

DNDi 5 Years On: How the Model Works to Meet Patient Needs

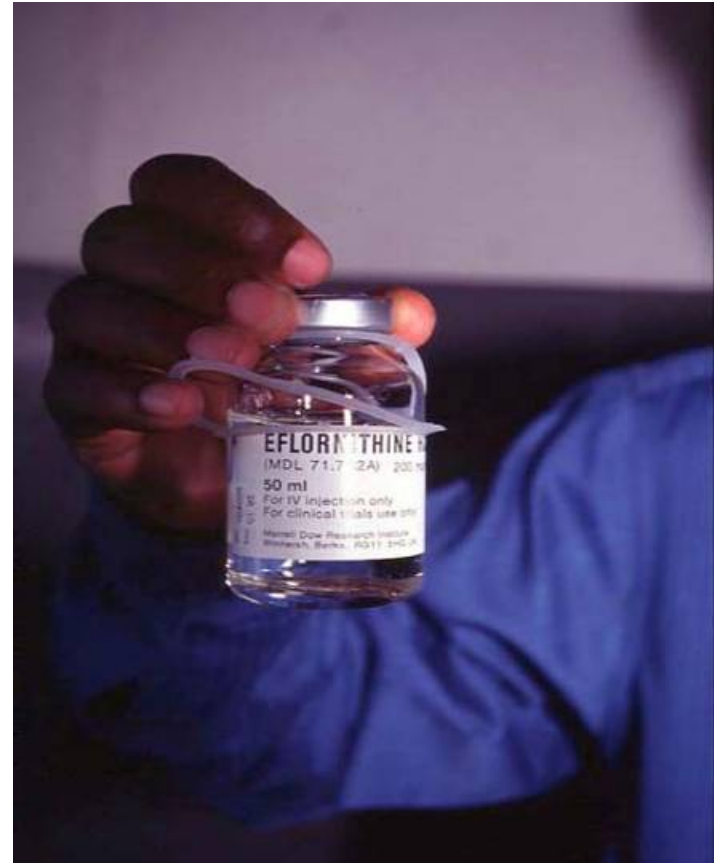


Bernard Pécoul, MD/MPH
Executive Director, DNDi

Neglected Diseases: Current Treatment Limitations



Melarsoprol



Eflornithine

We need Safe, Effective, Easy to Use Drugs

DNDi was created in 2003

7 Founding Partners

Indian Council for
Medical Research (ICMR)

Kenya Medical Research
Institute (KEMRI)

Malaysian MOH

Oswaldo Cruz Foundation
Brazil

Medecins Sans Frontieres
(MSF)

Institut Pasteur France

WHO/TDR (permanent
observer)

5 Regional Support Liaison Offices

Coordination team
Geneva + consultants

USA

Brazil

Kenya

India

Malaysia

2 Project Support Offices

Vision and Mission

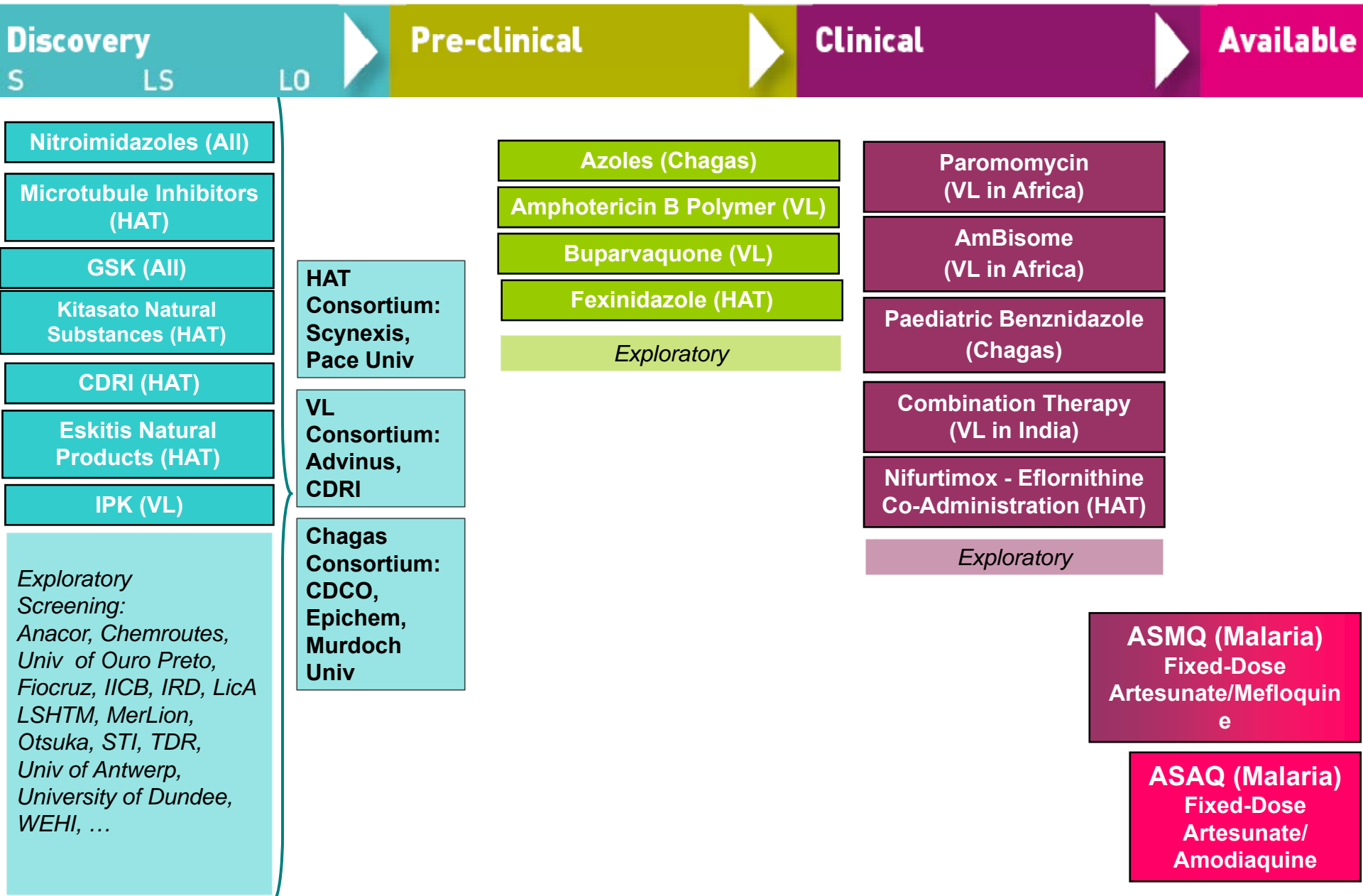
Our Vision

- A collaborative, patients' needs-driven, virtual, non-profit drug R&D organisation to develop new treatments against the most neglected communicable diseases

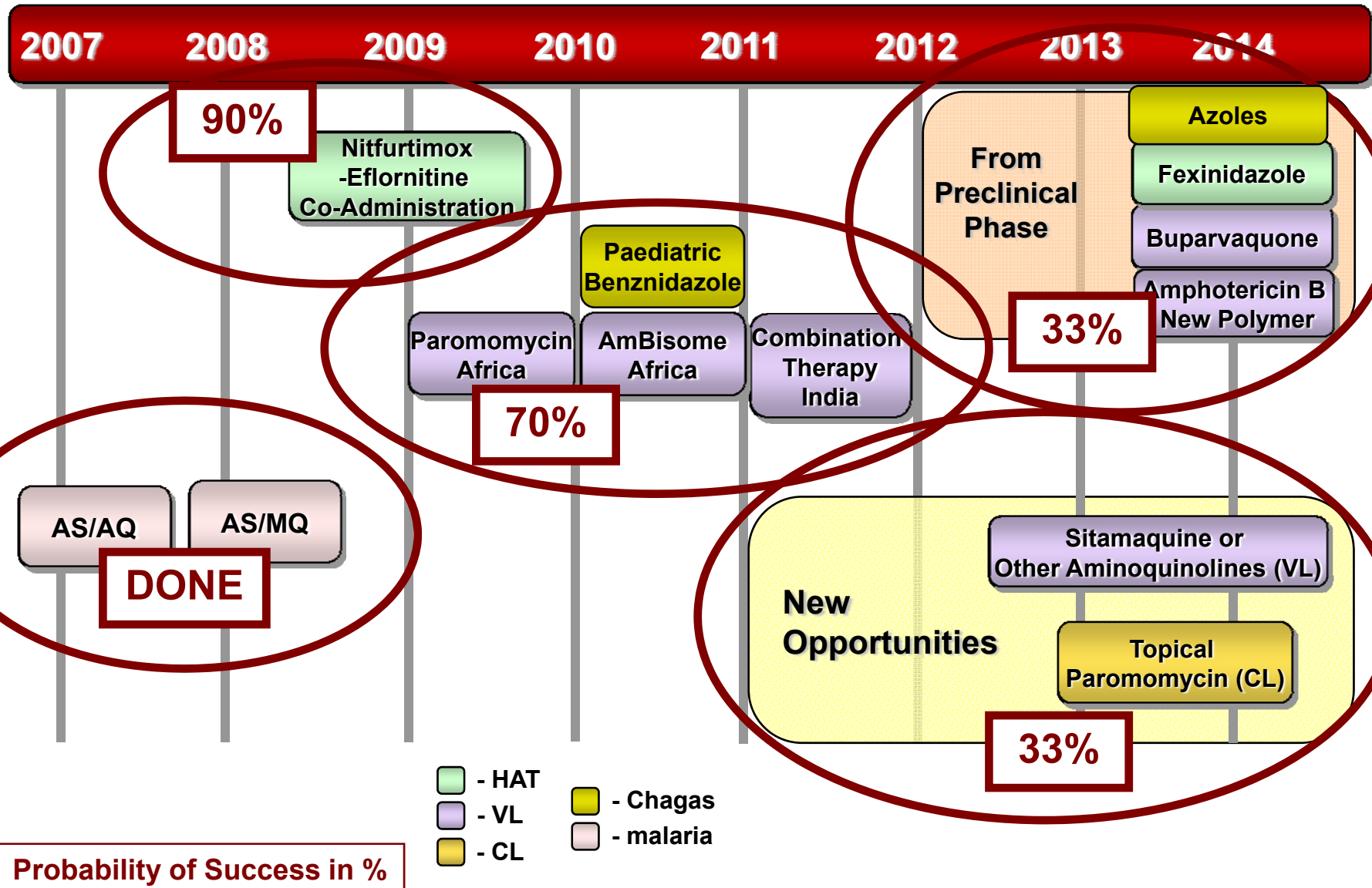
...and Mission

- Primary Objective:
 - **To deliver 6 - 8 new treatments by 2014 for leishmaniasis, sleeping sickness, Chagas disease, & malaria and to establish a strong portfolio that addresses patient needs for treatment**
- Secondary Objectives:
 - **Use and strengthen existing capacity** in disease-endemic countries via project implementation
 - **Raise awareness** about the need to develop new drugs for neglected diseases and **advocate for increased public responsibility**

A Robust and Dynamic Portfolio 2004-2008

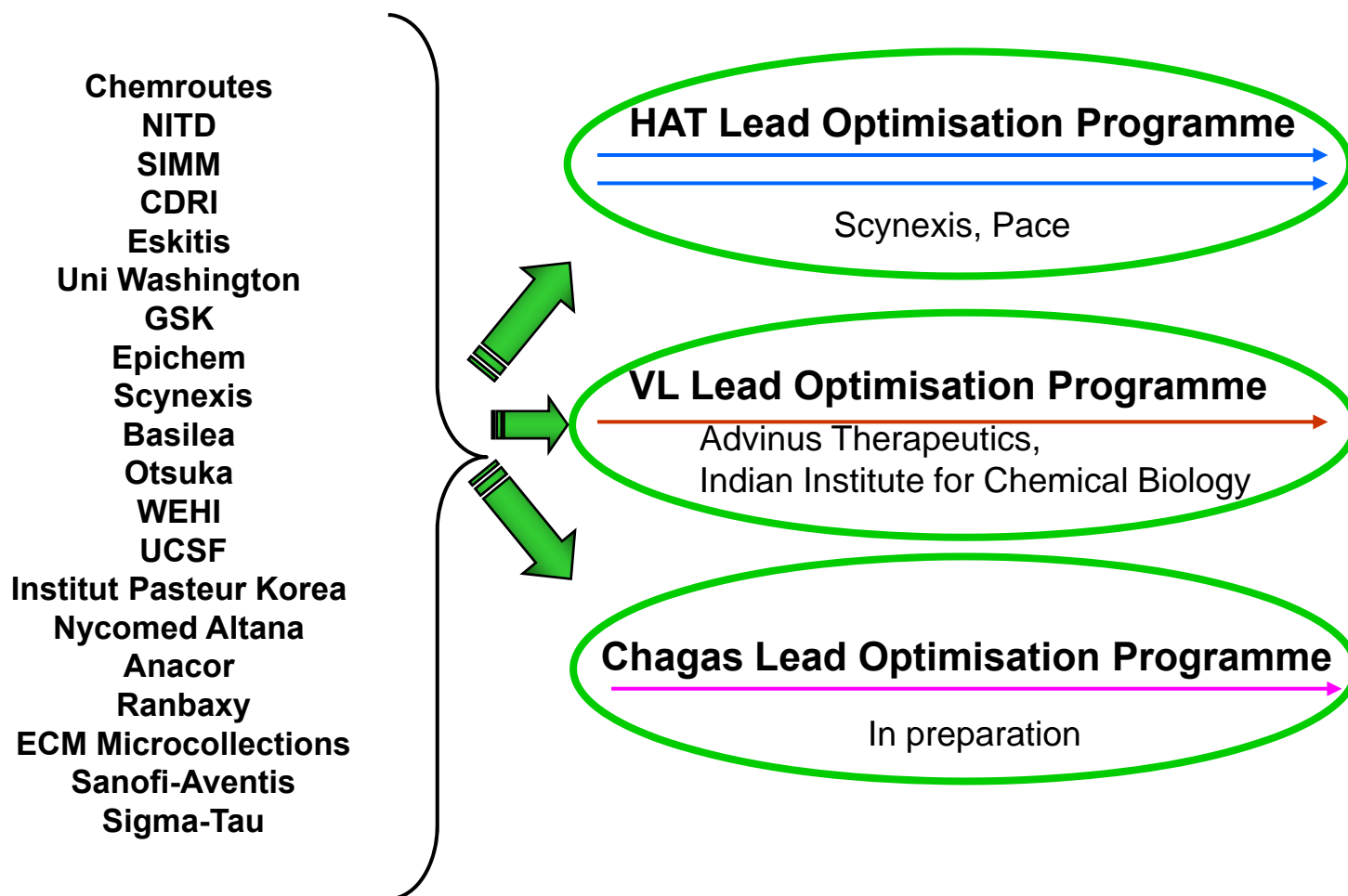


On the Way to Deliver 6 to 8 New Treatments by 2014



Selection of New Compounds

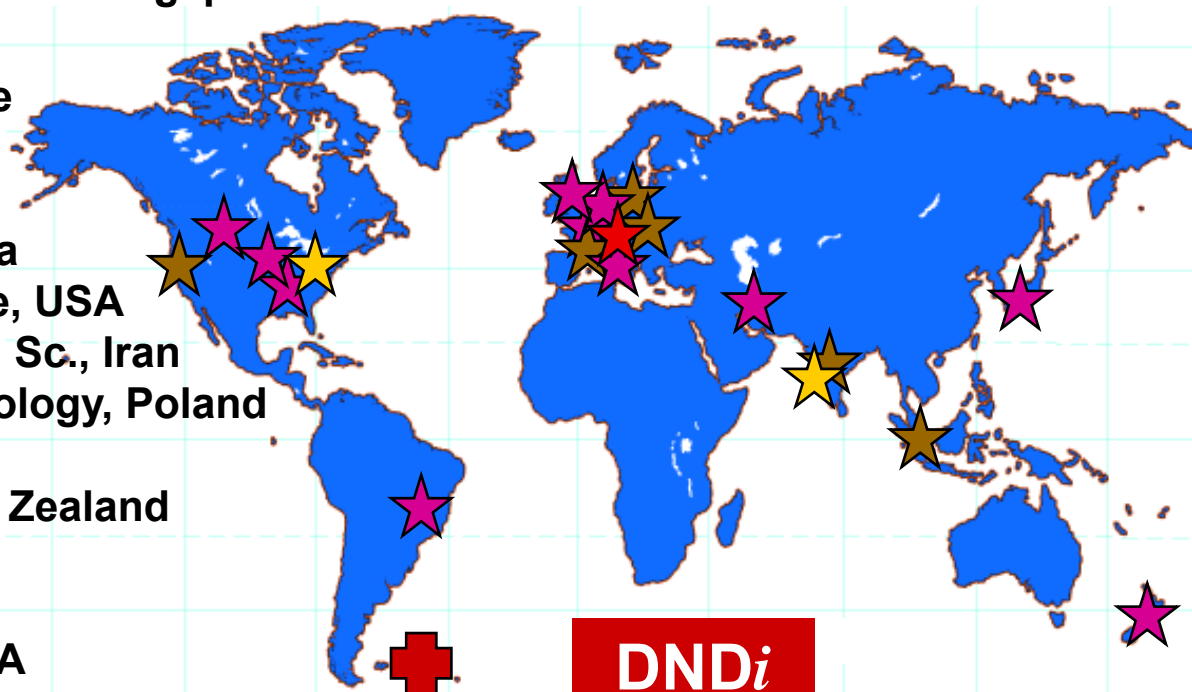
Access to Chemical Diversity and Capacity to Optimize Leads



From more than 500 Nitroimidazoles compounds

→ **Fexinidazole** First-in Human Phase I
Beginning of 2009

- sanofi-aventis, France - Germany
- Roche, CH
- Novartis (NITD), USA - CH -Singapore
- Alkem, India
- Swiss Tropical Institute
- Fiocruz, Brazil
- Glasgow Univ, UK
- Univ of Alberta, Canada
- ENH Research Institute, USA
- Tehran Univ of Medical Sc., Iran
- Silesian Univ of Technology, Poland
- LaSpienza Univ, Italy
- Univ of Auckland, New Zealand
- Univ of Dundee, UK
- Univ of Parma, Italy
- Univ of Tennessee, USA
- Tokushima Univ, Japan
- TB Alliance
- retired pharma chemist , India



Best Science for the Most Neglected

Pharma

Academics

other

DNDi

2 New antimalarial Treatments

Delivering: 2 new fixed-dose ACTs

- **Response** to public health need
- **Easy** to use:
 - fewer tablets in regimen
 - paediatric strengths
 - ensure drugs are taken together and in correct proportions
- **Affordable**
- **Available** as public good

ASAQ (S-A)



ASMQ (Farmanguinhos)



LEAP and HAT Platforms

Strengthening Clinical Trial Capacity

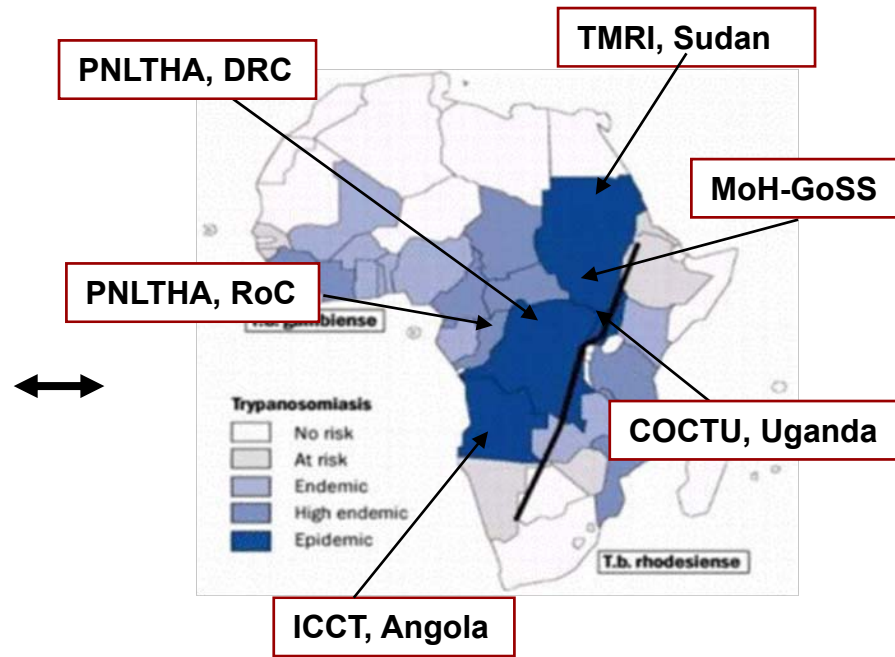
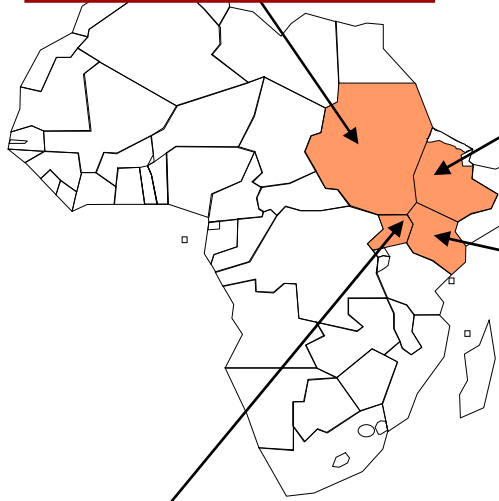
- Recruitment of patients for Clinical Trials
- Trainings: GCP, GLP, ethics committees, DSMB
- Health Facility Upgrade

SUDAN:
2 sites
Univ. of Khartoum
Federal Ministry of Health
MSF

ETHIOPIA: 2 sites
Addis Ababa Univ.
Gondar Univ.
DACA
Ministry of Health

KENYA: 1 site
KEMRI
Ministry of Health
MSF

UGANDA: 1 future site
•Makarere Univ.
•Ministry of Health



+

DNDi

+ Partners

Advocacy: Ensure Public Leadership Waking Up to “Essential Health R&D”

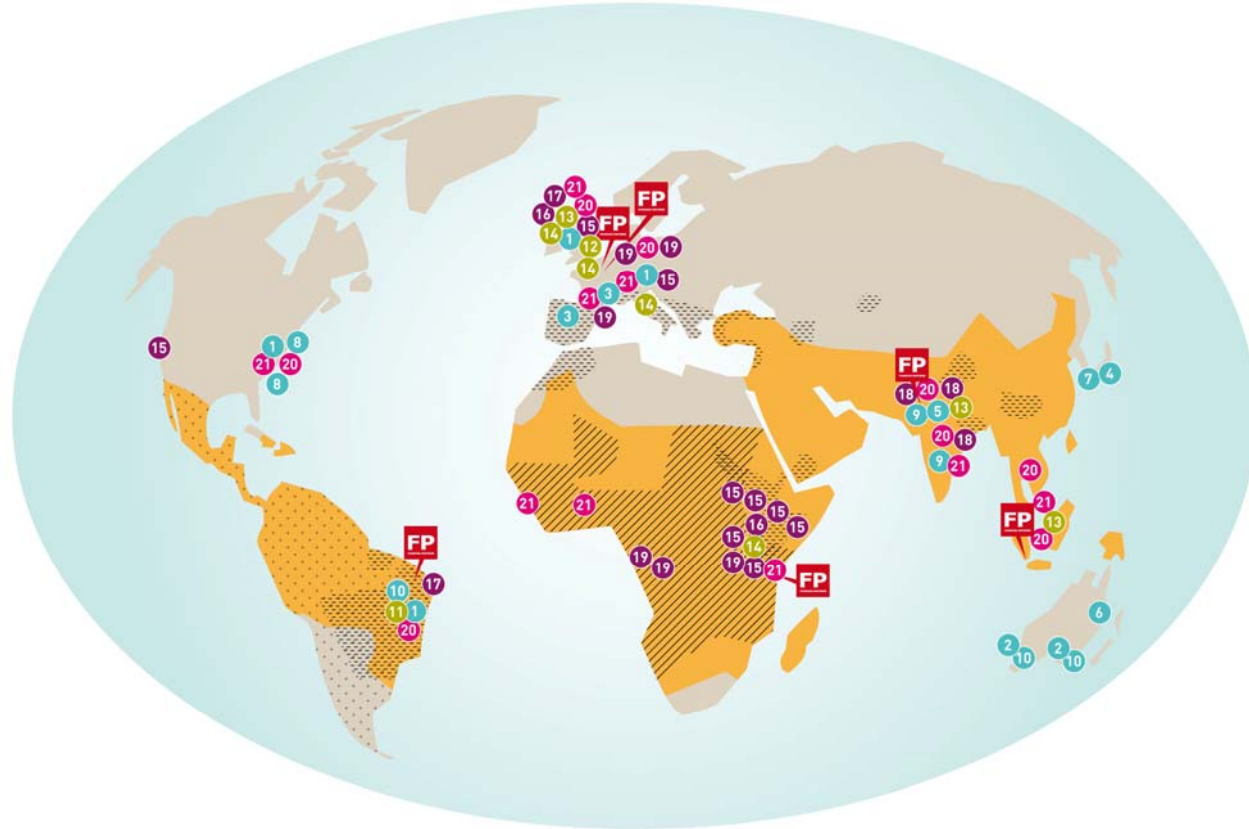


World Health Assembly, towards a new Global R&D Framework:

- R&D priorities
- Sustainable funding
- Intellectual Property
- Regulatory Environment
- Research Capacity and Technology Transfer



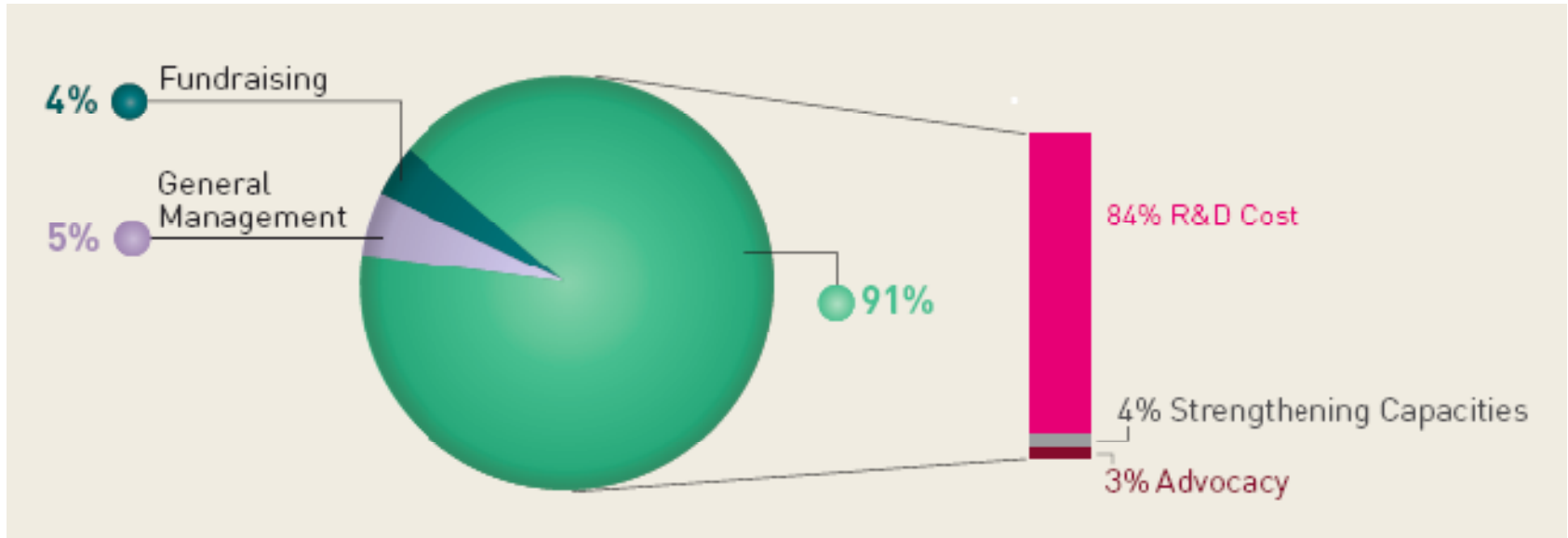
Virtual Model Attracting Partnerships All Over the World



- 250 Agreements signed since 2003
- Synergies with other PDPs
- 214 People Working on DNDi Projects

2004-2014

\$ 430 Million Estimated Expenses

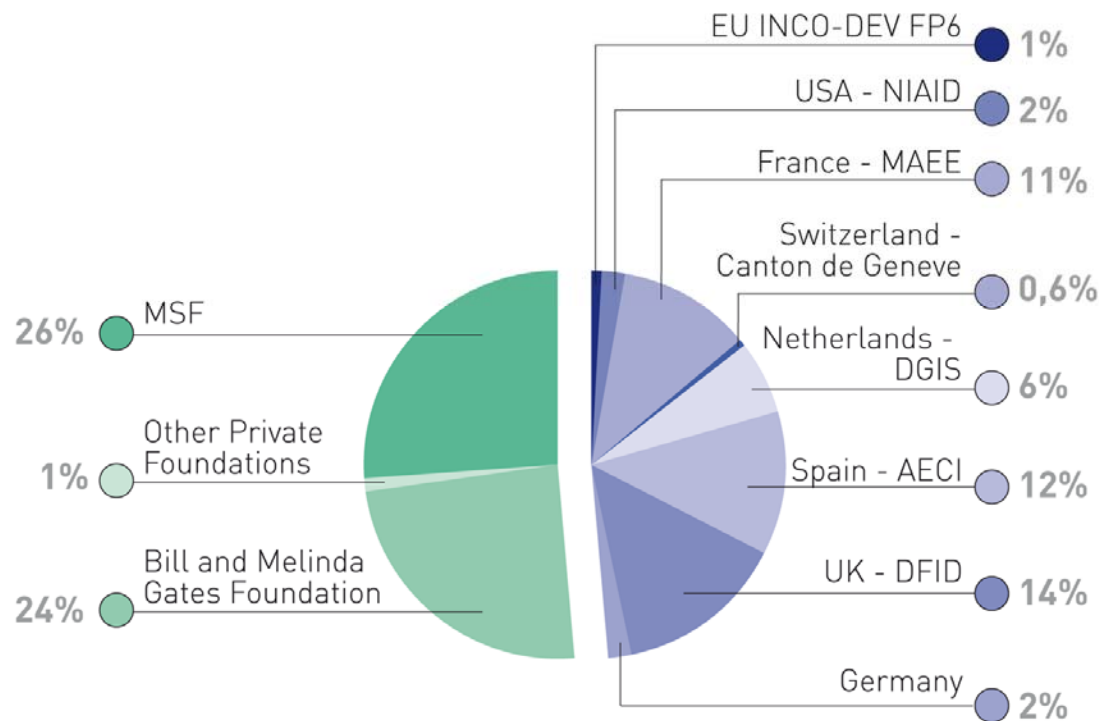


91% Social Mission

Well balanced public/private funders

Private Funds: 51%

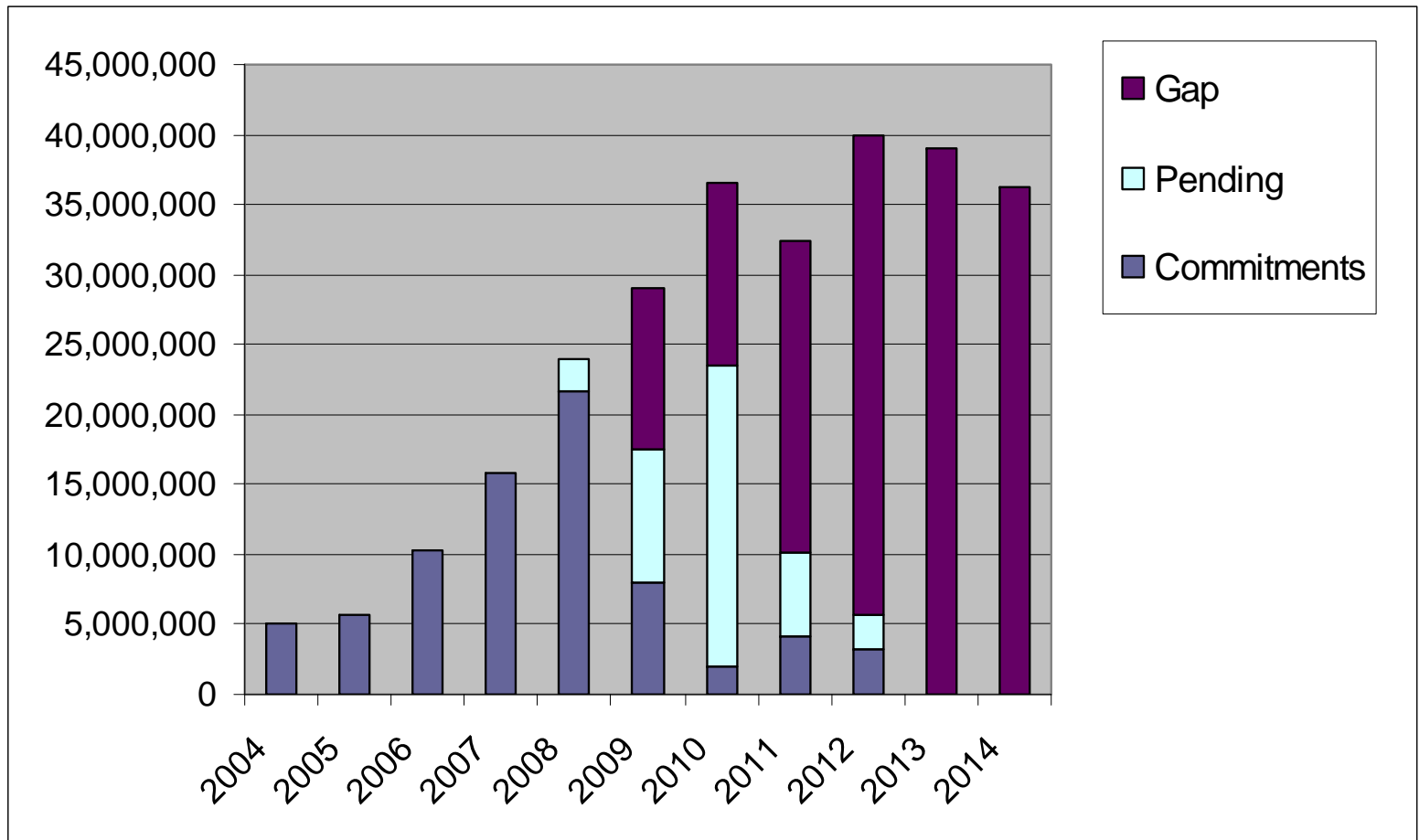
Public Funds: 49%



2008 Donor Mix: \$ 35 Million

\$ 310 Million still Needed

2004-2014 projected: \$ 430M secured: \$ 120M



DNDi...5 Years On

**The changing R&D landscape
raises the stakes on DNDi and its
stakeholders to deliver**

