The UN Sustainable Development Goals (SDGs) take a bold position to end the epidemics of HIV, TB and malaria. BD is involved in all three of these spaces, including as a key player in HIV staging and monitoring with flow cytometers distributed across the globe.

Since 2002, BD has been in a partnership with the Clinton Health Access Initiative (CHAI) to expand access to CD4 testing in Africa, Asia, Latin America and Eastern Europe and to provide deeply discounted pricing of up to nearly 75%. In 2014, BD launched the BD FACSPresto™ system, a near-patient, complete CD4 testing solution designed to improve patient access. With the launch of BD FACSPresto, BD and CHAI are continuing their partnership, along with Unitaid and ministries of health, on a CD4 access solution. The goal of this program is to ensure appropriate CD4 devices are placed at various levels of the healthcare system, enabling governments to efficiently manage changing dynamics in the HIV staging and monitoring market.

BD FACSPresto launched amid a time of intense upheaval in the HIV & AIDS diagnostics market. WHO guidelines published in 2013 recommended the introduction of viral load testing for all patients on antiretroviral therapy (ART) where resources were available. In 2016, the WHO introduced new guidelines to initiate all HIV-positive patients on ART regardless of the status of their disease progression. Both policies were the standard of care in the United States, Europe and other high resource settings, but in resource-limited settings these policy changes demanded intensive investment by national public health programs and donors, and inherently changed the role of CD4. Yet CD4 remains a valuable tool to clinicians to monitor patient health at treatment initiation and throughout treatment. In parallel with increasing access to viral load monitoring and moving toward universal treatment, countries will still need to maintain well-managed CD4 testing networks—though the specific requirements for this CD4 network are changing.

CHAI, supported by Unitaid, and BD identified an opportunity to strengthen access to CD4 testing through a solution-based model. The addition of the BD FACSPresto near patient system to the existing BD product line provides a complete suite of CD4 testing solutions, servicing the needs of health centers up to large district hospitals, depending on patient volumes and accessibility. The partnership aims to deploy those technologies efficiently based on testing demands. This solution-driven business model will provide cost savings for countries, particularly when considering the cost per delivered result, and allow the flexibility in device placement necessary to meet changing patient demands.

Kenya and Swaziland were selected as the first two markets for this program, as they are countries with advanced policy regarding CD4 and viral load. Kenya, in particular, has one of the largest public health sector CD4 networks in sub-Saharan Africa and could provide useful evidence to expand the framework to other countries. In both countries, CHAI mapped the testing network and representatives from CHAI,
alongside BD and government, examined facilities’ patient and testing volumes, instrument statistics, and procurement data. CHAI also conducted a series of field visits to interview health workers at facilities. The result was a deep understanding of the inefficiencies and capacity challenges within the existing networks.

This work culminated in the announcement of an agreement by BD, Ministries of Health in Kenya and Swaziland, CHAI and Unitaid to support the delivery of a CD4 Access Solution where BD would partner with governments to upgrade outdated devices, introduce new devices to appropriate sites, improve service and maintenance, and provide connectivity to link the network. The program encompasses broad-scale improvements in the value for money, efficiency and access to CD4 testing.

The CD4 Access Solution program provides a compelling example of the promise of evaluating diagnostics networks and revitalizing business models to meet program needs in pursuit of SDG 3.

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