

2011 ANNUAL
REPORT

**TOWARDS
SUSTAINABLE
CHANGE FOR
NEGLECTED
PATIENTS**

DNDi

Drugs for Neglected Diseases *initiative*



VISION

To improve the quality of life and the health of people suffering from neglected diseases by using an alternative model to develop drugs for these diseases and by ensuring equitable access to new and field-relevant health tools. In this not-for-profit model, driven by the public sector, a variety of players collaborate to raise awareness of the need to research and develop drugs for those neglected diseases that fall outside the scope of market-driven R&D. They also build public responsibility and leadership in addressing the needs of these patients.

MISSION

To develop new drugs or new formulations of existing drugs for patients suffering from the most neglected communicable diseases. Acting in the public interest, DNDi will bridge existing R&D gaps in essential drugs for these diseases by initiating and coordinating drug R&D projects in collaboration with the international research community, the public sector, the pharmaceutical industry, and other relevant partners.

DNDi's primary focus will be the development of drugs for the most neglected diseases, such as sleeping sickness, leishmaniasis, and Chagas disease; and it will also consider engaging R&D projects on other neglected diseases. DNDi will address unmet needs by taking on projects that others are unable or unwilling to pursue and, as means permit, will consider development of diagnostics and/or vaccines.

In pursuing these goals, DNDi will manage R&D networks built on South-South and North-South collaborations. While using the existing support capacities in countries where the diseases are endemic, DNDi will help to build additional capacity in a sustainable manner through technology transfer in the field of drug research and development for neglected diseases.

The Drugs for Neglected Diseases *initiative* (DNDi) is a patient-needs driven, not-for-profit research and development (R&D) organization that develops safe, effective, and affordable medicines for neglected diseases that afflict millions of the world's poorest people.

DNDi focuses on developing new treatments for the most neglected patients suffering from diseases such as sleeping sickness (or human African trypanosomiasis), leishmaniasis, Chagas disease, malaria, specific helminth infections, and paediatric HIV.

The initiative's primary objective is to deliver 11 to 13 new treatments by 2018 and to establish a strong R&D portfolio for these diseases.

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Dr Bernard Pécoul
Executive Director



Prof. Marcel Tanner
Chair of the Board
of Directors

MESSAGE FROM THE CHAIR OF THE BOARD AND THE EXECUTIVE DIRECTOR

The year 2011 was a very important year for the neglected disease landscape, in general, and for DNDi, in particular. The revised DNDi Business Plan for the period 2011 to 2018 was released mid-year and – in addition to detailing our activities in the areas of African trypanosomiasis, Chagas disease, leishmaniasis, and malaria – it integrated earlier decisions (December 2010) to launch two new mini-portfolios: paediatric HIV and specific helminth infections.

At the close of the year, DNDi registered what is now its sixth treatment in implementation: a paediatric dosage form of benznidazole for children with Chagas disease, thanks to the approval by the Brazilian regulatory authority ANVISA. Both challenging and fruitful, the year 2011 was witness to a growing network of public and private partners committed to DNDi's vision and mission. We were fortunate to have benefited from increasing support, particularly through grants received from public and private donors committed to innovation for neglected diseases, despite a period of financial constraints owing to the foreign currency and debt crisis.

Best science & urgent needs

In 2011, DNDi's R&D pipeline showed important advances, with a total of eleven new chemical entities (NCEs) at various stages of development – as compared to what was a virtually empty pipeline just a decade ago – five programmes at the implementation phase, and the new treatment registered for Chagas disease. The latter, part of our short-term strategy to improve existing treatments, was particularly important as it filled an immense gap to become the only child-adapted dosage form to treat Chagas disease.

With the investments made over the past nine years, we hope to significantly change the course of history for some neglected diseases as promising programmes move into the clinical stages of development: fexinidazole for sleeping sickness; E1224 and biomarkers for Chagas

disease; and new visceral leishmaniasis treatments in Africa, Latin America, and Asia.

Since 2009, NECT has increasingly replaced the arsenic drug melarsoprol as first-line treatment for stage 2 HAT patients. For clinicians in African HAT-endemic countries engaged in the fight against this deadly disease, NECT represents a major breakthrough. Yet, NECT is what we consider an 'improved option therapy' for sleeping sickness, which is meant to respond to urgent patient needs in the short term, while we also strengthen our efforts to work towards an oral treatment that can support control or sustainable elimination programmes in the longer term.

Forging strong partnerships

Our partnerships with public and private partners are essential to developing new treatments: building new partnerships and strengthening existing partnerships are vital to our activities. Indeed, partnerships are the *raison d'être* of Product Development Partnerships (PDPs).

The year culminated with an initiative that marked a turning point in the neglected disease landscape: in early 2012, a high-level event in London, 'Uniting to Combat Neglected Tropical Diseases', was organized in support of the new World Health Organization (WHO) Neglected Tropical Disease (NTD) 2020 Roadmap for Implementation, which aims at control or elimination of 10 neglected tropical diseases (NTDs) by the end of the decade. The meeting, and the resulting 'London



In Memory of John Kinuthia

John Kinuthia passed away on 28 May 2011. He was the victim of a tragic road accident in Nairobi, as he was returning from a field visit in Sudan. John joined DNDi in 2007 as Assistant Data Manager and rose to the position of Data Manager, where he was instrumental in the operations of the Data Centre in Nairobi. With his passing away, we have lost a dedicated and passionate member of the DNDi Africa team. John is deeply missed by his family, friends, and colleagues.

Declaration on NTDs', brought together an unprecedented group of actors including DNDi, NTD-endemic country governments, the US, UK, and UAE governments, over a dozen pharmaceutical companies, the Bill & Melinda Gates Foundation, the World Bank, and other global health organizations which pledged to work together to defeat these diseases.

The initiative bolstered commitments from several pharmaceutical companies, particularly to share knowledge and compound libraries with DNDi. The impact of this event was comparable to that of the first report on neglected diseases, 'Working to overcome the global impact of neglected tropical diseases', published by WHO in 2010, which aimed to increase awareness on neglected and hidden diseases and the need for innovation.

Sharing knowledge & expertise

Since its inception, DNDi and its founders strongly believe that open source models, initiatives, and practices are critical to boosting innovation, reducing duplication and costs of R&D, and speeding up delivery of new medicines to patients. As an 'incubator of R&D pathways', we are pleased that DNDi's R&D model has allowed for new ways of working with private companies, by which access to compound libraries is given to DNDi, in addition to the necessary freedom to operate and agreement to produce drugs at cost and on a non-exclusive basis. The latter enables technology transfer and local production, both of which can lead to increased patient access to much-needed treatments.

Endemic country involvement from the outset

Strong and increased involvement of disease-endemic countries in defining our R&D priorities, especially in ensuring that such priorities are rooted in patient needs, is

one of the most important lessons learned by DNDi thus far. The role of our founding partners and the establishment of three regional disease-specific platforms have been vital to the development and success of our activities and ultimately to the implementation of new treatments.

Sustainable & increased funding

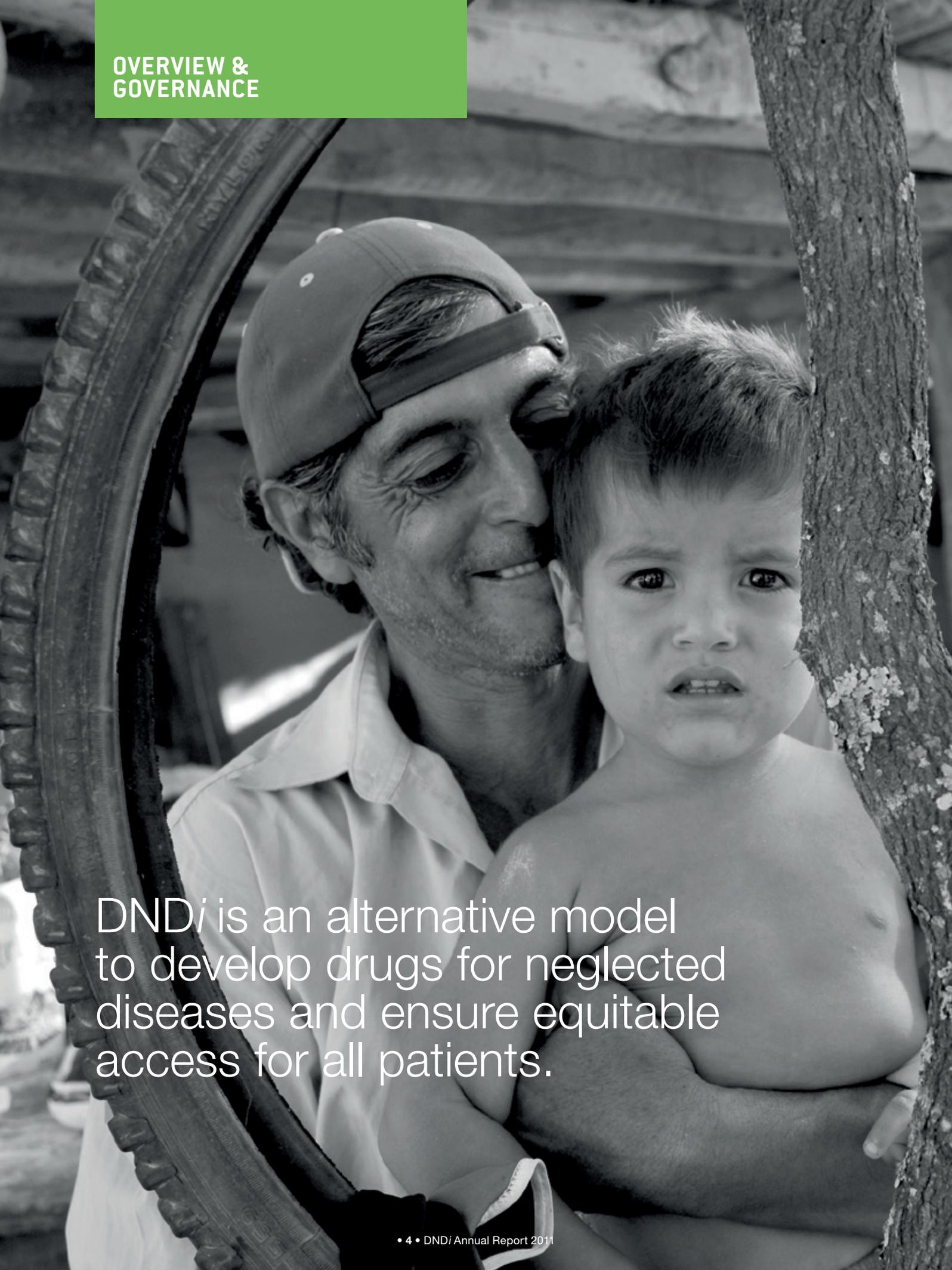
The R&D pipeline for neglected diseases is now beginning to replenish with over 150 products in development and managed by PDPs, but promising candidates will not progress and generate public health breakthroughs without increased and sustained funding, new incentives, and innovative collaboration models to ensure further development. The WHO initiative to assess mechanisms for R&D Financing and Coordination offers what could pave the way to a global and sustainable framework for neglected disease innovation.

To conclude, behind all of the work we do to effectively address the challenges of boosting innovation for neglected disease R&D, is a network of devoted staff, engaged partners, and committed donors, who together make it all happen. We would like to thank particularly the distinguished Board and SAC Members whose mandates came to completion in 2011, notably Reto Brun, Bruce Mahin, Lalit Kant, Gill Samuels, Marleen Boelaert, and Haruki Yamada, for all the excellence they brought to DNDi.

On behalf of DNDi, we would also like to thank all of you who share our commitment to bringing the best science to the most neglected, and who have supported us throughout this challenging and successful year.

Dr Bernard Pécoul

Prof. Marcel Tanner



DNDi is an alternative model
to develop drugs for neglected
diseases and ensure equitable
access for all patients.



SIXTH TREATMENT DELIVERED IN 2011 AND TWO NEW MINI-PORTFOLIOS

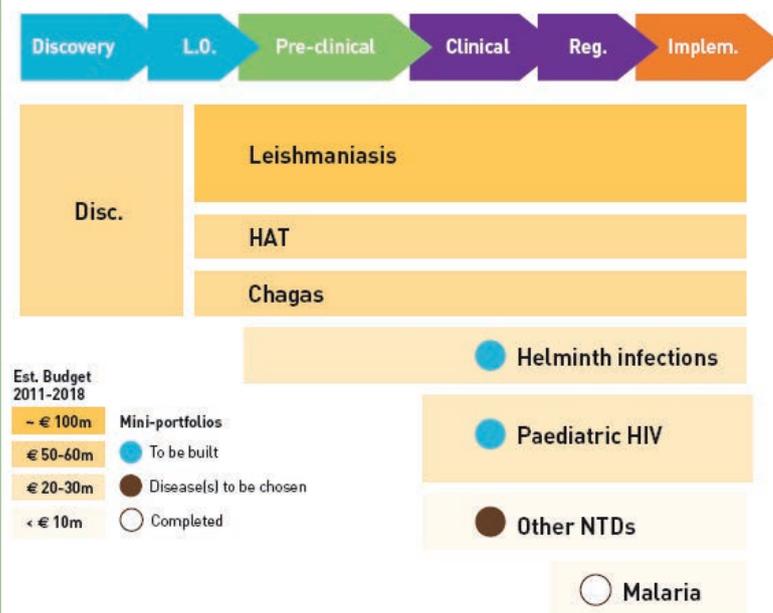
Six treatments delivered, a paediatric dosage form of benznidazole registered in 2011, two new mini-portfolios, and growing momentum of partnerships to address neglected patient needs... both today and tomorrow.

In 2011, DNDi and its partners delivered the sixth treatment for neglected patients: a paediatric dosage form of benznidazole for children with Chagas disease. This treatment was developed through a partnership with Brazil's Pernambuco State Pharmaceutical Laboratory (LAFEPE), and was registered by the Brazilian regulatory agency ANVISA in December 2011.

The new Business Plan for the period 2011 to 2018 was released in October 2011, paving the way for DNDi to take on more ambitious objectives, notably with the inclusion of two mini-portfolios to address patient needs in the fields of paediatric HIV and specific helminth infections, as well as the expansion of activities in DNDi's Regional Offices.

According to the updated plan, DNDi's primary objective is to deliver 11 to 13 new treatments by 2018 for leishmaniasis, human African trypanosomiasis (sleeping sickness), Chagas disease, malaria, paediatric HIV, and specific helminth

DNDi PROCESS



infections, as well as to establish a strong R&D portfolio. The plan stipulates that the malaria portfolio will be completed and transferred to partners by 2014.

STRIVING FOR INCREASINGLY OPEN INNOVATION MODELS

Since the year 2000, the R&D landscape for neglected diseases has improved, with a growing number of players now involved in the R&D process through partnerships between not-for-profit organizations and private companies. In addition, this improving landscape is supported by public donors and philanthropists and has led to a replenishing pipeline of health tools.

The year 2011, with new agreements to access compounds and expertise of pharmaceutical companies and new open innovation initiatives, marks a turning point in the landscape for neglected disease R&D.

In order to foster innovation for neglected diseases and deliver major scientific breakthroughs as quickly and efficiently as possible, gaining access to knowledge and compounds and encouraging open innovation models form the cornerstone of DNDi's efforts to advance global health by supporting the research community in the field of neglected diseases.

Aiming for 'gold standard' research and licensing agreements

The year 2011 and early 2012 were fruitful for DNDi in terms of partnerships with pharmaceutical and biotechnology companies, as well as with other PDPs, with new agreements either signed or underway. Several of these partnerships were highlighted during the 'Uniting to Combat NTDs' event in London in January 2012, where public and private partners pledged to boost efforts to combat ten neglected tropical diseases. DNDi's research and licensing agreements secure access to compound libraries, data, and knowledge in order to boost innovation and jumpstart the expensive and time-consuming discovery phase of R&D to identify promising drug candidates.

Today, DNDi works with over a dozen companies. In 2011, a three-year research collaboration agreement was signed with Sanofi to undertake research on new treatments for nine neglected tropical diseases (NTDs).

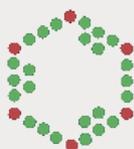
The rights to results produced by this partnership will be co-owned by Sanofi and DNDi and publication of the results will be facilitated to ensure access to the wider community of NTD research. The public sector will benefit from the drugs developed through this agreement under the best possible conditions to facilitate patient access in all endemic countries, irrespective of income level.

In early 2012, a four-year joint research and non-exclusive licensing agreement was signed with Abbott to undertake research on new treatments for Chagas disease, helminth infections, leishmaniasis, and sleeping sickness. Under the agreement, Abbott provides DNDi access to molecule classes and accompanying data. In addition to a non-exclusive licensing structure for relevant IP, the products resulting from the agreement will be provided in all endemic countries, irrespective of income level, at the lowest sustainable price.

Several years of experience have led DNDi to define what can be deemed the 'gold standard' of licensing terms, which includes four key components:

- perpetual royalty-free non-exclusive sub-licensable licenses in the specific disease areas determined in the agreement
- worldwide research and manufacturing rights
- commitment to make the final product available at cost, plus a minimal margin, in all endemic countries, regardless of income level
- non-exclusivity, enabling technology transfer and local production.

ChEMBL





Encouraging innovation through sharing of data and knowledge

Neglected disease R&D requires new and open models for sharing knowledge and research data. As demonstrated by the Open Source Drug Discovery consortium in India, ChEMBL-NTD, WIPO Re:Search, the Medicines for Malaria Venture's open access Malaria Box, GSK's Open Lab, and the Medicines Patent Pool, initiatives for open innovation are flourishing, and while it may be too early to evaluate their impact, they demonstrate increasingly open approaches to boosting innovation. DNDi welcomes this trend and took steps in the year 2011 in this direction.

With eight pharmaceutical companies and nearly a dozen not-for-profit or public research institutions, including Fiocruz, DNDi joined WIPO Re:Search as both a 'user' and a 'provider' of the public database and open innovation platform, launched in October 2011. WIPO Re:Search provides access to intellectual property (IP) for pharmaceutical compounds, technologies, and other data and knowledge for R&D on neglected tropical diseases, tuberculosis, and malaria. In 2011, DNDi posted data on over 5,500 compounds from two of its lead optimization consortia on sleeping sickness and Chagas disease, both on the WIPO Re:Search and on yet another public database: the ChEMBL-NTD medicinal chemistry database. The latter provides open access to primary screening and medicinal chemistry data relevant to neglected diseases.

A special 'Open Innovation Portal' was created to render these datasets easily accessible on the DNDi website. These two public databases represent a move towards more open mechanisms that have the potential to facilitate and foster sharing of IP and knowledge to boost neglected disease innovation, notably by avoiding duplication in research and by reducing costs and development timelines for the benefit of patients.

The data that DNDi makes available is the fruit of collaboration between DNDi and its partners and is part of a constant effort to render accessible to entire scientific community, whenever possible:

- both positive and negative research results, as negative results can offer a wealth of information, allow for new research approaches to the same series with potentially different outcomes, and eliminate duplication of efforts; and
- data that DNDi and its partners have willfully agreed to place in the public domain, free of any and all IP constraints.



2011 KEY MILESTONES

JANUARY 2011

Two new diseases areas

DNDi takes on specific mini-portfolio projects for two new disease areas: paediatric HIV and specific helminth infections.

MAY 2011

Research agreement with Sanofi

DNDi and Sanofi announce a three-year research collaboration agreement for the research of new treatments for nine neglected tropical diseases.

OCTOBER 2011

11 to 13 by 2018!

DNDi's updated Business Plan 2011-2018 is published, explaining the strategy to achieve the new objective to deliver 11 to 13 treatments by 2018, including two mini-portfolios, at an event the 7th European Congress on Tropical Medicine and International Health (ECTMIH) in Barcelona, co-hosted with Cresib and ISGlobal.

Open innovation

DNDi joins the WIPO Re:Search Platform, while calling for more ambitious provisions for innovation and access.

SEPTEMBER 2011



Ahmed Mohamed El Hassan, University of Khartoum, Sudan; Mounir Christo Lado Lugga, Ministry of Health, South Sudan; Mercé Herrero, WHO Ethiopia (from left to right)

New VL treatment implemented

LEAP platform meeting holds a press conference calling for support and uptake of SSG&PM, an improved and recommended treatment for VL in East Africa.

DECEMBER 2011

Paediatric dosage for Chagas patients

Treatment developed with the Brazilian laboratory Lafepe is granted registration in Brazil. New hope for children with Chagas disease, as this is the only existing child-adapted dosage form to facilitate early treatment.

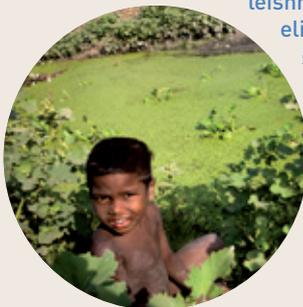
NOVEMBER 2011

Vast implementation study in India & Bangladesh

Launch of a four-year study to include over 10,000 patients to support India and Bangladesh's National Control Programmes in implementing new treatments to boost visceral

leishmaniasis elimination strategies.

VL Asia Consortium is launched with DNDi, OWH, and TDR.



120 million ASAQ treatments

ASAQ reaches 120 million fixed-dose treatments implemented in Africa to fight against malaria.

ASMQ registered in India



The Drugs Controller General of India (DCGI) registers the anti-malarial treatment artesunate-mefloquine fixed-dose combination (ASMQ FDC).



JUNE 2011



New hope for HAT patients

Anacor, SCYNEXIS, and DNDi announce successful completion of pre-clinical studies for the first new oral drug candidate discovered specifically to combat sleeping sickness.

WHO

DNDi presents a contribution to the WHO Consultative Expert Working Group (CEWG) on R&D: Financing and Coordination.

AUGUST 2011

Paediatric HIV still neglected

'Paediatric HIV – A Neglected Disease?' DNDi alerts the scientific community through an article in the *New England Journal of Medicine*, announcing its plan to undertake activities in this field.

JULY 2011



E1224 for Chagas disease

Start of the Phase II study in Bolivia to test the Eisai compound E1224 for adult chronic Chagas patients.

... JANUARY 2012

London: Uniting to Combat Neglected Tropical Diseases



Margaret Chan, WHO; Stephen O'Brien, DFID; Donan Mmbando, Ministry of Health, Tanzania; Andrew Witt, GSK; Bill Gates, B&MGF (from left to right)

High-level meeting organized in support of the WHO NTD Roadmap, with new or expanded commitments from 13 pharmaceutical companies, the USA, UK, and UAE governments, the Bill & Melinda Gates Foundation, the World Bank, and other health organizations, including DNDi, announcing a new, coordinated push to accelerate progress for neglected patients.

DECEMBER 2011

Call to Action in Latin America



Carlos Gadelha, Ministry of Health, Brazil; Marcel Tanner, Swiss TPH and DNDi Board of Directors; Paulo Gadelha, Fiocruz, Brazil (from left to right)

Resulting from the momentum at the DNDi Partners' Meeting in Rio de Janeiro, with over 260 regional partners and members of its global network, DNDi and partners call on Latin American governments, but also academia,

NGOs, patient groups, private industry, and other key stakeholders, to boost innovation and access for neglected patients in the region.

NECT treatment for sleeping sickness patients

In 2011, approx. 93% of the stage 2 HAT patients in Democratic Republic of Congo were treated with NECT, reducing considerably the use of the toxic drug, melarsoprol (an arsenic derivative that is fatal for 5% of those who receive it).



Research agreement with Abbott

DNDi and Abbott sign a four-year joint research and non-exclusive licensing agreement to undertake research on new treatments for several of the world's most neglected tropical diseases, including Chagas disease, helminth infections, leishmaniasis, and sleeping sickness.

Governance

BOARD OF DIRECTORS

The Board of Directors is composed of ten to thirteen members, including at least one patient representative, who serve four-year terms. Each of the founding partners nominates one Board Member.

DNDi Board Members



Marcel Tanner
Chair; Swiss Tropical and Public Health Institute (Swiss TPH)



Reto Brun
Secretary; Swiss Tropical and Public Health Institute (Swiss TPH) (until December 2011)



Els Torreele
Secretary; Open Society Foundations, USA (as from December 2011)



Bruce Mahin
Treasurer; formerly with Médecins Sans Frontières (MSF) (until December 2011)



Derrick Wong
Treasurer; non-profit management consultant, France (as from December 2011)



Alice Dautry
Institut Pasteur, France



Abul Faiz
Patient Representative; Sir Salimullah Medical College, Bangladesh



Lalit Kant
Indian Council of Medical Research (ICMR) (until June 2011)



Unni Karunakara
Médecins Sans Frontières (MSF)– International



Datuk Mohd Ismail Merican
Ministry of Health, Malaysia



Carlos Morel
Oswaldo Cruz Foundation (Fiocruz) Brazil



Paulina Tindana
Patient Representative; Navrongo Health Research Centre, Ghana



Bennett Shapiro
Pure Tech Ventures, formerly with Merck & Co, USA



Gill Samuels
Global Forum for Health Research, Foundation Council, Switzerland, formerly with Pfizer, UK (until June 2011)



Robert G. Ridley
WHO-TDR (Permanent Observer)

- **Position currently vacant**, Kenya Medical Research Institute (KEMRI)
- **Position currently vacant**, Indian Council of Medical Research (ICMR)

SCIENTIFIC ADVISORY COMMITTEE (SAC)

DNDi's Scientific Advisory Committee (SAC) is composed of eighteen prominent scientists with expertise in various scientific disciplines related to drug discovery and development, and/or the specific reality of neglected diseases and neglected patients. They operate independently of the Board of Directors and the Executive Team. The SAC has the mandate to advise the Board of Directors on matters related to research and development and choice of projects, as well as the quality of the scientific output.

DNDi Scientific Advisory Committee Members

Pierre-Etienne Bost, Chair; formerly with Institut Pasteur, France

Khirana Bhatt, University of Nairobi, Kenya

Chris Bruenger, IDEC, Japan

François Chappuis, Médecins Sans Frontières & Geneva University Hospitals, Switzerland

J. Carl Craft, formerly with Medicines for Malaria Venture, Switzerland

Simon Croft, London School of Hygiene and Tropical Medicine (LSHTM), UK

Federico Gomez de las Heras, formerly with GlaxoSmithKline, Spain

Chitar Mal Gupta, Central Drug Research Institute, India

Maria das Graças Henriquez, Oswaldo Cruz Foundation (Fiocruz), Brazil

Paul Herrling, Novartis International AG, Switzerland

Dale Kempf, Abbott, USA

Nor Shahidah Khairullah, Infectious Diseases Research Center, Malaysia

Shiv Dayal Seth, Indian Council of Medical Research (ICMR), India

Nilanthi de Silva, University of Kelaniya, Sri Lanka

Faustino Torrico, Universidad Mayor de San Simon, Bolivia

Mervyn Turner, formerly with Merck Research Laboratories, USA

Muriel Vray, Institut Pasteur, France

Krisantha Weerasuriya, World Health Organization (WHO), Switzerland

AFFILIATE AND REGIONAL OFFICE BOARDS

DNDi North America Board of Directors

Bennett Shapiro, Chair; Pure Tech Ventures, formerly with Merck & Co, USA

Hellen Gelband, Center for Disease Dynamics, Economics & Policy, USA

Joelle Tanguy, Global Alliance for Vaccines and Immunization (GAVI), Switzerland

James Orbinski, University of Toronto, Canada

Suerie Moon, Harvard School of Public Health, and Harvard Kennedy School of Government, USA

Bernard Pécoul, Drugs for Neglected Diseases *initiative* (DNDi), Switzerland

Darin Portnoy, Montefiore Medical Center and Family Health Center, USA

DNDi Latin America Board, Executive Members

Michel Lotrowska,
Chair; Brazil

Carlos Morel, Oswaldo Cruz Foundation (Fiocruz), Brazil

Tyler Fainstat, Médecins Sans Frontières (MSF), Brazil

DNDi Japan Board of Directors

Haruki Yamada, Chair, Kitasato Institute for Life Sciences, Japan

Koshin Nakahira, Nakahira Certified Tax Accounting Office, Japan

Bernard Pécoul, Drugs for Neglected Diseases *initiative* (DNDi), Switzerland

Fumiko Hirabayashi, Drugs for Neglected Diseases *initiative* (DNDi), Japan



EXECUTIVE TEAM

Bernard Pécoul, Executive Director

Shing Chang, Research & Development Director

(in alphabetical order)

Jean-François Alessandrini, Fundraising & Advocacy Director

Ralf de Coulon, Finance, Human Resources & Administration Director

Robert Don, Discovery & Pre-clinical Director

Jean-Pierre Paccaud, Business Development Director

Thomas Saugnac, Operations Director

Nathalie Strub Wourgaft, Medical Director

DNDi Regional Offices and Affiliate

Rachel Cohen, Regional Executive Director, North America

Fumiko Hirabayashi, DNDi Representative in Japan

Visweswaran Navaratnam, Head of Regional Office, Malaysia

Bhawna Sharma, Head of Regional Office, India

Eric Stobbaerts, Director of Regional Office, Latin America

Monique Wasunna, Head of Regional Office, Africa

DNDi Team Worldwide

DNDi's global team consists of permanent staff based in Geneva, five regional offices, one affiliate, and one liaison office. The team coordinates a broad base of consultants and volunteers worldwide. In total, 94 people (88.8 FTEs) contributed to DNDi's activities in 2011: 49 (46.6 FTEs) of which were based at headquarters in Geneva and 45 (42.2 FTEs) of which were based at the regional offices and affiliate.



HEADQUARTERS

Manica Balasegaram; Clélia Bardonneau; Hana Bilak; Séverine Blesson; Pascale Boulet; Phouttasone Bouppha; Stéphanie Braillard; Gwenaëlle Carn; Eric Chatelain; Christine Crettenand; Brigitte Crotty; Violaine Dällenbach; Graciela Diap; Julia Fährmann; Anna Fitzgerald; Sally Ellis; Caroline Gaere Gardaz; Karin Génevaux; Nina Holzhauer; Jean-Robert Ioset; Dominique Junod-Moser; Jean-René Kiechel; Marc Lallemand; Gabrielle Landry Chappuis; Delphine Launay; Janice Lee; Sandrine Lo Iacono; Denis Martin; Christofine Marty-Moreau; Janine Millier; Farrokh Modabber; Béatrice Mouton; Charles Mowbray; Emmanuel Pinget; Sylvie Renaudin; Ivan Scandale; Jérôme St-Denis; Olena Sushchenko; Antoine Tarral; Donia Tourki; Olaf Valverde; Laurence Vielfaure.

REGIONAL OFFICES & AFFILIATE

AFRICA

DRC: Mamie Thérèse Benyi; Arthur Bongo; Augustin Kadima Ebeja; Richard Mbumba Mvumbi. **KENYA:** Nicholas Bonyo; Simon Bolo; Robert Kimutai; Joy Malongo; Josephine Kesusu; The late John Kimani; Michael Ochieng; Seth Okeyo; Raymond Omollo; Truphosa Omollo; Rhoda Owiti; Rehma Nanfuka.

ASIA

INDIA: Sharmila Das; Vishal Goyal; Pankaj Kumar; Vikash Kumar; Babita Papneja; Abhijit Sharma; Vikash Sharma.

JAPAN: Emi Nakamura. **MALAYSIA:** Gan Eng Seong.

LATIN AMERICA

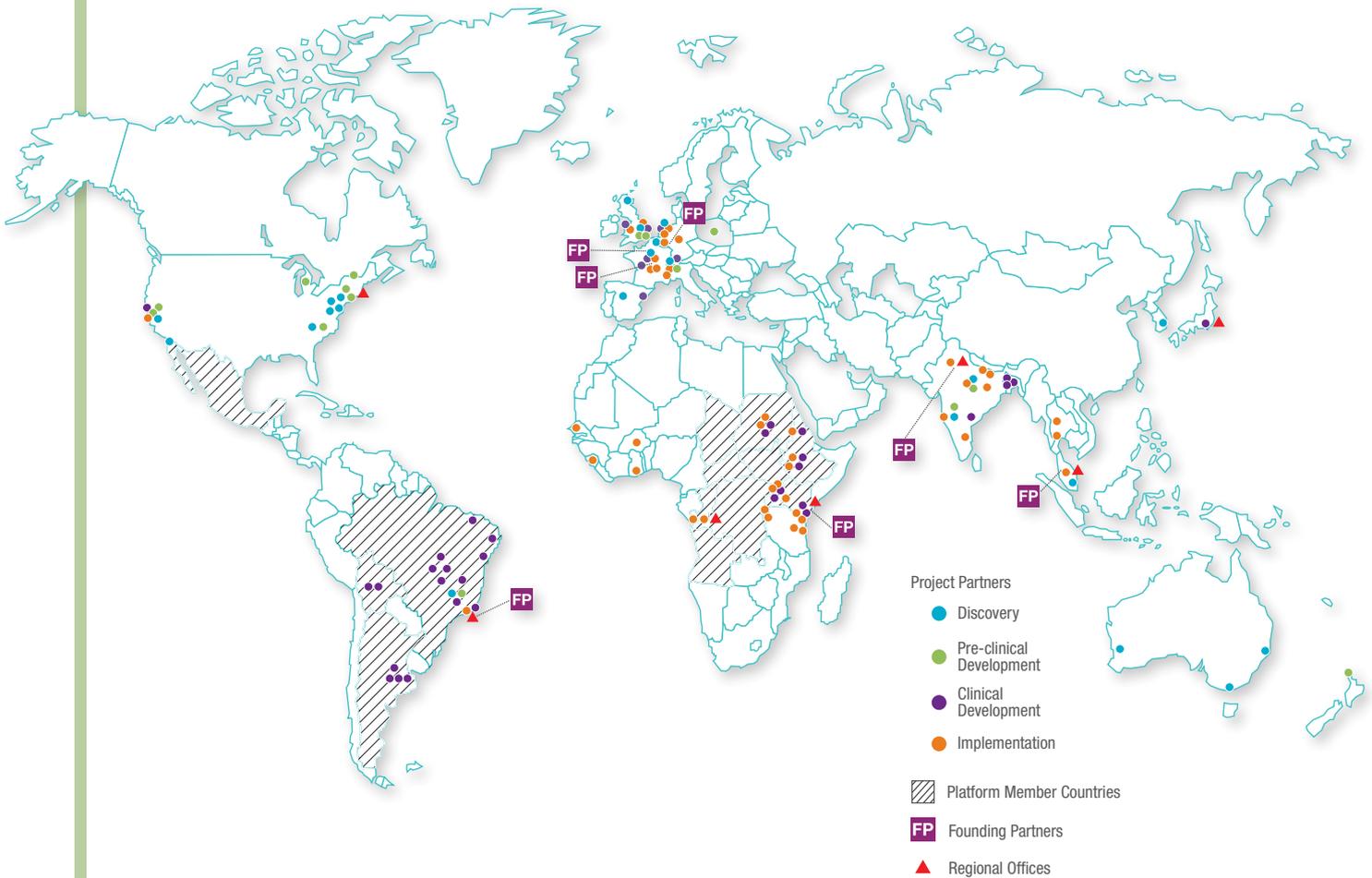
BRAZIL: Mariana Abi-Saab; Fabiana Alves; Bethania Blum de Oliveira; Alexandra Dias; Carolina Frossard; Gabriela Gazola; Igor de Moraes; Maristela de Oliveira Soares; Flavio Pontes; Isabela Ribeiro; Joëlle Rode; Glaucia Santana.

NORTH AMERICA

USA: Erin Conklin; Jennifer Duran; Jennifer Katz; Oliver Yun.

DNDi around the world

At the founding of DNDi in 2003, seven key stakeholders joined forces to propel the initiative. Each Founding Partner is a centre of excellence in neglected disease research and/or patient care. In addition, DNDi has secured its regional rooting in countries where neglected diseases are endemic, as well as in other countries where its activities are prominent.



SEVEN FOUNDING PARTNERS **FP**

In 2003, seven public and private institutions came together to form DNDi:

- Médecins Sans Frontières (MSF) (Doctors Without Borders)
- Oswaldo Cruz Foundation, Brazil
- Indian Council for Medical Research, India
- Kenya Medical Research Institute, Kenya
- Ministry of Health, Malaysia
- Institut Pasteur, France
- WHO/TDR – The special programme for research and training in Tropical Diseases (TDR)

THREE PLATFORMS



LEAP
PLATFORM



HAT
PLATFORM



CHAGAS
CLINICAL RESEARCH
PLATFORM

SIX REGIONAL OFFICES

- DNDi Latin America (Rio) ▲
- DNDi Africa (Nairobi) ▲
- DNDi India (Delhi) ▲
- DNDi Malaysia (Penang) ▲
- DNDi Japan (Tokyo) ▲
- DNDi in DRC (Kinshasa) ▲

ONE AFFILIATE

- DNDi North America (New York) ▲

2011 KEY FINANCIAL PERFORMANCE INDICATORS



Supporting expansion of DNDi activities by reinforcing the team, partnerships, and processes

Statement of activities 2004-2011

Budget of EUR 26 million in 2011



DNDi expenditure totals **EUR 120 million since its inception in 2003**. In 2011, expenditure amounted to **EUR 26 million**, + 4.6% as compared to 2010. The operating loss of EUR 0.2 million was compensated by a positive exchange rate gain, mainly due to the weakness of the Euro against the US dollar.

- The number of R&D projects increased by 30% (from 20 in 2010 to 24 in 2011) at all stages of the R&D process.
- R&D expenditure increased slightly in 2011 (+ 1.5% between 2010 and 2011 as compared to +20% between 2009 and 2010) due to: several projects having reached key transition points or at preparation stage – e.g. fexinidazole (preparation of Phase II); Oxaborole (preparation of Phase I); Nitroimidazole (VL) project selected VL-2098 for in-depth evaluation; new VL therapies in South Asia, including preparation of large implementation studies; start of activities for paediatric HIV and helminth infections; start of implementation for cutaneous leishmaniasis; and entry in the non-regulatory pre-clinical phase for fenarimol for Chagas.

To support these transitions, DNDi management and coordination were key:

- To identify and select **new partners**: from 81 in 2010 to 102 in 2011.
- To strengthen the **DNDi team**: + 8 FTEs in Regional Offices and + 7 FTEs at Headquarters.
- To improve **internal processes**: general management from 6% to 8% of annual expenditure.

2011 Social mission breakdown

Transitioning to prepare for the future



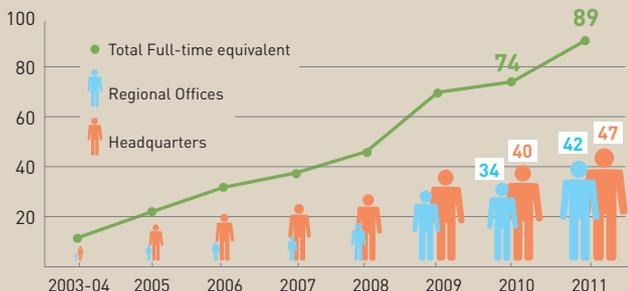
In 2011, the non social mission ratio increased temporarily as new resources were dedicated to improve processes to match the growth of DNDi (R&D portfolio is expected to grow by 30% in the coming years) notably by:

- Supporting the elaboration of the new Business Plan 2011-2018 (issued in September 2011); Recruiting an Operational Director to support empowerment of Regional Offices as well as operational practices and policies; and a Coordinator to support increased financial requests and reporting duties.
- IT support was adjusted to meet the increase of staff worldwide.
- Fundraising expenses increased by 26% to reinforce activities in Regional Offices.

Other social mission expenditure – which includes capacity strengthening and advocacy activities – remained stable in 2011 (- 1%). Cost savings were generated at the Partner's Meeting in December 2011 by holding other key meetings at the same occasion: launch of the paediatric dosage form of benznidazole; advocacy workshop; malaria expert meeting; Chagas Clinical Research Platform meeting; VL expert meeting; and the DNDi Board meeting.

Human Resources Evolution 2004-2011

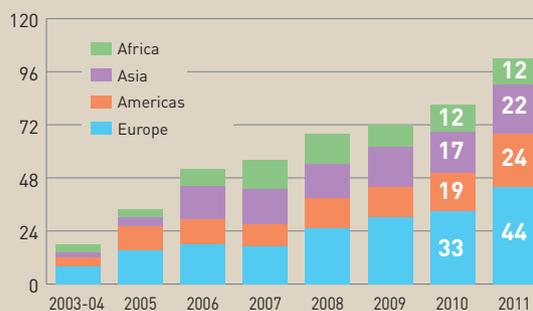
Reinforcing the team to match growth



In 2011, DNDi recruited an additional 15 FTEs. Seven new staff joined DNDi Headquarters (+18%) in order to: lead the new paediatric HIV formulation programme; complete the drug discovery team; and reinforce the finance and fundraising departments as well as the management team. In Regional Offices, eight staff joined DNDi in New Delhi, Rio de Janeiro, Kinshasa, and New York (+24%). The new staff members reinforce clinical teams in the endemic regions and support the expansion of DNDi's fundraising strategy in the USA and in emerging economies.

R&D Partners & subcontractors per continent

Strong increase in partners worldwide



In 2011, 102 partners and subcontractors participated in advancing the DNDi portfolio, + 24% as compared with 2011. New partners were identified and selected to progress DNDi projects through the R&D pipeline and start new projects (e.g. large implementation studies for new VL therapies in South Asia, paediatric HIV, helminth infections, and CL activities).