEPFAR, lowered the price to \$9.99 per course – a 30% reduction.

This volume guarantee ended in December 2023, having supported access in over 52 countries. It helped to secure supply of this vital treatment, improve the competitiveness of the market, and lay the foundations for further price reductions.

Our agreement complemented broader interventions made through Unitaid’s IMPAACT4TB project, led by The Aurum Institute with technical assistance from CHAI.

Impact

648k
additional people completing treatment

163k
hospitalisations due to treatment side effects averted

\$29m
direct savings for procurers

1.4m
approximate cases of latent TB in household contacts averted

32%
average price reduction



Active agreements

G6PD testing for *P. vivax* malaria treatment



The challenge

Complete treatment for *P. vivax* malaria requires elimination of the parasite from the liver. However, the most effective treatments (7- or 14-day regimen primaquine or single-dose tafenoquine) can cause severe anaemia in people with G6PD enzyme deficiency. In areas without access to G6PD testing, patients are often not prescribed these treatments or are given an eight-week primaquine course, which many do not complete. As a result, the parasite persists in their livers, leading to future relapse.

Market uncertainty has discouraged suppliers from producing the G6PD test. In 2021, SD Biosensor – the only remaining supplier – faced declining demand, which risked halting production.

Our response

MedAccess provided a volume guarantee to SD Biosensor to reduce market risk and support continued production. This enabled the company to sustain and stabilise production of its G6PD testing analysers and kits. In partnership with PATH, we are helping expand access to G6PD testing in countries with high *P. vivax* malaria burden.

In 2024, Brazil became the first malaria-endemic country to roll out G6PD testing alongside single-dose tafenoquine. Later the same year, tafenoquine and SD Biosensor’s G6PD test were prequalified by WHO and subsequently both were included in updated WHO malaria guidelines. This inclusion into WHO guidelines will enable routine roll-out of G6PD testing. Our guarantee is helping stabilise the market and increase access to G6PD tests, critical to eliminating *P. vivax* malaria.

Impact to end of 2024

17.9k
additional people on any treatment

5.3k
malaria relapses averted

\$1.9m
direct savings for procurers

*Impact estimates for G6PD testing are lower than 2023 due to later than expected adoption of single-use tafenoquine in many target countries.



Past agreements

The world's first malaria vaccine



In 2024, children in Cameroon became the first to receive RTS,S – the world's first malaria vaccine – through routine immunisation programmes. By the end of the year, nine African countries were protecting their children with the vaccine, using doses supported by our innovative financing partnership with Gavi and GSK. The arrangement, made back in 2021, ensured the continued production of the vaccine's bulk antigen – with Gavi providing funding to GSK for ongoing production – which was at risk ahead of policy and financing decisions.

Meanwhile, we provided a guarantee to Gavi to replenish its funds in the event of a negative policy or funding decision. RTS,S implementation pilots began in 2019, reaching more than two million children over four years in Ghana, Kenya and Malawi. In 2021, the WHO recommended the RTS,S vaccine for broad use among children in sub-Saharan Africa. And in 2023, plans for a wider rollout of 18 million doses across 12 countries were announced. A second vaccine, R21, was approved for use by WHO in October 2023 and is also being rolled out to children in Africa with Gavi support. These two vaccines have the potential to prevent millions of deaths from malaria over the next decade.

Impact

1.3m

estimated cases averted

5.3k

estimated deaths averted

9

countries introduced RTS,S by end of 2024



Past agreements

Next-generation mosquito nets



The challenge

Malaria claimed 608,000 lives in 2022, 95% 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 around 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.

Impact

15.6m

cases averted (additional to standard nets)

122k

severe cases averted

36.2k

deaths averted (additional to standard nets)

19

countries ordering Interceptor® G2 nets

\$34.2m

in savings to health systems due to averted cases and treatment

\$24m

direct savings for procurers

Active agreements

UNICEF medical supplies



The challenge

UNICEF's Vaccine Independence Initiative (VII) is a pre-financing mechanism that helps countries bridge temporary funding gaps to ensure the timely procurement of essential health supplies. Established in 1991, VII was initially focused on vaccines and now includes other critical products, such as medicines, bed nets, nutrition items and cold chain equipment.

By offering flexible credit terms, VII enables countries to pay after critical supplies are delivered, helping avoid stock-outs and supporting more reliable access to essential commodities. For instance, a country facing a budget disbursement lag may still proceed with procurement, resulting in faster delivery and a reduced risk of disruption to planned health campaigns.

Demand for VII has grown in recent years, particularly during global health emergencies. During the COVID-19 pandemic, VII supported procurement across numerous countries, enabling them to benefit from UNICEF's purchasing power. As transaction sizes and country needs increased, the facility's financial capacity was increasingly stretched.

Our response

MedAccess provided UNICEF with a \$10 million procurement guarantee in March 2024, later increased to \$30 million to meet growing demand.

This guarantee enables VII to place larger and more frequent orders on behalf of countries. It also helps VII maximise the impact of financial contributions from others such as the Gates Foundation, the Swedish International Development Cooperation Agency and the United States Fund for UNICEF.

As the world's largest health product procurer, UNICEF drives economies of scale, securing lower prices for essential supplies. VII accelerates procurement, giving countries quicker access to high-quality products when needed.



Past agreements

COVID-19 supplies



During the initial phase of the COVID-19 pandemic, the demand for essential health supplies far exceeded the available supply, particularly in LMICs. Countries with greater purchasing power were better able to absorb higher prices and place large orders, while LMICs were forced to the back of the queue. Such unprecedented demand fuelled price volatility and supply shortages as manufacturers battled to meet countries' needs. Some items were quoted at prices up to 20 times higher than pre-pandemic rates.

To address this, MedAccess provided a \$50 million procurement guarantee to the UNICEF Supply Division, enabling the expedited delivery of essential COVID-19 and non-COVID-19 supplies for LMICs at lower prices negotiated by UNICEF. As the urgent need for COVID-19 products decreased, the guarantee evolved to support UNICEF's procurement of other vital health products, such as childhood vaccines, on behalf of countries through its pre-financing mechanism.

Past agreements

COVID-19 vaccines



MedAccess and the Open Society Foundations each contributed \$100 million in guarantee finance to establish a risk-sharing facility for COVAX, a global initiative to ensure equitable distribution of COVID-19 vaccines.

Unprecedented scientific, industrial and political collaboration led to the rapid development of highly effective COVID-19 vaccines and yet by the end of 2021, only 33% of people in Africa had received their first dose. This facility mitigated financial risks in procurement, allowing COVAX to respond to requests from the world's 92 lowest-income countries for additional vaccines. As a result, these countries gained access to a broader range of lower-cost vaccines through the COVAX cost-sharing mechanism.



Supporting information

Photography credits

- Front cover:** © pexels - Lagos Food Bank Initiative
- 6:** © MedAccess/Bernard Kalu - Godwin Neebeh, Laboratory Technician, sets up to conduct a HIV and Syphilis test with the dual kits in Rivers State University Teaching Hospital, Port Harcourt Rivers State, Nigeri.
- 7:** © CHAI - A man speaks to a healthcare worker.
- 8:** © Hologic - A lab technician using the Hologic Panther® machine.
- 9:** © Dato Koridze / TB Alliance - Diagnosing TB often requires x-rays to see damage to the lungs.
- 10:** © The Global Fund/Yousuf Tushar/Panos - A patient takes her TB treatment at her home in Dhaka, Bangladesh.
- 11:** © MedAccess/MMV/PATH - Nurse Raissa training healthcare worker Angel on how to use the G6PD test in Porto Velho, Brazil.
- 12:** © PATH - UN - Mothers line-up and wait for their children to receive the malaria vaccine, Mkaka Primary School Outreach, Malawi.
- 13:** © Oliver Lassen / BASF, Nigeria - Infants, children under five and pregnant women are the most vulnerable groups to malaria.
- 14:** © UNICEF/UNI409319/Brown - UNICEF staff members and volunteers pack boxes with supplies that will be shipped for children at the UNICEF Supply Division’s warehouse in Copenhagen, Denmark.
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- 15b:** © UNICEF/UNo428102/Yeslam - Health care workers are vaccinated against COVID-19, Sudan.

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