Raising the profile of the neglected tropical diseases

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DNDi
Drugs for Neglected Diseases initiative
Respond to the Needs of Patients Suffering from Neglected Diseases

- Malaria
- Visceral Leishmaniasis (VL)
- Sleeping Sickness (HAT)
- Chagas Disease
Only 21 New Drugs Developed for Neglected Diseases (1975-2004)

Tropical diseases: 18
TB: 3

Total: 1,556

Tropical diseases and tuberculosis account for 12% of the global disease burden but only 1.3% of new drugs developed.

Neglected Diseases: Current Treatment Limitations

- Ineffective (resistance)
- Toxic
- Expensive
- Painful when delivered
- Difficult to use
- Not registered in endemic regions
- Restricted by patents

We Need Safe, Effective, Easy to Use Drugs
DNDi’s Virtual Model Attracting Partnerships across the Globe

128 Partners Worldwide
(45% public / 55% private)

7 Founding Partners
(4 from endemic countries)
A robust portfolio to deliver 6-8 treatments by 2014

<table>
<thead>
<tr>
<th>Discovery</th>
<th>Pre-clinical</th>
<th>Clinical</th>
<th>Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>GSK (All)</td>
<td>Buparvaquone (VL)</td>
<td>Fexinidazole (HAT)</td>
<td>NECT</td>
</tr>
<tr>
<td>Kitasato Natural Substances (HAT)</td>
<td>Amphotericin B Polymer (VL)</td>
<td>Combination Therapy (VL in Asia)</td>
<td>Nifurtimox - Eflornithine Co-Administration (HAT)</td>
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<tr>
<td>DUNDEE (VL)</td>
<td>New formulation AmphoB (VL) - in preparation</td>
<td>Combination Therapy (VL in Africa)</td>
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<tr>
<td>Eskitis Natural Products (HAT)</td>
<td>8 aminoquinolines (VL) - in preparation</td>
<td>Paromomycin</td>
<td>AmBisome</td>
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<tr>
<td>IPK (VL)</td>
<td></td>
<td>Miltefosine – in preparation</td>
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<tr>
<td>Exploratory</td>
<td>Exploratory</td>
<td>Combination Therapy (VL in Latin America) – in preparation</td>
<td>ASAQ (Malaria) Fixed-Dose Artesunate/Amodiaquine</td>
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<td>Screening: LSTMH, Swiss Tropical Institute, Antwerp University, Murdoch, UFOP, Fiocruz</td>
<td></td>
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6 to 8 new treatments
3 Products already available

Available

2007
ASAQ (Malaria)
Fixed-Dose
Artesunate/Amodiaquine

2008
ASMQ (Malaria)
Fixed-Dose
Artesunate/Mefloquine

2009
NECT
Nifurtimox - Eflornithine
Co-Administration (HAT)

Partners

sanofi-aventis
(France)

Farmanguinhos
(Brazil)
Cipla
(India)

National Control Programs
MSF
WHO

• Easy to Use
• Affordable
• Field-Adapted
• Non-Patented
Funding Diversity

$150M of $350M Secured (2004-2014)

Projected Commitments

Private Donors
- Bill & Melinda Gates Foundation
- MSF
- Other Private Foundations

Public Donors
- European Union
- France
- Germany
- Italy
- Netherlands
- Spain
- Switzerland
- UK
- USA - NIH

Independence through diversified sources of funding (50% from public sector & 50% from private sector)
Ensuring Sustainability Via Public Leadership & Private Contributions

- Establish agenda and R&D priorities (implementation of WHO’s Global Action Plan)
- Significantly invest with sustainable funding
- Access to knowledge and new science for R&D
- Allow rapid approval & delivery and devise new IP management policies to encourage needs-driven R&D
- Transfer technology and strengthen research capacities in developing countries
By working in a creative way, we can bring together innovation to neglected patients!

www.dndi.org