



Organization & Strategy

Increased Engagement in Global and Regional Strategic Alliances

A partnership-based model by nature, DNDi has endeavoured to continually build and explore innovative ways of working with public and private entities in all aspects of the organization's work. Covering several disease areas throughout the R&D pipeline – from screening for molecules to ensuring patients' needs are met – and with regional rooting across the globe, DNDi would simply not exist without the trust and engagement of a wide range of partners. The year 2014 saw both inroads being made into unprecedented multilateral partnerships and to key new partners stepping up to the plate for new projects with DNDi.

Regional engagement to address endemic country needs

In 2014, DNDi Latin America entered into a strategic alliance with Ruta-N (see p.60), a corporation set up by the City of Medellin in **Colombia** to build sustainable science, technology, and innovation in the region. The collaboration between DNDi and Ruta-N involves local pharmaceutical partners, such as Humax Pharma, and scientific and academic institutions such as the Study and Control Programme for Tropical Diseases (PECET) of the University of Antioquia, **Colombia**. Ruta-N and DNDi will collaborate on evaluating alternative topical and oral

*DNDi
Latin
America*

therapies for cutaneous leishmaniasis (CL). The programme will also endeavour to map other urgent public health needs.

In **Brazil**, DNDi was part of a move to progress new interest in drug discovery with the São Paulo Research Foundation (FAPESP), notably through a key gathering of scientists called 'Frontiers of Science', where DNDi aimed to expand collaborations – such as that currently with the Brazilian State University of Campinas, or UNICAMP – within its Lead Optimization Latin America programme.

Also in **Brazil**, recognition of the collaboration with the Brazilian public pharmaceutical company Farmanguinhos/Fiocruz, and other partners, was given to DNDi Latin America for the innovative model employed in the development of ASMQ fixed-dose combination for malaria: the 'Award for Innovation in Social Technology', was granted by Brazil's innovation and science body FINEP (see p.43).

Coalitions to address patient access to treatments

As DNDi does not have the capacity to act as an implementer, working closely with partners is a critical success factor. Building coalitions is an important part of ensuring that beyond specific projects, key groups join forces and align behind a common vision. In order to help remove barriers to patient access to treatments, the Consortium for the Control and Elimination of Visceral Leishmaniasis (VL), known as KalaCORE, geared up for its launch with DNDi, the London School of Hygiene and Tropical Medicine, Médecins Sans Frontières and Mott MacDonald. The consortium was appointed by the Department for International Development (DFID) to tackle VL in South Asia and East Africa. Specifically for Latin America, a group of key researchers was brought together in the new RedeLeish network to address research gaps for leishmaniasis in the region (see p. 50). Another new initiative was launched in the field of paediatric HIV, the Paediatric HIV Treatment Initiative (PHTI), set up to ensure that intellectual property, research and development, and procurement of child-adapted ARVs are accelerated to meet pressing patient needs (see p.58). The Global Chagas Disease Coalition met in 2014 to ensure a consolidated push for diagnosis and treatment (see p.13).



Launch event for the Paediatric HIV Treatment Initiative (PHTI)

New pharmaceutical partnerships

The DNDi filarial programme achieved an important milestone in 2014, as a result of intense collaboration, with a landmark agreement signed with Bayer HealthCare for the development of emodepside as a new macrofilaricide for onchocerciasis. The lessons learned from a decade of business development with the pharmaceutical industry formed part of the innovation of this partnership accord, which was a true win-win scenario in which DNDi 'de-risked' the development of this drug, allowing the company to engage its expertise and know-how in new ways for an entirely new health tool and approach to filarial disease treatment programmes (see p.42). DNDi's partnership with Celgene was reinforced and expanded through a research and collaboration agreement to identify and optimize new drug candidates for NTDs.

In **Japan**, the commitment of the Japanese government and private industry, through the new Global Health Innovation Technology Fund (GHIT), a relatively new funding mechanism for neglected disease R&D, reinforced the DNDi-Eisai collaboration in the field of Chagas disease R&D for improved treatments through a new grant. GHIT and DNDi also entered into discussions for entirely new prospects in the field of neglected tropical disease R&D, notably in the lead up to the NTD Drug Discovery Booster project (see pages 17, 57), in which several companies would agree to work together to accelerate drug discovery for leishmaniasis and Chagas disease through ground-breaking multilateral collaboration through DNDi.

DNDi Japan

DNDi BOARD MEMBERS



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



Els Torreele
Secretary; Open Society Foundations, USA



Derrick Wong
Treasurer; non-profit management consultant, France



Jorge Bermudez
Oswaldo Cruz Foundation (Fiocruz), Brazil



Christian Bréchet
Institut Pasteur, France



Abul Faiz
Patient representative; Sir Salimullah Medical College, Bangladesh



Noor Hisham Abdullah
Ministry of Health, Malaysia



Joanne Liu
Médecins Sans Frontières (MSF)



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



Paulina Tindana
Patient representative; Navrongo Health Research Centre, Ghana (until 2014)



John Reeder
(Permanent Observer)
Special Programme for Research and Training in Tropical Diseases (WHO-TDR), Switzerland

• **Position currently vacant**
Kenya Medical Research Institute (KEMRI)

• **Position currently vacant**
Indian Council of Medical Research (ICMR)

DNDi SCIENTIFIC ADVISORY COMMITTEE MEMBERS

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

Kirana Bhatt, University of Nairobi, Kenya

François Chappuis, Médecins Sans Frontières & Geneva University Hospitals, Switzerland (until Oct. 2014)

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

Simon Croft, London School of Hygiene and Tropical Medicine, UK

Lisa Frigati, Tygerberg Hospital, South Africa

C.M. Gupta, Central Drug Research Institute, India

Paul Herrling, Novartis International AG, Switzerland

Dale Kempf, AbbVie, USA

Kiyoshi Kita, Graduate School of Medicine, University of Tokyo, Japan

Nines Lima, Médecins Sans Frontières, Spain (SAC member since Dec. 2014)

Ana Rabello, Oswaldo Cruz Foundation (Fiocruz), Brazil

Murad Shahnaz, Institute for Medical Research, 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, Cochabamba, Bolivia

Mervyn Turner, formerly with Merck Research Laboratories, USA

Muriel Vray, Institut Pasteur, France

Krisantha Weerasuriya, World Health Organization (WHO), Geneva

John Westwick, Imperial College, London University, UK (as of Dec. 2013)

Nick White, Mahidol University, Bangkok, Thailand

FRIENDS OF DNDi

Paulo Buss, specialist in Pediatrics and Public Health, and former President, Oswaldo Cruz Foundation (Fiocruz), Brazil

Yves Champey, former Chair, DNDi Board of Directors and founder, ITEEC, France

Abdallah Daar, Professor, Public Health Sciences and Surgery, University of Toronto, Canada, and Chair, Advisory Board, UN University International Institute for Global Health

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

Philippe Desjeux, specialist in Leishmaniasis, former Senior Program Officer for Disease Control, iOWH, and Leishmaniasis Research Coordinator, TDR/WHO, France

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

Rowan Gillies, former President, MSF International Council, Australia

Lalit Kant, Deputy Director, Immunization, Bill & Melinda Gates Foundation, and former representative, Board, Indian Council of Medical Research (ICMR), India

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

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

Piero Olliaro, Head, Intervention and implementation research, WHO/TDR, Switzerland

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

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

Eloan dos Santos, former Executive Director, Farmanguinhos, Brazil

José Gomes Temporão, former Minister of Health, Brazil

Rafael Vila San Juan, Director, ISGlobal's Think Thank, Institute for Global Health of Barcelona, Spain

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

Yongyuth Yuthavong, former Minister of Science and Technology, Thailand

Nirmal Ganguly, Former SAC, Indian Council of Medical Research, and Advisor/Professor Science & Technology Institute, New Delhi

Carlos Morel, Former Board Member, DNDi, Director of the Centre for Technological Development in Health (CDTS) and Senior Researcher, Oswaldo Cruz Foundation (FIOCRUZ)

Ismail Merican, Former Board Member, DNDi, Pro Chancellor & Chairman MAHSA University, Malaysia

Unni Karunakara, Former DNDi President, Former President MSF International

Jorge Velasquez, Special Advisor for Health & development, South Center, Geneva

Carlos Nery Costa, Professor of Federal University of Piaui, Former President of Brazilian Society of Tropical Medicine

Nila Neredia, General Coordinator of Latin American Association of Social Medicine

Mirta Roses Periago, Senior Advisor in Global Health Latin American & Caribbean Global Fund Board. Supporter of Chagas Coalition.

Reinaldo Guimaraes, Director of Brazilian Association of ABIFINA. Former Secretary of State.

REGIONAL OFFICE BOARDS

DNDi North America Board of Directors

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

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

Joelle Tanguy, Treasurer; International Federation of Red Cross and Red Crescent Societies, Switzerland

Shing Chang, former R&D Director, DNDi, and consultant, global health-related drug discovery and development, USA

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

James Orbinski, Centre for International Governance Innovation, Wilfrid Laurier University, Canada (until July 2014)

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

DNDi Latin America Board, Executive Members

Michel Lotrowska, Chair; Brazil

Vacant, Vice-president

Tyler Fainstat, Secretary; Médecins Sans Frontières (MSF), Brazil (until Sept. 2013)

Tatiana Zanotti, Secretary; Médecins Sans Frontières (MSF), Brazil (as of Oct. 2013)

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Nelson Faria de Oliveira, Lawyer

Marcus Manduca, PricewaterhouseCoopers

• Advisory board

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DNDi Japan Board of Directors

Haruki Yamada, Chair; Tokyo University of Pharmacy and Life Sciences

Koshin Nakahira, Nakahira Certified Tax Accounting Office, Japan (until March 2014)

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

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

Laurence Vielfaure, Drugs for Neglected Diseases *initiative* (DNDi), Switzerland (as of April 2014)

DNDi LEADERSHIP

Executive Team

Bernard Pécoul, Executive Director*

Jean-François Alesandrini, Fundraising, Communication & Advocacy Director*

Graeme Bilbe, Research & Development Director*

Thomas Saugnac, Operations Director*

Geneva

Robert Don, Discovery & Pre-clinical Director*

Jean-Pierre Paccaud, Business Development Director*

Nathalie Strub Wourgaft, Medical Director*

Laurence Vielfaure, Finance & Planning Director*

DNDi Regional Offices

Rachel Cohen, Regional Executive Director, DNDi North America*

Suman Rijal (As of July 2014), Director, India Regional Office*

Bhawna Sharma, (Until Sept. 2014), Director, Research and Development Operations, India

Eric Stobbaerts, Director, DNDi Latin America*

Monique Wasunna, Director, Africa Regional office*

Fumiko Hirabayashi, Head of Liaison office, DNDi Japan

Visweswaran Navaratnam, Head of Liaison office, DNDi South-East Asia

* Member of the Strategic committee

DNDi Team Worldwide

GENEVA

Jorge Alvar, Fabiana Alves, Byron Arana, Clélia Bardonneau, Séverine Blesson, Raphael Bonacchi, Phouthasone Bouppha, Stéphanie Brailard, Patricia Caldwell, Thi-Hanh Cao, Gwenaëlle Carn, Pascal Carpentier, Eric Chatelain, Christine Crettenand, Brigitte Crotty, Graciela Diap, Violaine Dallenbach, Sophie Delhomme, Julia Fahrman, Anna Fitzgerald, Caroline Gaere Gardaz, Marion Genoulaz, Emilie Gutierrez, Alexandra Heumber, Nina Holzhauser, Jean-Robert Ioset, Michele Joannis, Dominique Junod Moser, Wendy Keller, Jean-Rene Kiechel, Fiona Knox, Marc Lallemand, Gabrielle Landry-Chappuis, Delphine Launay, Janice Lee, Sandrine Lo Iacono, Christophine Marty-Moreau, Janine Millier, Béatrice Mouton, Charles Mowbray, Nataliya Omelchuk, Claudia Pena Rossi, Sophie Raffle, Sylvie Renaudin, Isabela Ribeiro, Stephen Robinson, Ivan Scandale, Rebecca Schmitt, François Simon, Olena Sushchenko, Antoine Tarral, Donia Tourki, Olaf Valverde, Susan Wells

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DRC

Arthur Bongo Nsokuba, Chirac Bulanga Milemba, Augustin Kadima Ebejak, Richard Mvumbi Mbumba, Alida Atekandoyi Vame

KENYA

John Ambasa, Simon Bolo, Nicholas Bonyo, Josephine Kesusu, Robert Kimutai, Joy Malongo, Penina Soipei Menza, Brian Mutinda, Duncan Nyakaya, Seth Okeyo, Truphosa Omollo, Raymond Omollo, Nekoye Otsyula, Rhoda Owiti, Moses Waweru, Michael Otieno, Lilian Were, Godfrey Nyakaya, Punam Amratia, Renée Olende, Sheryl Ochieng, Esther Mckenzie

ASIA

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Abhijit Sharma, Muhammad Akram, Sharmila Das, Vishal Goyal, Sachin Kumar, Manav Kumar, Pankaj Kumar, Vikash Kumar Sharma, Babita Papneja, Raj Kishore Rai, Suman Rijal, Anurag Singh, Ranvijay Kumar Singh, Atul Kumar

JAPAN

Emi Nakamura

MALAYSIA

Richard George

LATIN AMERICA

BRAZIL

Bethania Blum de Oliveira, Betina Moura, Carolina Batista, Cecilia Castillo, Diego Santos, Eric Stobbaerts, Erika Correia, Fabiana Barreira, Glauca Santana, Wlgor Moraes, Joelle Rode, José Daniel Salman, Laura Acebal, Leticia Cavalcanti, Marcos Paulo da Mata Monteiro, Mariana Abdalla, Mariana Abi Saab, Marina Boni, Patricia Romanillos, Pierre Schermutzki, Samy Fidel, Thalita Cardoso

NORTH AMERICA

USA

Jennifer Duran, Richard Feiner, Robert Grembowitz, Ilan Moss, Oliver Yun



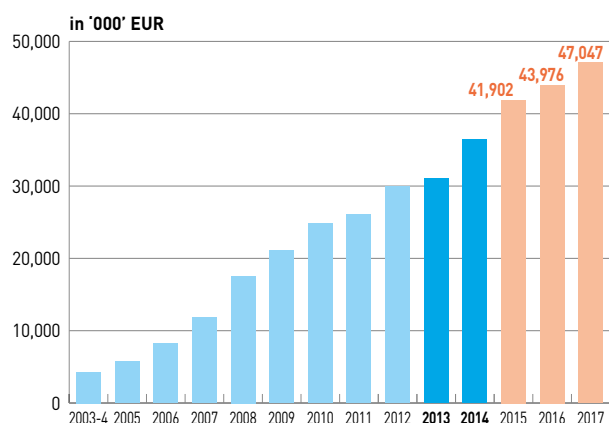
2014 KEY FINANCIAL PERFORMANCE INDICATORS

MAJOR GROWTH IN DEVELOPMENT AND TRANSLATION PROJECTS

Significant increase in R&D expenditure

DNDi expenditure totals EUR 217 million since its inception in 2003. In 2014, expenditure amounted to EUR 36.4million, +17% (+EUR 5.4M) as compared to 2013. This increase is principally due to fexinidazole projects expenditure that increased meaningfully in 2014 (+EUR 2.6 for HAT, +EUR 0.9 for VL and +EUR 1.1 M for Chagas Disease); and also to catch-up 2013 expenditure since the contingency plan implemented in 2013 incurred a relative stability between 2012 and 2013 (+4%). The operating gain of EUR 0.158 million is partly canceled because of exchange rate loss (EUR 0.103).

STATEMENT OF ACTIVITIES 2003-2014

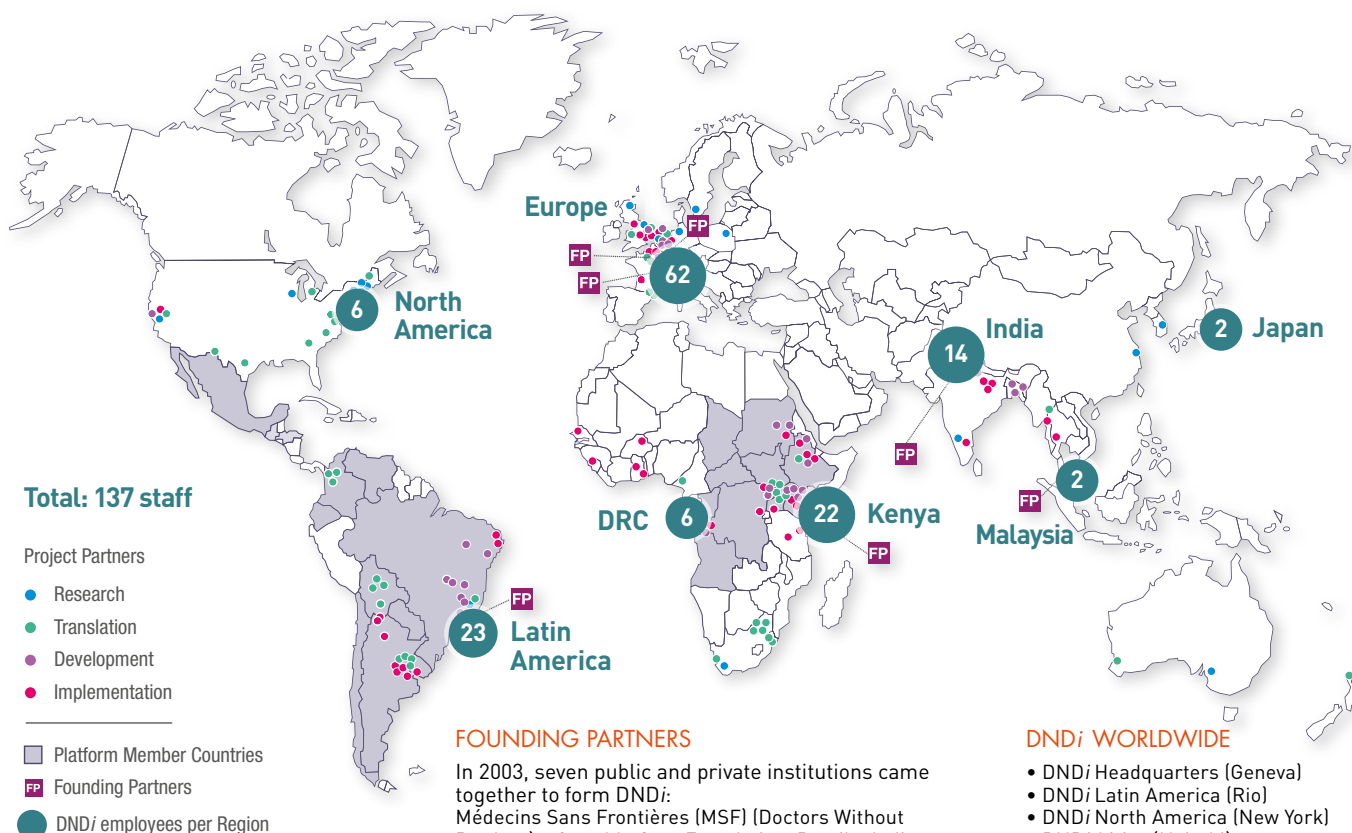
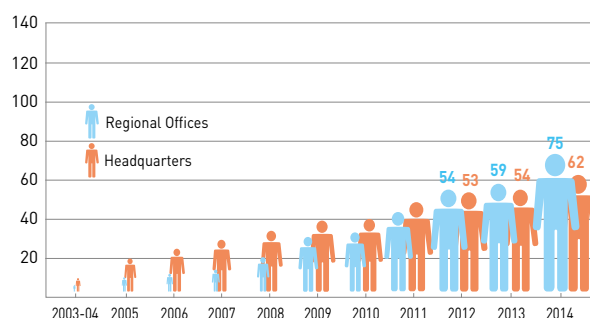


137 people worldwide, with almost all positions created in 2014 based in regional offices

In 2014, DNDi recruited an additional 24 people (in 2013 recruited six people) this represents an increase of 21%, mainly in regional offices (ROs): 16 people in Nairobi, New Delhi, Kinshasa, New York, and Rio de Janeiro (+27%) and eight people at Headquarters in Geneva (+15%). This trend, underway since 2012, reached a substantial level in 2014: RO staff (55%) is higher than headquarters staff (45%), in accordance with the business plan 2011-2018.

As of 2014 we calculate the exact amount of FTE working at DNDi (taking into account the start date, the end date and the percentage of time for each person working in DNDi). We reach a total of 117.42 FTE with 137 people working at DNDi.

HUMAN RESOURCES EVOLUTION 2004-2014



FOUNDING PARTNERS

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 • The Special Programme for Research and Training in Tropical Diseases (WHO-TDR)

DNDi WORLDWIDE

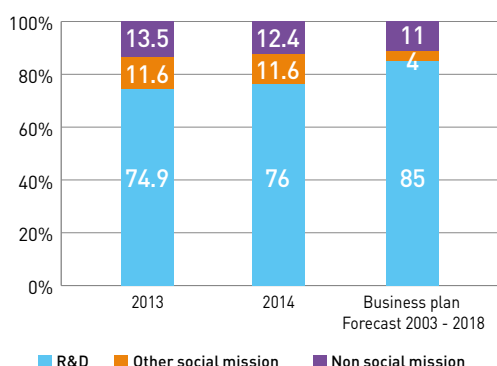
- DNDi Headquarters (Geneva)
- DNDi Latin America (Rio)
- DNDi North America (New York)
- DNDi Africa (Nairobi)
- DNDi India (Delhi)
- DNDi Malaysia (Penang)
- DNDi Japan (Tokyo)
- DNDi in DRC (Kinshasa)



2014 KEY FINANCIAL PERFORMANCE INDICATORS

On track with Business Plan targets

2014 SOCIAL MISSION BREAKDOWN: 87.4% OF EXPENDITURE



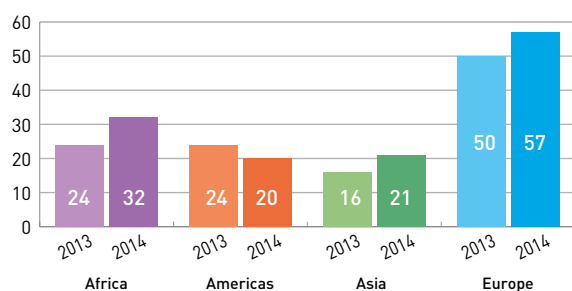
In 2014, DNDi's non-social mission ratio decreased from 13.5% in 2013 to 12.4% in 2014 because the growth of non-social mission expenditures was maintained at 8% (+EUR 0.3 M) compared to social mission expenditures that increased in the same time by 19% (+EUR 5.1 M).

The R&D ratio increased in 2014 (from 74.9% in 2013 to 76% in 2014) because of human African trypanosomiasis projects (an increase of 35%) and filaria projects (an increase of 70%).

In addition, activities of the platforms (other social mission: capacity strengthening) increased by 49% (+EUR 0.6 M) in 2014 because of major scientific events involving the platforms: a special scientific day during the LEAP platform, the HAT platform organized a symposium in Kinshasa and the Chagas disease platform participated in the International Congress of Parasitology (ICOPA meeting). This increase in regional activities resulted in a decrease in the communication activities at headquarters (-12%).

Stable increase in partnerships to support the growth of R&D activities

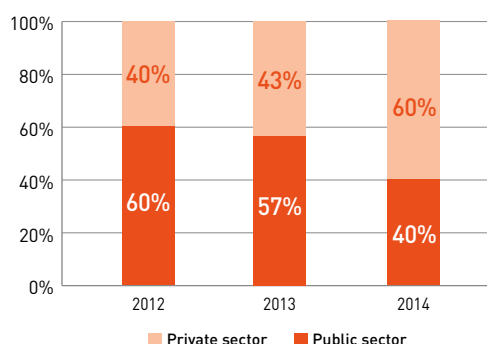
MAIN R&D PARTNERS & SERVICE PROVIDERS PER CONTINENT, with financial compensation over EUR 5,000



In 2014, the number of partners and service providers DNDi had business relations valuing over EUR 5,000 with increased by 14% (130 in 2014 as compared to 114 in 2013). The main increase was in Africa (+33%; with eight additional partners & service providers), reflecting the growth of the HAT activities in 2014 in DRC with additional clinical trial sites and in Asia (+31% with five new service providers) driven by the India implementation study (Bihar State support, partners for logistical support). In Europe, the increase of 14% is due to project progression related to our filarial activities and preparations for new VL combinations.

Number of partners and service providers: The private sector ratio is increasing significantly

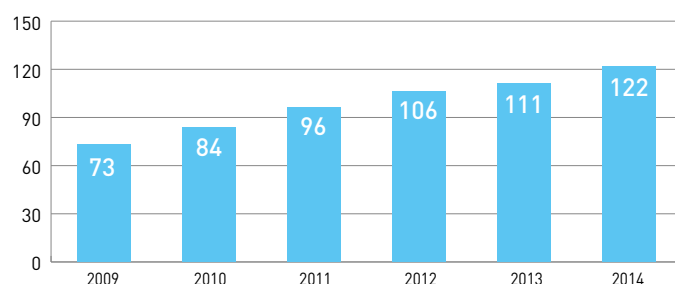
EVOLUTION OF NUMBER OF PARTNERS AND SERVICES PROVIDERS with financial compensation over EUR 5,000



Comparison of the public institutional sector (research institutes, public hospitals, academic groups, universities, PDPs, and other not-for-profit organizations) with the private sector (pharmaceutical and biotechnology companies and contract research organizations).

Steady growth in number of partnerships

NUMBER OF CONTRACTS SIGNED ANNUALLY*, **



*Except confidentiality agreements

**Some new contracts may be extensions

Evolution of contracts finalized annually follows a trend similar to that of R&D partners & service providers with a financial compensation of over EUR 5,000. There is a regular annual increase between 5% and 15%, with 5% in 2013 and 10% in 2014. The 2014 table shows 74 new private partnerships versus 48 new public partnerships (which includes funding agreements).