

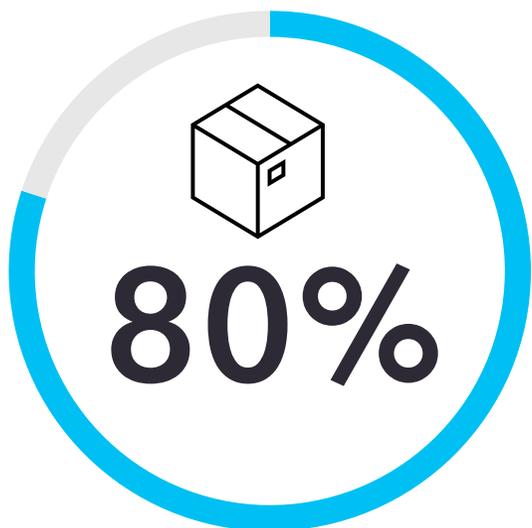


From Science To Rapid Access



Pretomanid

Access Snapshot



80% OF GLOBAL DEMAND

serviced in the **3rd year** since WHO guidelines

Through 2025

PRETOMANID SHIPPED FOR



246,000

Patients

IN

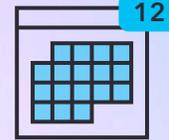
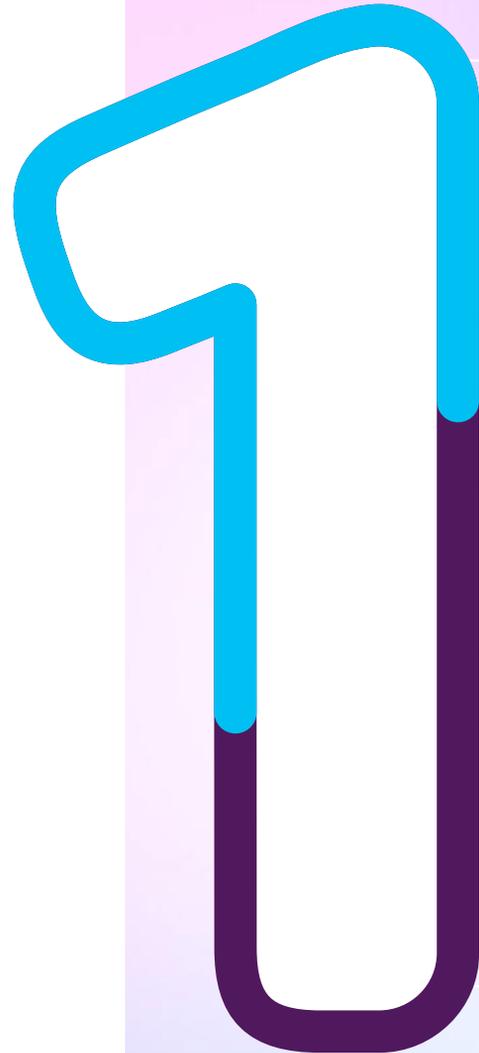


110+

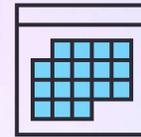
Countries



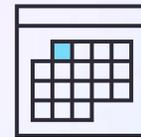
Can we do
this in...



ONE YEAR



ONE MONTH

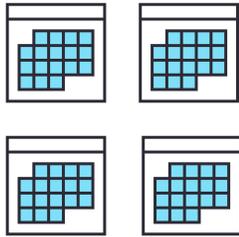


ONE DAY

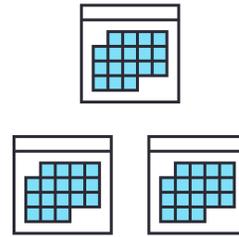


Strong market signal for pan-TB LAI

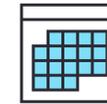
FINDINGS FROM MARKET FEASIBILITY STUDY SHOW



4-month oral SPaL regimen for DR-TB acceptable to market; most would adopt



DS-TB treatment must be shorter than **3 months** to trigger adoption



1-month LAI would be highly favorable for DS- and DR-TB; high willingness to adopt and pay



Our access approach for BPaL/M

1

PRODUCT ACCEPTABILITY

Scientific market research

Relative importance of product attributes

What countries needed to change or do to successfully implement BPaL/M

2

AFFORDABILITY

Low starting price: 60-80% below BDQ, DLM

Demonstrated value-proposition

Proactive volume guarantee reduced price further at the point of scale up. Value-prop hard to ignore.
Established trust

3

EARLY & SUSTAINED COUNTRY ENGAGEMENT

Local clinical evidence in 12-13 countries directly/indirectly

Health economics / investment cases

Local partnerships for higher quality, cost-effective technical support for scale-up

4

FUNDING

Proactively planned and engaged donors to fund country level implementation and global initiatives

Stretched every \$ by implementing a series of cost-effective access initiatives



ACCESS PROJECTS IN COUNTRIES ACCOUNTING FOR

ABOUT 70%



of global DR-TB caseload

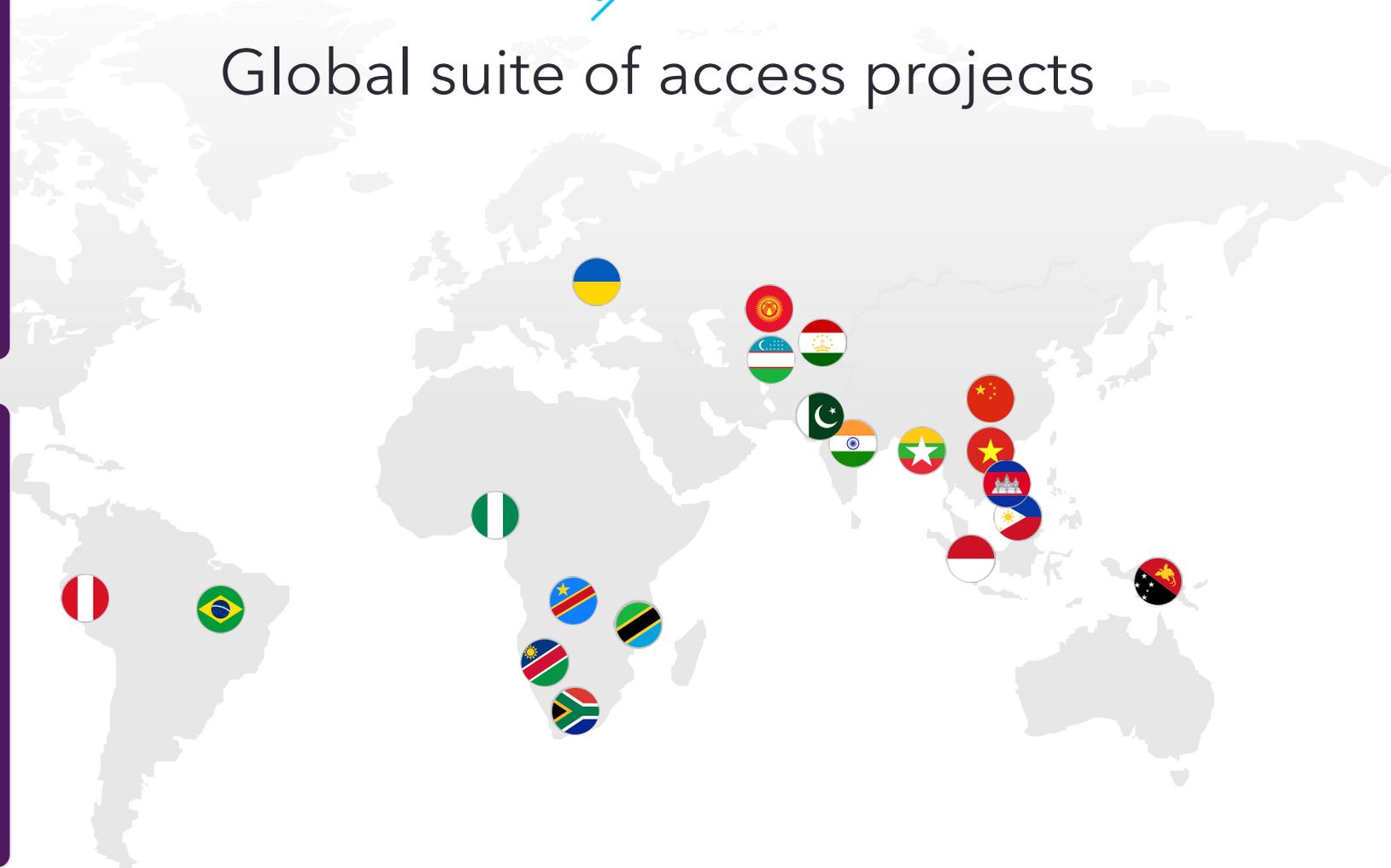
In countries where TB Alliance
has access programs,

BPAL/M COVERAGE RATES AMONG NEW PATIENTS ARE

ABOUT 80%



Global suite of access projects





Applying lessons learned from BPaL implementation

IMPROVING THE PATH TO ACCESS FOR SORFEQUILINE

Field evidence can help reduce lag between regulatory approval and national policy

Assessing **implementation feasibility** early on helps drive uptake

Cost-effectiveness is critical for acceptance of a new treatment

Community- and country-led approaches are far more easily scaled

Encouraging **high-burden countries** to participate in sorfequiline Phase 3 program

Planning **acceptability studies** during Phase 3

Planning **cost-effectiveness studies** during Phase 3

Expanding access initiatives in **partnership with communities and countries**



Community engagement for access

Community led advocacy, demand creation, monitoring

Community partners in 9 countries

Brazil | Bangladesh | India | Indonesia | Nigeria
Pakistan | Peru | Philippines | Vietnam



- ✓ Upskilled partners with social media analytics and tools
- ✓ Additional reach: 30 countries, 70,000 community members
- ✓ Areas of impact include – advocacy, community-led monitoring and demand generation, treatment literacy and capacity building
- ✓ Highly cost-efficient

i FOR MORE INFORMATION, VISIT [FASTTRACKTHECURE.ORG](https://fasttrackthecure.org)



>50%
GLOBAL MDR-TB BURDEN



Innovative P2P model for technical assistance



PeerLINC IN MANILA TRAINS COUNTRIES WHO TRAIN OTHERS

IN COLLABORATION WITH



Tropical Disease Foundation Inc.



Rapid, lower cost, customized for country needs (guidelines update, training, country planning)



46 countries
700 experts trained in
18 months



Not limited to TB Alliance treatments

Delamanid (Otsuka),
End-TB regimens (Unitaid)

TB preventive therapy, and more...



Training available in **local languages**



In weeks
not months or years



Supported countries **target**
>80% switch to new regimens

ASSISTANCE AVAILABLE TO HIGH & LOW BURDEN COUNTRIES ALIKE

India
China

Brazil
DR Congo

Rwanda
Papua New Guinea

etc.

i FOR MORE INFORMATION, VISIT [PEERLINC.ORG](https://www.peerlinc.org)

Global clinical experts group



"Uber" for clinicians
for difficult to treat cases



48 hours
turnaround time



~40 experts from
18 countries and growing



G-TEC Asia chapter launch meeting | March 2025 Manila

i FOR MORE INFORMATION, VISIT [PEERLINC.ORG/G-TEC](https://peerlinc.org/g-tec)

ILLUSTRATIVE



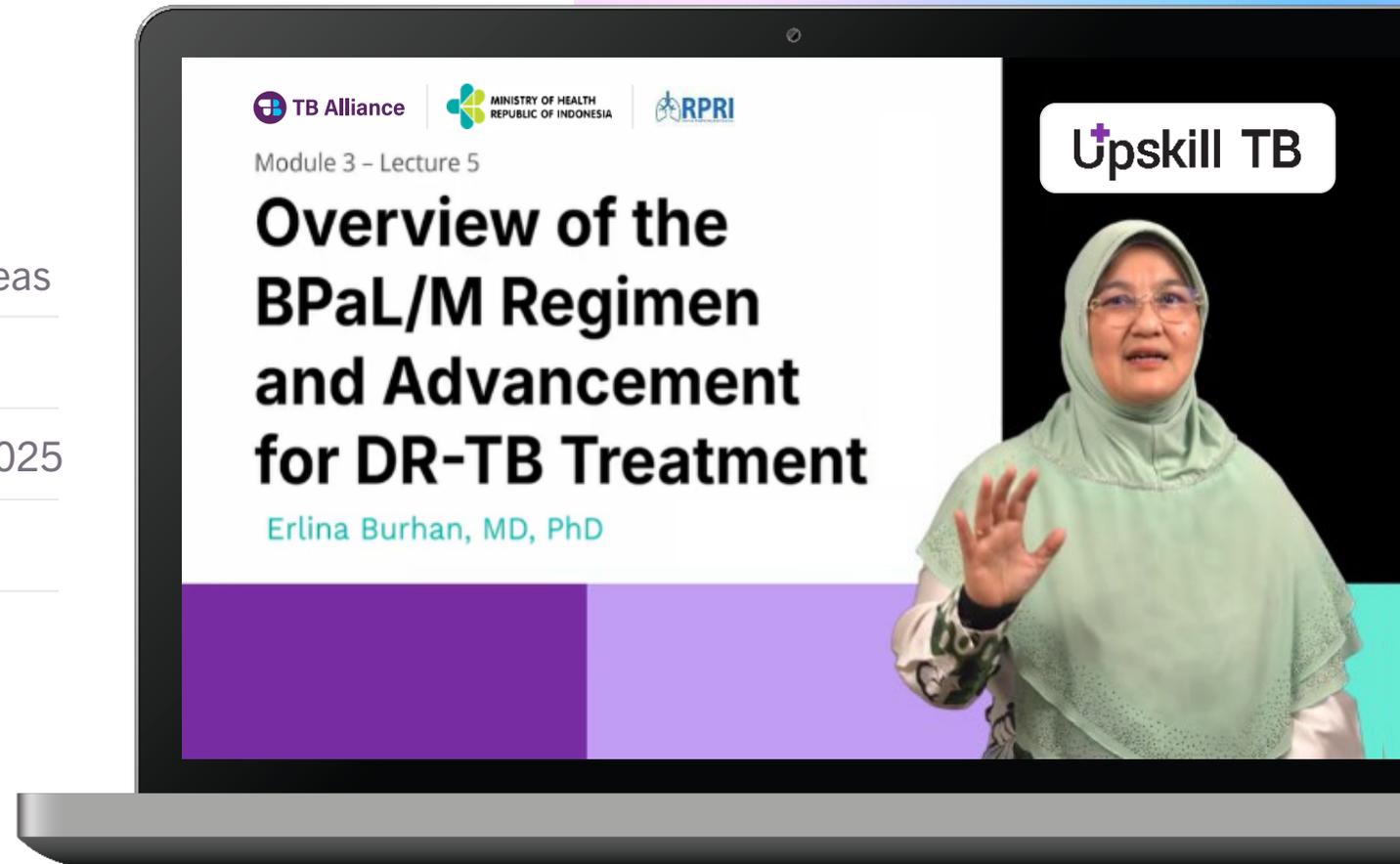
Ask our TB experts anything.

Digital, scalable initiatives for field support

OPEN ONLINE DR-TB COURSE

- ✓ For **new physicians** or those **hard-to-reach** areas
- ✓ **Interactive**, case-based, AI supported
- ✓ **Launched** in Indonesia | **Global launch:** Nov-2025
- ✓ **Multiple languages**
- ✓ **Collaborators:** MOH (NTP) and RPRI

i FOR MORE INFORMATION, VISIT [UPSKILLTB.ORG](https://upskilltb.org)





Impact of BPaL/M

Data from Modeling Study conducted
by Johns Hopkins University



Impact of BPaL/M

MODELED BY



IN COLLABORATION WITH



TO DATE


11,000
lives saved


\$100M
savings globally

OVER THE NEXT 10 YEARS


180,000
lives saved


\$1.2B
savings globally


~2M
people treated


~170K
additional people will complete treatment


314,000
incremental treatment success


4.8M
DALYs* averted

 FOR MORE INFORMATION, VISIT [TBALLIANCE.ORG/BPALM-IMPACT](https://tballiance.org/bpalm-impact)

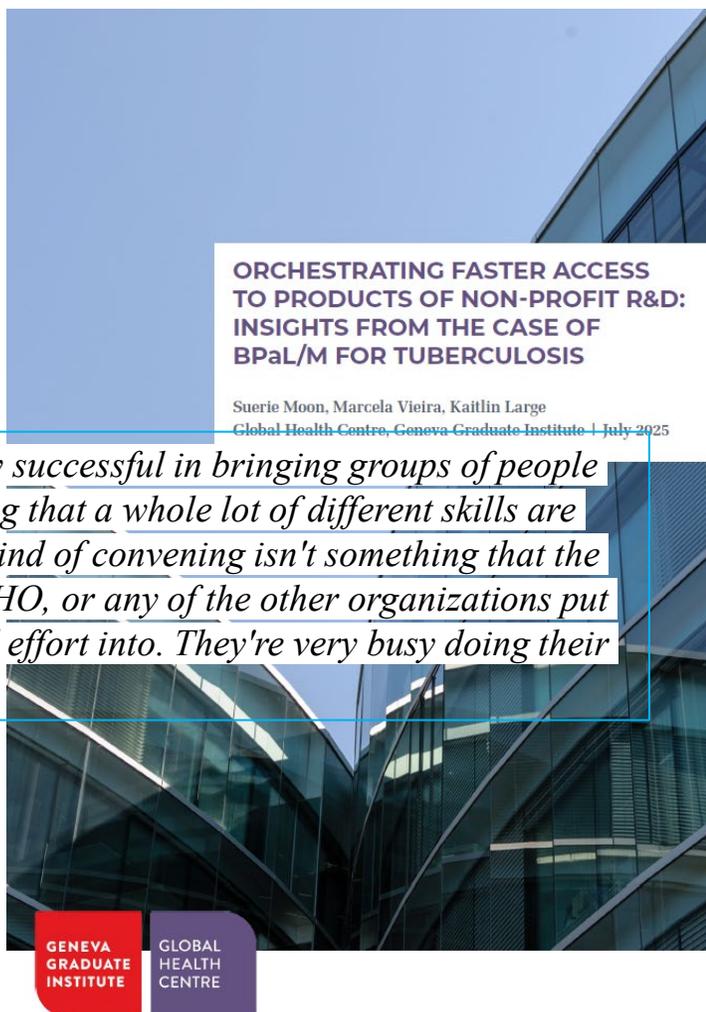
Note: (1) Patient out-of-pocket savings, savings due to deaths and DALYs averted excluded but significant. (2) Analysis based on projections but will be updated with real-world data as it becomes available

*Disability Adjusted Life Years (DALYs) = Years of life lost due to premature death + Years of life lived in imperfect health

**LTFU: Lost to follow-up

Recent Independent Acknowledgement of Access Efforts

Geneva Graduate Institute Case Study on BPaL/M Access



TBA have been very successful in bringing groups of people together, recognizing that a whole lot of different skills are needed...And that kind of convening isn't something that the big procurers or WHO, or any of the other organizations put a lot of thought and effort into. They're very busy doing their own thing."

BPaL/M Access Case Study in WHO Operational Guidance on Introducing Antibiotics

