DNDi

Best Science for the Most Neglected

Addressing Immediate Patient Needs and Delivering Innovative Medicines

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Origins of DNDi

1999
• First meeting to describe the lack of R&D for neglected diseases
• Médecins Sans Frontières 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
NECT:
A simplified, safe & effective treatment for stage 2 Sleeping Sickness (HAT)

Nifurtimox-eflornithine combination therapy (NECT)

100% of stage 2 *T.b.gambiense* HAT patients treated in all 13 endemic countries

- MSF & Epicentre initiated trial
- Drug donations by Bayer and Sanofi
- WHO Essential Medicines List (2009)
- Drastic decrease in melarsoprol use since 2009
DNDi Portfolio: A mix of existing drugs & NCEs

**HAT**
- Screen: SCYX-1330682, SCYX-1608210
- Hit to Lead: Leish H2L, Oxaborole, Amino pyrazoles
- Pre-clinical: DNDi-0690, CPG-D35 (CL), Anfoleish (CL), New CL combos
- Phase I: SCYX-7158
- Phase IIa/PoC: Fexinidazole
- Phase IIb/III: New Treatments for HIV/VL
- Registration: New Treatments for PKDL
- Access: VL Treatment Latin America

**Leishmaniasis**
- Screen: Leish H2L
- Hit to Lead: Oxaborole
- Pre-clinical: DNDi-0690
- Translation: Fexi/MF combo, New CL combos
- Development: New Benz Regimens
- Implementation: SSG&PM Africa

**Chagas**
- Screen: Chagas H2L
- Hit to Lead: Biomarkers
- Pre-clinical: CPG-D35 (CL), Anfoleish (CL)
- Development: New Benz Regimens
- Implementation: New VL Treatments Asia

**Filaria**
- Screen: Macro Filaricide 2
- Hit to Lead: Emodepside
- Pre-clinical: Two ‘4-in-1’ LPV/r FDC granules
- Development: LPV/r pellets with dual NRTI FDC, Superbooster Therapy Pediatric HIV/TB
- Implementation: Benznidazole Paediatric Dosage Form

**Paediatric HIV**
- Screen: FDC granules with dual NRTI FDC
- Hit to Lead: Superbooster Therapy Pediatric HIV/TB

**HCV**
- Screen: Sofosbuvir/DCV Treatments

**Mycetoma**
- Screen: Fosravuconazole

New Chemical Entity (NCE): Fexinidazole (for HAT, VL, and Chagas disease) – 1 NCE // December 2015
Partnerships: No One Can Do It Alone

Criteria for Success:
- Share the same vision
- Mutual understanding
- Involvement throughout the whole process

- CROs
- Int. Org/NGOs
- Pharmas/Biotechs
- PDPs
- Universities/Research institutes
- MoH/Gov/Hospitals
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- CROs

Project Partners:
- Research
- Translation
- Development
- Implementation

- Platform Member Countries
- Founding Partners
- DNDi/Worldwide
Thank you