DNDi WORKS TO BUILD AWARENESS ABOUT MOST NEGLECTED DISEASES IN BOTH DEVELOPED AND DISEASE-ENDEMIC COUNTRIES SO AS TO INCREASE AND TO SUSTAIN SUPPORT FOR INCREASED PUBLIC INVOLVEMENT.
Political leadership is essential in securing sustainable financial support, in defining priorities, in creating a more favourable environment that will stimulate health R&D, and in ensuring equitable access of new health tools. In May 2006, the World Health Assembly (WHA) adopted Kenya- and Brazil-led Resolution 59.24 for a "Global Framework for Essential Health R&D," inspired in part by the WHO-commissioned report from the Commission on Intellectual Property, Innovation and Public Health (CIPIH) published earlier in the year. The resolution calls for government leadership to set global health priorities, fund R&D for neglected diseases, increase access to knowledge, and create an enabling environment for health R&D, while the CIPIH report reiterates the moral imperative for governments to play a major role in promoting innovation adapted to the needs of sick and neglected patients. An Intergovernmental Working Group of Member-States within WHO has been set up in order to deliver a final report with concrete proposals to the Executive Board in January 2008.

DNDi will continue to ask for greater political leadership from donor and neglected disease-endemic governments, in addition to international bodies, such as the WHO and its Intergovernmental Working Group. Enabling relationships between concerned scientists, research institutes, PDPs, and NGOs is critical to accelerate the momentum that has been building since 2000. With the objective to promote an alternative model that will enable a new environment for R&D for neglected diseases, DNDi is working with independent, academic experts to examine issues, such as intellectual property, regulatory processes, access to knowledge, and economics, in order to stimulate a new environment for R&D for neglected diseases and essential health.

- Stimulate public commitment and funding support to R&D for neglected diseases;
- Raise grassroots and public awareness about the lack of R&D for neglected diseases;
- Implement new rules to stimulate essential health R&D.

19 NOBEL LAUREATES SIGN ON

More than 7,800 concerned scientists, policymakers, industry and NGO members and concerned individuals, including 19 Nobel laureates, signed the Research Appeal over the course of one year. In May prior to the WHA, Dr. Yves Champey, Chair of DNDi’s Board of Directors, presented the Appeal and its signatories to the Director-General of the WHO, Dr. Jong-Wook Lee.
BUILDING REGIONAL PARTNERSHIPS, NAIROBI 2006

African scientists and policy makers join forces to facilitate research of new treatments for neglected diseases. Over 200 African scientists from 34 countries met from 19 to 23 September at a DNDi-organised international conference to engage greater regional research partnership to combat the most neglected diseases, such as sleeping sickness, visceral leishmaniasis, and malaria.

Since the first meeting in Nairobi in 2003, when there was a call for greater research cooperation, significant progress has been made. Clinical research platforms for visceral leishmaniasis and sleeping sickness have been established in Africa. A FACT workshop, engaging representatives from 13 African national malaria control programmes among other international experts to discuss how best to overcome challenges facing ACT implementation in Africa, was held. With 51 attendees from seven countries at the biannual LEAP meeting, numerous training workshops for LEAP team members expanded the team's clinical trial expertise and reinforced good practices.

The second full meeting of the HAT Platform, with over 30 attendees from nine countries, was praised by Dr. Pere Simarro of the WHO for its creation and mission.

At the regional meeting, there were also a number of sub-meetings held in addition to the DNDi Africa public day:

- FACT workshop: Engaging representatives from 13 African national malaria control programmes among other international experts to discuss how best to overcome challenges facing ACT implementation in Africa.
- LEAP training workshops: Expanding the team's clinical trial expertise and reinforcing good practices.
- HAT Platform meeting: Paising praise from Dr. Pere Simarro of the WHO for its creation and mission.

TEAM AND PARTNER PUBLICATIONS IN 2006

A total of 48 million Euros has been committed to DNDi to fund its activities from 2003 through 2009. 2006 was marked by the first important contributions from governments: DNDi was pleased to welcome the French Development Agency, the Netherlands Ministry of Foreign Affairs, and the Department for International Development of the United Kingdom as new public donors.

While the establishment of product development partnerships (PDPs), like DNDi, represents an important evolution for neglected diseases research, until now these PDPs have been mainly supported by philanthropic organizations, such as the Bill & Melinda Gates Foundation. In the case of DNDi, Médecins Sans Frontières (MSF) supported its creation with an initial commitment of 25 million Euros over five years. Other private donors have brought their support either as core funding to the initiative or through project related grants.

Despite these first successes, continued significant commitments are needed to address the urgent needs of patients suffering from these poverty-related diseases.

“ Forgotten and neglected diseases threaten up to half a billion people worldwide. Developing better and new treatments, and giving people the tools to tackle disease, is vital if we are to address the long term health, not only of individuals, but of poor nations too. Funding initiatives such as these are key in our fight against poverty.”

Gareth Thomas,
UK International Development Minister

“This partnership with DNDi stems from the commitment of AFD to support innovative initiatives with public and private partnerships, aimed not only at providing health solutions to populations in developing countries in need of appropriate treatments, but also at reinforcing the technological capacity and know-how of developing countries.”

Jean-Michel Severino,
Executive Director, Agence Française du Développement
The Board of Directors is made up of ten to thirteen members, including one patient representative. Each of the six founding members nominates one board member. Board members serve for a term of four years.

DNDi Board Members (as of December 2006)

- Yves Champey, Chairman
- Reto Brun, Secretary, Swiss Tropical Institute (STI)
- Bruce Mahin, Treasurer, Médecins Sans Frontières (MSF)
- Alice Daury, Institut Pasteur, France
- Rowan Gillies, Médecins Sans Frontières International (MSF)
- Lalit Kant, Indian Council of Medical Research (ICMR)
- Davy Kiprotich Koech, Kenya Medical Research Institute (KEMRI)
- Datuk Mohd Ismail Merican, Health Ministry of Malaysia
- Carlos Morel, Oswaldo Cruz Foundation (FIOCRUZ), Brazil
- Robert G Ridley, TDR (Permanent Observer of Board)
- Paulina Tindana, Navrongo Health Research Centre, Ghana

The Scientific Advisory Committee (SAC) is composed of no fewer than five prominent scientists with expertise in various scientific disciplines relating to drug discovery & 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 the choice of projects, as well as, the quality of the scientific production.

DNDi Scientific Advisory Committee Members (as of December 2006)

- Dyann Wirth, Chairwoman. Harvard School of Public Health & Harvard Malaria Initiative, USA
- Khirana Bhatt, University of Nairobi, Kenya
- Marleen Boelaert, Institute of Tropical Medicine Antwerp, Belgium
- Pierre-Etienne Bost, Institut Pasteur, France
- Alan Hutchinson Fairlamb, University of Dundee, UK
- Peter Folb, Medical Research Council, South Africa
- Chhitar Mal Gupta, Central Drug Research Institute, India
- Maria das Graças Henriques, FIOCRUZ Farmanguinhos, Brazil
- Paul Herrling, Novartis International AG, Switzerland
- Marcel Hommel, Institut Pasteur, France
- Shiv Dayal Seth, Indian Council for Medical Research, India
- Bennett Shapiro, Board member of various biotechnology and pharmaceutical companies, USA
- Julio Urbina, Instituto Venezolano de Investigaciones Científicas, Venezuela
- Muriel Vray, Institut Pasteur, France
- Haruki Yamada, Kitasato Institute for Life Sciences, Japan
- Yongyuth Yuthavong, National Science and Technology Development Agency INSTDAI, BIOTEC, Thailand
- Shadida Khairullah Nor, Infectious Diseases Research Center, Malaysia
THE EXECUTIVE TEAM

DNDi is composed of a small team of permanent staff in Geneva along with four regional support liaison offices, two regional project support offices, and several short-term consultants: at the end of 2006, there were 34 staff members (equal to 23.2 full-time employees).

DNDi STAFF IN GENEVA (AS OF DECEMBER 2006)

01 Bernard Pécoul, Executive Director
02 Brigitte Crotty, Executive Assistant
03 Simon Croft, Research & Development Director
04 Robert Don, Senior Project Manager
05 Catherine Royce, Senior Project Manager
06 Denis Martin, Senior Project Manager
07 Jean-René Kiechel, Senior Project Manager, FACT project
08 Els Torreele, Project Manager
09 Sally Ellis, Senior Clinical Research Associate
10 Elodie Namer, Research & Development Assistant
11 Jean-François Alesandrini, Advocacy & Fundraising Director
12 Jana Armstrong, Fundraising Manager
13 Ann-Marie Sevcsik, Press Officer & Medical Writer
14 Cécile Bridel, Communication Officer
15 Ralf de Coulon, Finance & Administration Director
16 Béatrice Mouton, Legal Affairs & Human Resources Manager
17 Laurence Vielfaure, Financial Controller
18 Janine Millier, Accountant

CONSULTANTS

In Europe:
01 Antonella Caminiti, Project Coordinator FACT project
02 Graciela Diap, Medical Coordinator FACT project
03 Jean-Robert Ioset, Scientific Collaborator Natural Substances project
04 Bernadette Bourdin Trunz, Scientific Collaborator Nitroimidazole project
05 Nicoletta Dentico, Policy & Advocacy Advisor
06 Samantha Bolton, Media Communications Consultant

In Africa:
07 Augustin Kadima Ebeja, Coordinator of the Regional Platform for Human African Trypanosomiasis, Democratic Republic of Congo (DRC)
08 Angéle Ngo-On, Logistician for NECT project, DRC

In Asia:
09 Chris Bruenger, Consultant, Japan
10 Fumiko Hirabayashi, Pharmacist Advisor on Kitasato project, Japan

In South America:
11 Isabela Ribeiro, Medical Coordinator, FACT project, Brazil

REGIONAL SUPPORT OFFICE

Africa:
01 Monique Wasunna, Head of Regional Support Office Nairobi, Kenya
02 Simon Bolo, Finance and Administration Officer, Kenya

Asia:
03 Visweswaran Navaratnam, Head of Regional Support Office Penang, Malaysia
04 Bhawna Sharma, Head of Regional Support Office New Delhi, India

South America:
05 Michel Lotrowska, Head of Regional Support Office Rio de Janeiro, Brazil
06 Christina Zackiewicz, Pharmacist Advisor, Brazil