BUSINESS PLAN
2015-2023

Bernard Pécout- Basel, September 2015

A dynamic portfolio approach to address neglected patients’ needs
Origins of DNDi

1999

- First meeting to describe the lack of R&D for neglected diseases
- MSF commits the Nobel Peace Prize money to the DND Working Group
- JAMA article: ‘Access to essential drugs in poor countries - A Lost Battle?’

July 2003

- Creation of DNDi
- Founding partners:
  - Institut Pasteur, France
  - Indian Council of Medical Research, India
  - Kenya Medical Research Institute, Kenya
  - Médecins Sans Frontières
  - Ministry of Health, Malaysia
  - Oswaldo Cruz Foundation/Fiocruz, Brazil
  - WHO – TDR (Special Programme for Research and Training in Tropical Diseases) as a permanent observer
In a decade of R&D, 6 new treatments delivered

- 30 projects, 6 diseases areas
- 15 entirely new chemical entities (NCEs)
- Over 130 partnerships, most in endemic countries
- 150 staff, half in endemic countries & 600 people working on DNDi projects
- Over EUR 350 million raised equally from public and private sources
- 3 regional disease-specific clinical trial platforms and 2 technology transfers

✓ Easy to use
✓ Affordable
✓ Field-adapted
✓ Non-patented
Fatal imbalance still exists, an adapted R&D response is required

756 products developed (excluding vaccines & biologicals) (2000-2011)*

Other diseases

395
332
25
4

for Neglected diseases

Business Plan Review

Extensive consultation through Regional Offices and with key stakeholders and partners to assess:

• Lessons learned from DNDi experience
• R&D landscape evolution
• Patient needs and gaps
• Future trends

The R&D landscape for neglected patients has changed but large gaps still remain

1. **R&D priorities** do not sufficiently originate from *low- and middle-income countries*

2. Patients’ **needs are not prioritized** (e.g. Ebola, mycetoma, etc.)

3. **Innovation is not linked to equitable access** even when there is commercial incentive to drive innovation (e.g. HCV)

4. **Market incentives** aligned with IP/exclusivity do not adequately address health needs in LMICs (e.g. AMR)

These are the **fundamental challenges** for the future of *biomedical innovation*. 
An unchanged vision, with a broader mission

- Develop new drugs or new formulations of existing drugs for **people suffering from neglected diseases**
- Maintain commitment to **most neglected diseases** and take on new disease areas
- **Strengthen capacities** in a sustainable manner
- Adopt a more **dynamic portfolio approach** with new **operating models**
A dynamic approach to address patient needs

Pipeline focus can quickly be adapted to:

- stay aligned with changes in the environment
- rapidly respond to urgent patient needs
- address specific regional needs

Disease Portfolio

New Opportunities

Completion & exit
Most neglected diseases remain at the core, with new diseases taken on progressively.

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**Potential diseases**
- New diseases (illustrative)

Legend:
- **Full portfolio** (multiple projects at different phases)
- Development
- Implementation
- Disease strategy complete
- Incubator

DNDi
*Diagnosing and Developing Novel Drugs for Neglected Diseases*
How we will do it... operationally

- **Idea sourcing**: Consultation Process
- **Idea translation**: Exploratory, Feasibility, Concept validation
- **Selection of appropriate model**: Include in DNDi Portfolio (Full or mini)
- **Implementation of disease programmes**:
  - **MODEL**
    - FULL PORTFOLIO: €100+ million
    - MINI PORTFOLIO: ~€25 million
  - **SUPPORT**
    - Up to €1 million

**RANGE OF SUPPORT MODELS**
- **Light role**: Knowledge sharing, Advocacy push
- **Active role**: Advisory role, Build resource platform, Incubator

**PATIENTS’ NEEDS**

**Implementation & exit**

*DNDi - Drugs for Neglected Diseases Initiative*
By 2023: Deliver 16 to 18 treatments with EUR 650 million

Influence the R&D landscape for neglected patients
- Political leadership for needs-driven R&D
- Creation of a global fund and mechanism
- Evidence on alternative R&D models

Develop treatments for people suffering from neglected diseases
- Deliver 16-18 treatments
- 3 new chemical entities (NCEs)
- ~10 disease areas
- Focus on access and measure impact

Strengthen research capacity, led by Regional Offices
- R&D platforms in disease-endemic countries
- Regionally-driven initiatives
- Patient access to treatments
- Transfer of technology
Growth is controlled as new diseases come on board

Budget projections EUR 48-50 million per year.
Increasingly diversified funding sources with 30% secured to date

- **New investments:** €433 m
- **To be secured:** €293 m
- **Secured:** €140 m

**Total:** ~ €650 m

**Public Traditional donors:** ~35-40%

**Private Traditional donors:** ~35-40%

**New mechanism & Emerging countries (Pub & private):** ~20-25%

**Expenses 2003-2014:** €217 m

Including 12.5% overhead

- **2015-2023**
- **2003-2014**

**EUR 140 million secured** out of **EUR 440 million needed.**
DNDi’s success is only possible through innovative partnerships

CRITERIA FOR SUCCESS
• Share the same vision
• Mutual understanding
• Involvement throughout the whole process
The people behind the work… in proximity to patients
Thank you!