

Wir möchten Sie heute darüber informieren, dass DNDi auf dem **World Health Summit** (23.-26. Okt) in Berlin vertreten sein wird. Wir würden uns über Ihre Teilnahme sehr freuen:

Innovation for Diseases of Global Health Importance - Adapting Innovation to Fit Local Conditions Tuesday, October 25, 2011 10:15 – 11:45	Product Development for Neglected Patients - where are the research gaps and what are the priorities? Wednesday, October 26, 2011 15:45 – 17:15
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Innovation for Diseases of Global Health Importance -

Adapting Innovation to Fit Local Conditions

Tuesday, October 25, 2011 / 10:15 – 11:45

Chair:

- Marie-Paule Kieny, Assistant Director-General, World Health Organization

Speakers:

- Victoria Hale, CEO, Medicines 360
- Melanie Leitner, Chief Operating Officer, Chief Scientific Officer, Prize4Life
- Bernard Pécou, Executive Director, Drugs for Neglected Diseases *initiative* (DNDi)

Many useful public health innovations are not realized because the patients who would benefit from them do not form a profitable enough market to induce their development and production. This is true in the context of the classic "neglected" tropical diseases, where effective interventions oftentimes do not exist; however, it is also true in the context of other public health issues, including non-communicable diseases, where existing interventions may not be apt for the developing country contexts. Examples include heat stable insulin, which allows the treatment of diabetes in areas of the world where no sophisticated cold chain technology is available for its transportation and storage, or the development of paediatric formulations of HIV/AIDS drugs, for which the need is much greater in low and middle- than in high-income countries.

Since the mid-1990s, a number of innovative approaches have been put forward to address this type of challenge. They feature a variety of institutional designs, funding models, and other incentives. A few have already demonstrated impressive successes, among them miltefosine developed by the Special Programme for Research and Training in Tropical Diseases (WHO/TDR) in partnership with industry for the treatment of visceral leishmaniasis; the Drugs for Neglected Diseases *initiative* (DNDi)'s new once-a day fixed-dose combination of two powerful malaria drugs, artesunate and mefloquine; the conjugate Meningitis A vaccine for sub-Saharan Africa, developed by a partnership led by WHO and PATH and currently produced by a developing country vaccine manufacturer; or the Institute of One World Health's (iOWH) paromomycin for the treatment of leishmaniasis, which was first approved in India.

This working session will engage several of the new players in a conversation about their progress to date. Three questions will be at the core of the discussion. First, to what degree are the existing institutional models able to tackle the R&D challenges at hand, what are their pros and cons, and what has been the impact on health outcomes? Second, what can we say about the financial needs and sustainability of these initiatives? And third, what governance challenges do these initiatives face, and contribute to, in a global health domain that is growing increasingly fragmented and diverse?

**Best
science
for the
most
neglected**

Product Development for Neglected Patients - where are the research gaps and what are the priorities?

Wednesday, October 26, 2011 / 15:45 – 17:15

Chair: Dr. Michel Chretien, Co-founder, International Consortium on Antivirals (ICAV), and Scientific Director, Foundation on Antivirals (FAV)

Key Note Speech: Dr. Bernard Pécoul, Executive Director, Drugs for Neglected Diseases *initiative* (DNDi)

Speakers:

- Dr. Jeremy Carver, CEO, Co-founder, International Consortium on Anti-Virals (ICAV)
- Dr. Gerald H. Möller, Chairman of the Board, Foundation for Innovative New Diagnostics (FIND)
- Dr. David Reddy, CEO, Medicines for Malaria Venture (MMV)
- Dr. Joris Vandeputte, Sr. Vice President Advocacy & Resource Mobilisation, Tuberculose Vaccine initiative, (TBVi)
- Dr. Philippe Douste-Blazy, Chair of the Board, UNITAID – tbc

A mere 10 percent of the world's health research expenditure is spent on diseases that account for 90 percent of the global health burden. However, one billion people suffer from a neglected tropical disease, such as sleeping sickness or visceral leishmaniasis. Malaria, being one of the most widespread infectious diseases of our time, is taking the lives of almost one million people a year, most of them in sub-Saharan Africa and under the age of 5. Five million people are infected each year with Dengue fever. In addition, every year around 1.7 million people die of Tuberculosis, equalling one death every 19 seconds. Also, infectious disease is a primary cause of death in the Global South and a major impediment to economic and social development.

Despite these staggering numbers, research gaps still exist and because of a lack of market, the classic model fails to deliver life-saving drugs, vaccines, diagnostics, and health technologies for these patients.

Several non-profit research organizations have been founded to address these gaps and have started to change the global research landscape in this area of research.

How did they define which research should be prioritized, which research gaps to fill and which health impact do they address? How can health impact actually be defined? Which research gaps do still exist? How do these organizations define target product profiles and how can the patients' voice be heard during the process of developing new health technologies? How do they ensure that the health tools will reach the poorest patients? How to network hundreds of academic scientists help to identify drug targets and lead molecules for new therapeutics and how to attract private partners in the field of R&D for neglected diseases?

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