DNDi advocates for increased public responsibility and a more enabling environment for neglected disease R&D.
Since its inception in 2003, DNDi has advocated for increased resources for neglected disease R&D, new incentive mechanisms, and better coordination of R&D activities to compensate for market and policy failures.

During the year 2011, G20 governments, the WHO Consultative Expert Working Group (CEWG) on Research & Development: Financing and Coordination, and many international groups analysed and proposed a number of new ideas, including both ‘push’ mechanisms to finance R&D and ‘pull’ incentives to spur private-sector investment. Underlying all of these initiatives is the lack of sustainable funding and mechanisms to support long-term global health innovation for poverty-related diseases and the necessity for public health priorities to be set for work carried out by current initiatives, including Product Development Partnerships (PDPs) such as DNDi.

At this time, when many new actors, new policy proposals, and new funding initiatives have emerged in the field of essential health R&D, DNDi considers it vital that a sustainable strategy and plan be designed to empower existing initiatives and to implement more effective policies to boost innovation and ensure equitable access to the fruits of this innovation.

Based on nearly a decade of experience, DNDi endeavoured throughout 2011 to advocate specifically for the following:

- greater boosting of innovation and more open sharing of research knowledge
- stronger synergy, partnerships, and coordination across public and private sectors
- engagement of partners in endemic countries from the outset and throughout the entire R&D process
- sustainability and diversification of resources.

Coordination and financing for neglected disease R&D

In June 2011, DNDi released an analysis entitled ‘Financing & Incentives for Neglected Disease R&D: Opportunities and Challenges’, which was submitted to the WHO CEWG. This report concluded that ‘[s]everal types of incentives and financing mechanisms tailored to particular stages of R&D, types of diseases and health technologies will...’
Regional approaches to addressing neglected patient needs

The DNDi Partners’ Meeting 2011, ‘Moving Innovation to Access for Neglected Patients’, held in Rio de Janeiro, Brazil, on 2 December 2011, in partnership with Fiocruz, marked nearly a decade of progress since the foundations for DNDi were set forth at a remarkable meeting in Rio in 2002. The meeting resulted in ‘A Call to Action for Latin America to Boost Innovation and Access for Neglected Patients in the Region’. The call highlighted the fact that “[i]n Latin America – a region unique in that it includes both endemic countries with pressing patient needs and emerging economies with substantial research and financing capacity – political leadership has deepened and the building blocks for regional coordination and harmonization in the health sector have been put into place. Institutions such as Fiocruz have taken a leading role in the struggle against neglected diseases, bringing excellence to research and development (R&D) for medicines and vaccines.” The call articulated six actions for 2012 and beyond in the areas of: implementation; R&D priority setting and coordination; regional regulatory harmonization; open innovation; innovative financing; and new R&D incentives. Over 260 regional and international partners participated in the meeting in presence of representatives of the Brazilian and Argentinian governments. In addition, 1,200 people worldwide participated via a live webcast.

Boosting innovation and open sharing of research knowledge

DNDi joined the WIPO Re:Search public database and open innovation platform at its launch in October 2011 (see pages 6-7). While welcoming the initiative as both a ‘user’ and a ‘provider’, DNDi called for more ambitious provisions for innovation and access. DNDi provided 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 the ChEMBL medicinal chemistry databases. 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 knowledge sharing to boost neglected disease innovation, notably by avoiding duplication in research and by reducing costs and development timelines for the benefit of patients.
EUR 184 Million Secured
Reinforcing donor commitments en 2011

Despite the effects of the on-going financial crisis, DNDi was able to generate a total of EUR 25.8 Million to cover its total expenses in 2011 (+4% compared to 2010). This is the result of on-going multi-year grants, renewed and increased commitments of past and current donors, as well as new partnerships with key institutions.

In 2011, two new funders entered into partnership with DNDi to support R&D programmes for neglected tropical diseases: the Federal Ministry of Education and Research (BMBF/KFW)* of Germany, which decided to join forces with other public donors to increase global resources for innovation against poverty-related diseases in support of specific Millennium Development Goals; and the Wellcome Trust.

Nine of DNDi’s existing funders renewed or increased their commitments to DNDi in 2011.

The renewed commitments include the Dutch government, DGIS (new multi-year portfolio funding for a total of EUR 14 Million – highlighted in the DNDi Annual Report 2010); the Bill & Melinda Gates Foundation; the Spanish government, AECID; Médecins Sans Frontières (Norway, Italy, and Brazil sections with EUR 0.35 Million, EUR 0.3 Million, Real 1 Million, respectively); the Medicor Foundation (annual funding of USD 0.5 Million for leishmaniasis activities in Africa); and two Swiss foundations. The UK government, DFID, and the Global Fund (EUR 0.3 Million for the End Point Survey for AMFm), both increased their commitments to DNDi.

These commitments were essential to ensuring the continuation of activities and commencing key projects to fill essential R&D gaps, such as for helminth infections, cutaneous leishmaniasis, and biomarkers for Chagas disease.

In order to diversify its funding sources, resource mobilization activities were carried out in a more systematic manner through DNDi’s regional offices.

By the end of 2011, funders committed a total of EUR 184 Million to DNDi, +20% from December 2010. An additional EUR 216 Million is needed by 2018 to achieve DNDi’s Business Plan objectives. Core funding – and alternatively portfolio funding – is critical to ensure the flexibility DNDi needs to adequately manage and progress, in a cost-efficient manner, its R&D activities through to patient use.

New UK Government (DFID)
GBP 3.4 Million
This additional core funding from DFID for 2011/2012 has allowed DNDi to start implementing new projects with a particular focus on leishmaniasis [e.g. start of cutaneous leishmaniasis and preparation for HIV-VL activities]. It also has ensured progress of key activities (e.g. technical transfer for the production of ASAQ, optimization for innovative oral treatments for HAT, in-licensing well-characterized compound series from pharmaceutical companies, clinical study for the second combination treatment for VL in Africa). DFID has been supporting DNDi since 2006.

Federal Ministry of Education and Research of Germany (BMBF through KFW)
EUR 8 Million
This grant received by DNDi in 2011 will be disbursed over the period of 2011-2015 and is part of a larger funding programme of EUR 20 Million allocated by the BMBF to three product development partnerships. The part applied to DNDi’s activities ranges from compound screening to clinical assays; for new or improved products for sleeping sickness, visceral leishmaniasis, Chagas disease, and helminth infections.

Wellcome Trust
EUR 2 Million
The project aims to develop the azole compound E1224, a promising drug developed in partnership with Eisai Co. Ltd. to treat Chagas disease, which is being tested in adult patients in Bolivia. The award, the first that DNDi has received from the Wellcome Trust, will take the project to the end of Phase II clinical trials.

Bill & Melinda Gates Foundation
USD 9 Million
This grant is applied to screening activities for leishmaniasis, human African trypanosomiasis, and helminth infections.

Spanish Government (AECID)
EUR 1 Million
In 2011 AECID supported, through core funding, various activities including the development of new treatments for visceral leishmaniasis in Asia, Africa, and Latin America and the Chagas lead optimization consortium, enabling DNDi and its partners to continue searching for innovative treatments for Chagas disease. AECID also contributed to capacity building, ensuring that sustainable scientific capacity is fostered in endemic countries. AECID has been supporting DNDi since 2007.
FRIENDS OF DNDi

The ‘Friends of DNDi’ are internationally-renowned individuals who contribute to DNDi’s mission and vision by engaging globally influential actors, policy-makers, and key supporters to further the work of DNDi. Each friend plays an important role based on his or her specific background, expertise, and position.

Paulo Buss, Professor of Health Planning, National School of Public Health, Oswaldo Cruz Foundation (Fiocruz), Brazil

Yves Champey, former Chair of DNDi Board of Directors. Served as Medical and Scientific Director, and then as Senior Vice President, International Drug Development, at Rhone Poulenc, France

Abdallah Daar, Professor of Public Health Sciences and Surgery, University of Toronto, and Senior Scientist and Director of Ethics and Commercialization at the McLaughlin-Rotman Centre for Global Health, University Health Network and University of Toronto, Canada

Samih T. Darwazah, Founder and Chairman of Hikma Pharmaceuticals, Jordan

Ahmed El Hassan, Emeritus Professor, Institute of Endemic Diseases, University of Khartoum, Sudan

Nirmal K. Ganguly, former Director General of the Indian Council of Medical Research (ICMR), India

Rowan Gillies, former President of MSF International Council, Australia

Lalit Kant, former Head of the Division of Epidemiology & Communicable Diseases, Indian Council of Medical Research, India

Stephen Lewis, Chair of the Board of the Stephen Lewis Foundation, former Minister of Foreign Affairs of Canada, former United Nations Special Envoy for HIV/AIDS in Africa, Canada

Sheba K. Meymandi, Director of the Center of Excellence for Chagas Disease at Olive View-UCLA Medical Center, in Sylmar, California, USA

Ricardo Preve, Film Director, Ricardo Preve Films LLC, Argentina

Morten Rostrup, former international President of Médecins Sans Frontières, Norway

José Gomes Temporão, former Minister of Health, Brazil

Rafael Vila San Juan, Director Laboratorio de Ideas, Institute for Global Health of Barcelona (ISGlobal), Spain

Dyann Wirth, Chair of the Department of Immunology and Infectious Diseases, Harvard School of Public Health, USA

Yongyuth Yuthavong, former Minister of Science and Technology, Thailand

Outreach, advocacy & DNDi strives to give a voice to neglected patients

MAIN FEATURES IN THE MEDIA

- **IPS** ‘Child-Adapted Formula to Deal Major Blow to Chagas Disease’, 8 DECEMBER 2011
- **La Nación** ‘Aprueban el primer medicamento pediátrico para Chagas’, 3 DECEMBER 2011
- **The Times of India** ‘Study boost for elimination of kala-azar in India’, 10 NOVEMBER 2011
- **New York Times** ‘Kala Azar: Four-Year Test Seeks Better Ways to Treat a Persistent Disease Spread by Sand Flies’, 7 NOVEMBER 2011
- **El Mundo** ‘Un proyecto internacional para erradicar la leishmaniasis’, 7 NOVEMBER 2011
- **SciDev.net** ‘Major patent pool opens up research on neglected disease’, 31 OCTOBER 2011
- **La Vanguardia** ‘Miles de personas en el mundo siguen olvidadas’, 29 OCTOBER 2011
- **Le Temps** ‘Union sacrée contre les maladies négligées’, 27 OCTOBER 2011
- **Science** ‘Drug developers finally take aim at a Neglected Disease’, 19 AUGUST 2011
- **Le Monde** ‘Les enfants des pays les plus pauvres sont les grands oubliés de la lutte contre le SIDA’, 19 AUGUST 2011
- **JAMA** ‘Effort launched to adapt HIV/AIDS drugs for children’, 10 AUGUST 2011
- **Financial Times** ‘Wake-up call for sleeping sickness’, 8 JULY 2011
- **Science** ‘Hitting Sleeping Sickness Where It Lives’, 28 JUNE 2011
Human African Trypanosomiasis (sleeping sickness)


Leishmaniasis


Chagas disease


Malaria


Helmint infections


Paediatric HIV


20 SCIENTIFIC PUBLICATIONS BY DNDi AND PARTNERS

DNDi enjoyed an increase in the number of scientific publications in 2011 as compared to 2010. This is an important marker of DNDi’s activities and the progression of projects.

DNDi Model & Neglected Diseases


Chagas disease


Malaria


Helmint infections


Paediatric HIV


awareness-raising

in both international and regional media, in addition to scientific publications
**DNDi SYMPOSIA AND MAIN CONFERENCES**

**ASTMH 2011 (American Society of Tropical Medicine and Hygiene)**

*Philadelphia, USA, 4–8 December 2011*

→ DNDi participated in the sessions ‘CYP51 as a Target for Chagas Disease Drugs’ and ‘A Decade Later: Drug Development and the Promise of Health Care Impact’, in addition to presenting several posters (Chagas disease, visceral leishmaniasis, malaria, helminth infections).

**4th DNDi Partners’ Meeting 2011: Moving Innovation to Access for Neglected Patients**

*Rio de Janeiro, Brazil, 30 Nov – 2 Dec 2011*

→ DNDi brought together over 260 regional partners and members of its global network to Rio de Janeiro, and the main event on 2 December was webcast live to 1,240 viewers around the world.

→ Brazilian Ministry of Health announced the registration of the paediatric dosage form of benznidazole.

→ The meeting resulted in a ‘Call to Action for Latin America to Boost Innovation and Access for Neglected Patients in the Region’.

Parallel meetings:

→ The annual meeting of the Chagas Clinical Research Platform gathered over 90 participants to review the Chagas R&D projects.

→ The meeting ‘Artesunate-Mefloquine (ASMQ) Fixed-Dose Combination (FDC), an additional tool in the armamentarium to control malaria in Latin-America’ was held in parallel.

**31st Conference of the International Scientific Council for Trypanosomiasis Research and Control (ISCTRC)**

*Bamako, Mali, 12–16 September 2011*

→ Four DNDi presentations were included in the session on HAT chemotherapy covering the whole process of drug development, notably on: discovery project entering Phase I clinical stage; a molecule starting Phase II; a project in Phase IIIb; the conditions and challenges of implementation of a treatment launched end 2009, NECT.

→ DNDi session: ‘Drug Development for Kinetoplastids’

→ DNDi joint session with Institute of Tropical Medicine, Antwerp, Belgium: ‘Visceral Leishmaniasis - HIV Co-infection: Current Challenges and Perspectives’

→ DNDi also took part in various sessions on elimination, helminth infections, Chagas disease, sleeping sickness, and malaria, in addition to several poster presentations.

**World Health Summit**

*Berlin, Germany, 23-26 October 2011*

→ DNDi joint session with International Consortium on Antivirals (ICAIV): ‘Product Development for Neglected Patients: Where Are the Research Gaps and What Are the Priorities?’

→ Participation in the session: ‘Innovation for Diseases of Global Health Importance: Adapting Innovation to Fit Local Conditions’

**7th European Congress of Tropical Medicine and Hygiene (ECTMIH)**

*Barcelona, Spain, 3–6 October 2011*

In total, 22 presentations from DNDi staff members and R&D partners, covering the NTD portfolio, in addition to several poster presentations.

→ DNDi session: ‘Drug Development for Kinetoplastids’

→ DNDi joint session with Institute of Tropical Medicine, Antwerp, Belgium: ‘Visceral Leishmaniasis - HIV Co-infection: Current Challenges and Perspectives’

**ISID-NTD Meeting**

*Boston, USA, 8–10 July 2011*

→ DNDi presented in the following sessions: ‘Developing the Tools Needed to Fight NTDs’ and ‘Essential Elements: Drug Donations and Non-Governmental Development Programs’.
Balanced and diversified funding – key to DNDi’s vision

EUR 184 Million committed to DNDi for 2003–2015 (as per January 2012)

To realize its vision and mission, DNDi seeks to ensure balanced and diversified financial support from public and private donors, allowing the organization flexibility and sustainability, while also preserving its independence. The public-private balance has been maintained thus far, and the diversification of donors has increased – with two new donors in 2011 (Wellcome Trust and BMBF/KFW).

Unrestricted core funding vital to flexible portfolio management

The trend shows an increase in the number of restricted grants in 2011 (compared to 46% in 2010 and 34% in 2009). Under these restricted grants a new and more flexible category has emerged: portfolio grants. Covering various diseases and/or various projects, these grants are estimated at 18% of the 2011 total income. However, to maintain flexibility and independence in managing the scientific portfolio, it is critical that DNDi continues to raise unrestricted core funding in the coming years.