DNDi was created in response to the frustration of clinicians and the desperation of patients faced with medicines that were ineffective, unsafe, unavailable, unaffordable, or that had never been developed at all.

The root of the problem? The prevailing profit-oriented model for medical research and development (R&D) leaves little incentive to develop drugs for the poorest and most vulnerable communities.
For neglected diseases, a fatal imbalance remains

1.1% of the 1,393 new drugs were for neglected diseases that represent 12% of the global disease burden.

The “virtual orchestra”: a collaborative partnership model of R&D

**ACADEMIA**
We work together with universities, research institutes and national research centres all around the world.

**PHARMACEUTICAL INDUSTRY**
Close collaboration with pharmaceutical companies, ranging from generics and biotechs to “Big Pharma” on projects spanning the whole drug R&D cycle from discovery to access and delivery.

**HEALTH MINISTRIES**
Important partnerships involving definition of needs, co-sponsorship of clinical studies, and working together to facilitate programme implementation.

**TREATMENT AND DIAGNOSTIC PROVIDERS**
We partner with treatment and diagnostic providers to ensure R&D responds to needs in the field, and to encourage rapid deployment of the new medical tools developed.

**PATIENTS AND COMMUNITIES**
Patient and community participation is key, in our projects we closely work with community stakeholders.
15 YEARS, 9 TREATMENTS, MILLIONS OF LIVES SAVED

We discover, develop, and accelerate access to urgently needed treatments for neglected patients, focusing on gaps for neglected tropical diseases and viral diseases that fuel cycles of poverty and disease in resource-constrained settings.

Treatments delivered

9 treatments delivered

- Field-adapted and affordable treatments for 6 deadly diseases

R&D pipeline replenished

- 20+ NCEs
- 4 million+ compounds screened
- 13 projects in Phase III and registration

A healthy pipeline of drug candidates for 8 deadly diseases

Clinical trials conducted

An average of 20 active clinical studies per year

Global partnerships forged

- 200+ partner institutions in 40+ countries

- Mobilizing any given year 1000+ partner FTEs (65% in Africa)

- Diverse global team mobilized

- A diverse global team of 250+ staff

- 37 nationalities across 4 continents

Diverse global team mobilized

Policies influenced

- DNDi’s model, experience, and lessons learned documented and disseminated

New organization to fight drug-resistant infections

- DNDi joined forces with the World Health Organization (WHO) to create the Global Antibiotic R&D Partnership (GARDP)
WHAT DRIVES THE NEGLECT?

Our work is more urgent than ever

Profit-driven R&D leads to:

• **Neglect to invest in unprofitable or challenging segments**, such as diseases of poverty including neglected tropical diseases, paediatric formulations, and gender-responsive R&D

• **Neglect to ensure timely, affordable, and equitable access** worldwide, including in resource-limited settings

Emerging trends will affect the most vulnerable people and the least resourced settings most acutely:

• **Pandemic-prone** diseases

• **Climate-sensitive** infectious diseases
We innovate to save lives
We discover and develop urgently needed treatments for neglected patients, and work to ensure they are affordable, available, and adapted to the communities who need them.

We foster inclusive & sustainable solutions
We work hand-in-hand with partners in low- and middle-income countries to power our progress and strengthen innovation ecosystems that put people’s needs first.

We advocate for change
We speak out for policy change to enable more effective and equitable R&D and access to the fruits of science for all people, no matter their income or where they live.
DNDi – Innovating to save lives

We discover, develop, and accelerate access to urgently needed treatments for neglected patients, focusing on gaps for neglected tropical diseases and viral diseases that fuel cycles of poverty and disease in resource-constrained settings.

**SLEEPING SICKNESS**
Accelerate sustainable disease elimination

**LEISHMANIASIS**
Deliver safer, simpler treatments to save lives and reduce social stigma

**CHAGAS DISEASE**
Contribute to eliminating Chagas as a public health problem

**FILARIA (RIVER BLINDNESS)**
Advance progress toward breaking the cycle of transmission

**MYCETOMA**
Prevent devastating amputation and disability

**HIV**
Ensure access to lifesaving treatment for children and people with advanced HIV

**HEPATITIS**
Help make treatment a reality for millions of people waiting for a cure

**LEISHMANIASIS**
Prevent devastating amputation and disability

**COVID-19/ PANDEMIC PRONE DISEASES**
Speed tools to save lives, especially in resource-limited settings

**NEW AREAS TO BE EXPLORED:** Dengue, schistosomiasis, snakebite
### Role of DNDi Japan office

#### Discovery
- **Screening**
  - **Sleeping Sickness**
  - **Leishmaniasis**
    - Hit-to-lead: Leishmania hit-to-lead
    - CF series
    - 507 series
    - DNDI-5421
    - DNDI-5610
    - Amino pyrazoles
  - **NTD Drug Discovery Booster Hit-to-lead**
  - **Chagas Disease**
    - Hit-to-lead: Chagas disease
    - Oxaborole profiling
  - **Filaria: River Blindness**
    - Screening
    - Macrofilaricidal
    - C6166
    - Oxfendazole
    - Emodepside
    - TyIAMac (ABBV-4083)
    - Fosravuconazole
    - 4-in-1 (ABC/3TC/LPV/r)
    - Super-booster therapy for children with HIV/TB*
    - 2-in-1 LPV/r pellets and ABC/3TC or AZT/3TC
    - Fixed-dose combination ASMQ*
- **HIV**
  - **Screening**
  - **Hepatitis C**
  - **COVID-19**
  - **Malaria**
    - Hit-to-lead
    - Pre-Clinical

#### Translation
- **Pre-clinical**
  - **Phase I (Clinical)**
    - DNDI-6174
    - GSK3494245
    - DNDI-6148
    - DNDI-0690
  - **Phase IIa/Proof-of-concept**
    - GSK899 DDD355651
    - Novartis LXE408
    - Cpg-D35 for CL
    - DNDI-6148
  - **Phase IIb/III**

#### Development
- **Phase IIb/III**
  - **Registration**
    - Acoziborole
    - Fexinidazole for *T. brucei gambiense*
    - Nifurtimox-eflornithine combination therapy (NECT)*
    - New CL combination
    - New VL treatments (Latin America)
    - New treatments for PKDL
    - Miltefosine + paromomycin combination (Africa)

#### Implementation
- **Treatment access**
  - **Benznidazole paediatric dosage forms**
  - **Benznidazole regimens**
  - **New CL combination**
  - **New VL treatments**
  - **New treatments for HIV/VL**
  - **New VL treatments (South Asia)**
  - **New VL treatments (East Africa)**

---

*Implementation transferred to the Medicines for Malaria Venture in 2015*
# IMPACT OF GHIT ON DNDi

## Summary of DNDi Japan projects (mostly GHIT funded!)

<table>
<thead>
<tr>
<th>Start</th>
<th>Partner</th>
<th>Stage</th>
<th>Disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>GeneDesign</td>
<td>PreC</td>
<td>Leish (CL)</td>
</tr>
<tr>
<td></td>
<td>Daiichi Sankyo</td>
<td>Scr</td>
<td>Leish/Chagas</td>
</tr>
<tr>
<td></td>
<td>Daiichi Sankyo</td>
<td>Scr</td>
<td>Leish/Chagas</td>
</tr>
<tr>
<td></td>
<td>Eisai</td>
<td>Scr</td>
<td>Leish/Chagas</td>
</tr>
<tr>
<td>2015</td>
<td>Eisai</td>
<td>Clin</td>
<td>Mycetoma</td>
</tr>
<tr>
<td></td>
<td>Takeda</td>
<td>LO</td>
<td>Leish (VL)</td>
</tr>
<tr>
<td></td>
<td>Eisai, Shionogi, Takeda</td>
<td>HTL</td>
<td>Leish/Chagas (Booster I)</td>
</tr>
<tr>
<td>2014</td>
<td>Osaka U, Gene Design, Nagasaki U</td>
<td>PreC</td>
<td>Leish (CL)</td>
</tr>
<tr>
<td></td>
<td>Eisai</td>
<td>Clin</td>
<td>Chagas</td>
</tr>
<tr>
<td>2013</td>
<td>Eisai</td>
<td>Scr</td>
<td>Leish/Chagas</td>
</tr>
<tr>
<td></td>
<td>Takeda</td>
<td>Scr</td>
<td>Leish/Chagas</td>
</tr>
<tr>
<td></td>
<td>Kitasato U</td>
<td>Scr</td>
<td>Leish/Chagas</td>
</tr>
<tr>
<td></td>
<td>IMC</td>
<td>Scr</td>
<td>Leish/Chagas</td>
</tr>
<tr>
<td>2012</td>
<td>GeneDesign</td>
<td>TRP</td>
<td>Leish/Chagas</td>
</tr>
<tr>
<td></td>
<td>U Tokyo, JICA</td>
<td>CapB</td>
<td>Leish (VL) (Bangladesh)</td>
</tr>
<tr>
<td>2009</td>
<td>Eisai</td>
<td>Clin</td>
<td>Chagas</td>
</tr>
<tr>
<td>2006</td>
<td>Kitasato U</td>
<td>Scr, CapB</td>
<td>HAT, Leish</td>
</tr>
<tr>
<td>2005</td>
<td>Kitasato U</td>
<td>Scr</td>
<td>HAT</td>
</tr>
</tbody>
</table>