Daniel Maechler – Chairman and Co-Founder, Vivatum

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As kidney disease places mounting pressure on global healthcare systems, innovation in dialysis becomes all the more critical, especially for patients receiving therapy at home. Enter Vivatum: a Swiss-Swedish medtech venture co-founded by industry expert Daniel Maechler, dedicated to reimagining Continuous Ambulatory Peritoneal Dialysis (CAPD) through digital precision, intuitive design, and cross-sector collaboration. With a flexible commercial model and an open, data-driven platform, the company positions itself not as a disruptor, but as a partner in advancing PD care.

What is your professional background, and what inspired the creation of Vivatum?

With over three decades of experience across the pharmaceutical, medtech, and healthcare services sectors – including hospital and home care – I have always been drawn to areas where innovation can meaningfully improve patients' lives. I hold an MBA in health economics and have spent a significant part of my career at Baxter Healthcare, where I first developed a lasting interest in the field of chronic kidney diseases (CKD) and its treatments such as dialysis. Given the chronic and life-altering nature of kidney failure, the idea of alleviating the day-to-day burden of dialysis for patients has remained a powerful motivator for me. That conviction ultimately led to the founding of Vivatum. Alongside several former colleagues, many also from Baxter, we set out to complement efforts of major players in this space, particularly in advancing the standard of care in peritoneal dialysis.

How does Vivatum aim to transform peritoneal dialysis, and which specific challenges are you addressing?

Our ambition at Vivatum is to modernise the delivery of peritoneal dialysis, especially in home-based settings, by integrating intelligent software with user-friendly hardware. Prior to launching the company, I was involved in the telehealth sector at a time when digital tools lacked the reimbursement frameworks and technological maturity they have today. Still, the insights we gained about improving care at home proved invaluable. With Vivatum, we have translated that early experience into a more sophisticated yet easy-to-use solution, combining a medical device with a digital platform to support both patients and clinicians in striving towards optimal treatment.

The device itself, the Alba CAPD system, simplifies the dialysis procedure and offers guided, step-by-step support. This is particularly important as patients can develop treatment fatigue over time, increasing the risk of errors. Beyond the hardware, our software enables remote patient care by capturing critical patient and treatment data – e.g. weight, blood pressure, and temperature – automatically and feeding them directly into the clinical workflow. This replaces outdated manual logbooks, which, astonishingly, remain the norm in many places today. Nephrologists can remotely tailor prescriptions based on this real-time data, while the system flags any deviations that may indicate complications such as peritonitis before any such complication becomes severe.

We have already conducted usability testing the results of which we are proud to present at EuroPD, a major Nephrology Congress in October this year in Valencia, Spain. In other words we are finalising what we envision as a full digital therapeutic model. A model in which we equip clinicians with reliable, timely data on their patients thereby facilitating more personalised and preventative care, ultimately improving outcomes while reducing the burden on both patients and healthcare systems.

What growth opportunities do you see for Vivatum, and how are you positioning the business in a sector that has been slow to digitalise?

The global peritoneal dialysis market is primarily shaped by dialysate manufacturers, with two dominant players and several smaller firms operating in specific geographies. For these manufacturers, allowing for the optimal patient’s time on PD is both clinically beneficial and commercially important. Our system supports this objective by helping to prevent hospitalisations,

events which often trigger a switch to more invasive therapies thereby depriving the patients of critical benefits of peritoneal dialysis such as better residual renal function.

With real-time monitoring and early clinical insight, we can contribute to preventing complications and improving overall outcomes. Our intention is not to disrupt but to complement, working in partnership with companies that share the goal of advancing PD care. By combining their existing infrastructure with our technology and data-driven approach, we can jointly deliver a more stable and personalised treatment experience for patients, while strengthening the long-term viability of home-based PD.

What is the current regulatory status of your product, and how are you approaching international expansion?

Our product has been registered under the Medical Devices Directive (MDD), and we are now in the final stages of transitioning to the Medical Device Regulation (MDR), which we expect to complete by the end of this year. That said, because our certification was secured prior to the MDR taking effect, we are already authorised to bring the product to market.

Our initial commercial focus includes Europe and South Africa, where partial manufacturing is in place in South Africa and the reimbursement environment is conducive to innovation. In parallel, we are preparing for market entry in Europe, prioritising the big five. Germany, France, Spain Italy and the UK as well as smaller EU countries.

We are entering each market as a collaborative partner, not a competitor. Our strategy is two-fold. Firstly, we seek working in regions and centers where there is significant experience in PD and therefore an opportunity to advance care further using our innovation. Secondly, we are looking at areas where a lack of easy solutions for PD has meant that it remains underutilised and where stakeholders are motivated to expand its reach. Success will depend not only on technical readiness but on the engagement of local key opinion leaders, whose advocacy is essential to driving clinical acceptance and uptake. While the route to market may differ across jurisdictions, our principle remains consistent: to align with those committed to advancing patient care on peritoneal dialysis and to create value together.

What is your financing strategy, and what kind of partners are you seeking as Vivatum scales?

We are currently in the midst of an active fundraising process, engaging with venture capital firms and business angels who possess not only financial capacity but also a solid grounding in the medical device industry. Our preference is to collaborate with those who have expertise and/or a portfolio in the chronic disease management, homecare, or digital care space and as a result can contribute beyond capital.

This is especially relevant as we begin to expand our technological capabilities. While we have built a strong internal team, particularly in software engineering, we now aim to evolve the platform further by exploring the integration of artificial intelligence. In this context, larger players with established R&D infrastructure and domain expertise could become valuable collaborators. Their experience could help accelerate our development roadmap and enhance the sophistication of our digital offering.

The international composition of Vivatum reflects this collaborative mindset. We operate as a Swiss-Swedish foundation, with half of our board based in Sweden. This structure grew organically from the origins of our founding team and reinforces our commitment to cross-border cooperation. It allows us to remain agile and internationally attuned, while maintaining Switzerland as a strong operational base. In both our financial and structural choices, we are focused on building long-term alignment, balancing innovation, execution, and resilience as we move into the next stage of growth.

How have you structured the organisation to support international operations and future expansion?

From the outset, we made a conscious decision to remain a virtual organisation, eschewing the idea of a centralised headquarters in favour of a decentralised model that offers greater agility and resilience. Switzerland serves as our holding structure and will continue to anchor our operations. For the European market, we have established an entity in Ireland, which enables us to meet regulatory requirements while assembling components locally for distribution across the region.

Our manufacturing activities are partly based in South Africa, which can also act as a platform for expansion across the African continent. We are currently exploring strategic partnerships in Latin America, where we see strong potential for collaboration and market relevance.

And given that the unmet need in PD has no geographic borders as such, we are, of course, also committed to helping patients in North America as we progress with commercialisation, as well as

Asia.

Asia is on our longer-term horizon, particularly in countries where peritoneal dialysis is already well established but where high peritonitis rates highlight an urgent need for better monitoring and preventative tools. Entering these diverse markets will require additional investment and operational resources that we are not yet positioned to deploy. As we continue to scale, our approach remains grounded in pragmatism and focus, expanding where clinical urgency aligns with system readiness and a clear strategic fit.

What strategic value does Switzerland offer Vivatum, and how has the medical community responded to your solution?

Positioning Vivatum in Switzerland has been a deliberate choice, not only for operational clarity but also for the reputation the country holds in medical technology. Swiss engineering still carries a strong international cachet, which proves valuable when entering challenging or conservative markets. While elements of our solution are produced or assembled in other geographies – its conception and leadership remain rooted in Switzerland. That distinction matters. A similar product emerging from a less-established ecosystem could face greater resistance, whereas the Swiss origin lends both credibility and trust.

From a clinical perspective, we have encountered a highly receptive audience. Because peritoneal dialysis is already well established, we are not asking nephrologists to adopt an unfamiliar therapy. Instead, we are offering a complementary tool, one that enhances clinical oversight, improves patient monitoring at a distance, and supports the therapeutic process with richer data. The feedback from patients, nurses and clinicians has been consistent: our system is seen as both scientifically rigorous and operationally valuable, helping bring a familiar therapy into a more modern, digitally enabled framework.

How might Vivatum contribute to more efficient care delivery, and what challenges lie ahead as you scale into new markets?

The potential health economic benefits of our system are becoming increasingly evident. By enabling earlier clinical intervention and reducing the, misguided use, or overuse of materials, it introduces opportunities for both cost control and quality improvement. Moreover, by supporting the early detection of complications, particularly in remote care settings, it may help avoid hospital

admissions, one of the most significant cost drivers in dialysis care. These benefits are currently based on observational data and we expect to present initial findings at the upcoming EuroPD 2025 in Valencia These data will provide a more formal basis for understanding both clinical and economic impact.

Internally, we have already built around 80 percent of the central team needed to support this next phase. However, expanding into new markets is less about internal headcount and more about local alignment. Reimbursement remains the defining challenge. Gaining access in each geography depends on understanding the funding landscape and forming relationships with stakeholders, whether clinicians, insurers, public payers, or regulatory authorities. The focus now is on identifying partners who not only understand those environments but are positioned to help us navigate them effectively. In this sense, our growth will be guided as much by strategic collaboration as by technical readiness.

What are Vivatum's strategic priorities through 2027, and how does your business model support long-term growth and differentiation?

Our focus over the next few years is clear: securing the right financing to support our expansion and operational scale-up. Provided this foundation is in place, we expect to reach break-even within a relatively short timeframe. The commercial model we have designed is intentionally flexible, allowing us to either sell or lease the device, depending on the structure of each local market. This adaptability ensures that we can respond to a wide range of reimbursement conditions without compromising on value delivery.

Where we see real potential, however, is in our software-as-a-service offering. By enabling physicians to access layered insights, from core monitoring through to more advanced analytics and reporting, we not only enhance clinical oversight but also offer something tangible to therapy funders. Insurers, for instance, gain access to meaningful data that can demonstrate treatment efficiency and inform smart resource allocation.

Although in some countries stakeholders, have made progress with digital tools in peritoneal dialysis, their focus has been largely on Automated Peritoneal Dialysis (APD) and new offerings in that space, which have been largely based on proprietary systems. Our approach is different by design. We are committed to advancing Continuous Ambulatory Peritoneal Dialysis (CAPD), which still accounts for 60 to 70 percent of global PD usage, and our platform is intentionally non-proprietary. It can integrate seamlessly with existing materials and cycle data from providers

offering greater interoperability.

This position also reflects our strategic posture: we are not seeking to disrupt the incumbents, but to complement them. APD is already well served. Our role is to elevate the CAPD segment by introducing digital precision and making it more viable for patients, clinicians, and systems alike. The opportunity lies not in competition but in collaboration, offering a solution that fits within the broader therapeutic landscape while addressing an unmet, and often overlooked, clinical need.

Reflecting on your entrepreneurial journey with Vivatum, what key lessons have stood out, and what message would you share with others navigating a similar path?

One of the most valuable lessons has been the importance of patience. Even with deep industry experience and a clear strategy, progress is rarely linear. Unexpected global events – like the pandemic – can derail timelines entirely; in our case, it delayed our path to market by nearly two years. External forces such as geopolitical shifts are equally beyond our control, making resilience essential. Financial discipline has played a crucial role in our survival; we were fortunate to self-finance the initial stages and to maintain tight cost control, which has allowed us to reach this pivotal moment without compromising the integrity of our mission.

Looking ahead, I would encourage patient organisations, clinicians, payers, and partners who are engaged in peritoneal dialysis to connect with us directly. Much of the value we bring lies not only in the technology but also in the dialogue it can spark, with those who understand the therapy, the clinical challenges, and the potential for meaningful impact. There is much more ahead, and we remain deeply committed to advancing patient care through collaborative innovation, not just as a company, but as a partner shaping the future of dialysis.

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