

DNDi

drugs for neglected
diseases initiative

An initiative founded by the Indian Council of Medical Research, Institut Pasteur, Kenya Medical Research Institute, Ministry of Health, Malaysia, Médecins Sans Frontières, Oswaldo Cruz Foundation, WHO/TDR

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"... And even when working well, the profit-driven model does not place a high enough priority on diseases that affect those who are least able to pay. One attempt to address this failing is the launch on July 3 ... of the Drugs for Neglected Diseases initiative ... Within the next decade biomedical science will enter a new era of discovery, one in which it will have to face many challenges, and take advantage of all available technology to translate ideas into new innovations for the good of society at large."

The Lancet, 02 August 2003, Editorial: "Is Science stuck in the Middle Ages?"

Overview

Much progress has been made since the launch of DNDi in July 2003. August was more a month of preparation for action than action itself. DNDi's Scientific Advisory Committee met for the first time in October, and recommended several projects to be initiated. DNDi was presented in Brasilia and Pretoria. And in November the new Executive Director for DNDi was elected by the Board, and the pace stepped up.

A note from the Executive Director

Bernard Pecoul, DNDi's Executive Director, was previously Director of MSF's Campaign for Access to Essential Medicines. He gives a brief status report: "DNDi is now in the growth phase, and needs to build both a motivated team as well as a balanced project portfolio. We have drafted a detailed action plan and are already in implementation mode, as much remains to be done. Top priority is the recruitment of an R&D Director and the launch of the projects that have been approved by the Board. Another, of course is to secure the involvement of the Founding Partners in all DNDi activities."

Second Board of Directors Meeting

On 6-7 November, the Board of Directors met and made a series of important decisions:

- A new board member recruited (Bruce Mahin)
- A new Treasurer elected (Bruce Mahin)
- Executive Director elected (Bernard Pecoul)

The new Executive Director presented the Plan of Action, which was discussed in detail. Dyann Wirth, Chair of the Scientific Advisory Committee, presented the committee's recommendations and

projects were approved for the portfolio. (See next section)

The Board now comprises:

- BRUN Reto, Research Group Leader, Medical Parasitology, Swiss Tropical Institute
- CHAMPEY, Yves, Chair, DNDi Board of Directors
- FERREIRA Jose Roberto, Director International Cooperation, Fiocruz (Secretary)
- KANT Lalit, Senior Deputy Director General, ICMR
- KOECH Davy, Director, KEMRI
- KOURILSKY Philippe, Director General, Institut Pasteur
- MAHIN Bruce, Financial Consultant, MSF (Treasurer)
- MERICAN Dato (Dr) Ismail, Deputy Director General of Health, Malaysian MoH
- MOREL Carlos, Director WHO/TDR, Permanent Observer
- ROSTRUP Morten, President, MSF International

Progress on Portfolio Development

At the first meeting of the Scientific Advisory Committee (SAC), on 2-3 October, members reviewed a shortlist of proposals submitted to DNDi in response to the call for letters sent in February 2003. The SAC proposed a final shortlist, which was later submitted to and approved by the Board.

DNDi will be initiating several discovery projects to identify novel lead-compounds against trypanosomiasis. One project focuses on protein farnesyltransferase inhibitors, while two others use high throughput screening on either whole cell trypanosomes or the enzyme target trypanothione reductase (TR) to identify candidate trypanocidal compounds. DNDi is also supporting a target validation project on dihydrofolate reductase (DHFR).

More downstream in the drug development pipeline, DNDi is looking at drug interactions between existing anti-leishmanial drugs to support a clinical strategy for combination treatment aiming to reduce treatment duration and toxicity, and protect against resistance.

The Board of Directors also reaffirmed DNDi's wish to speed up two already initiated collaborative projects:

- Nifurtimox for HAT (with TDR and Bayer)
- Paromomycin for visceral leishmaniasis (with TDR and IOWH).

Finally, progress was reviewed for the ongoing FACT projects for the development of fixed-dose combinations containing artesunate (with either amodiaquine or mefloquine) for chloroquine resistant malaria. Clinical assessments are expected during 2004.

Meanwhile, proactive exploration continues for new project ideas and opportunities and a call for letters of interest has been sent out...

Second Call for proposals

With the second call DNDi wishes to attract more proposals from the developing world. In the last week of November the call was sent to all founding partners, board members, and SAC members, and also forwarded to an extensive DNDi mailing list that was compiled during the past months. The call will also be published in *Science*, *Nature* and *The Lancet*. The last date for submission of proposals is 15 March 2004 to submissions@dndi.org

The call for letters of interest is available at www.dndi.org

We would greatly appreciate your support in further disseminating this call to colleagues, especially in the developing world.

DNDi gets cracking on networks

Regional collaboration will play an important role in the success of DNDi's Africa network, a virtual organisation supported by the Kenya Medical Research Institute (KEMRI), one of DNDi's founding partners.

KHARTOUM

At the first AfricaDNDi conference Nairobi, May 2003, disease-based regional collaboration was encouraged among participants. For instance, it was agreed that a regional strategy to evaluate, validate, and register improved treatment options for kala azar in eastern Africa was the best way forward.

This strategy would simultaneously strengthen regional capacity for drug evaluation and clinical studies.

At a follow-up meeting in Khartoum on 25-26 August the Leishmaniasis East Africa Platform (LEAP) was created as part of this strategy. The meeting brought together key actors involved in leishmaniasis research and treatment in the region as well as representatives from health and/or regulatory authorities from Sudan, Ethiopia, and Kenya.

The action plan drafted included the development of a communication forum for participants, exploration of the different promising treatment options for kala-azar, estimation of needs in terms of capacity strengthening for clinical studies, planning and designing training programmes to improve capacities, the development of protocols, and talks with the health and drug registration bodies in each country.

Full report of the Khartoum meeting is available at info@dndi.org

PRETORIA

DNDi held a satellite meeting in Pretoria while attending the 27th International Scientific Council for Trypanosomiasis Research and Control (ISCTRC), 29 September to 3 October.

Overview of the biennial ISCTRC meeting

Delegates from over 30 African Union (AU) Member States, and representatives of over eight international and regional organizations and 11 national, regional and international research and donor institutions and networks attended the meeting.

DNDi was represented by Els Torreele, Jaya Banerji, John Amuasi and Monique Wasunna. Els presented the work of the initiative and accepted an award from ISCTRC on behalf of MSF's Campaign for Access to Essential Medicines.

Swiss Tropical Institute Workshop

Monique Wasunna, Chief Research Officer at KEMRI, a DNDi founding partner institute, presented DNDi at this very interesting and well-

attended state-of-the-art workshop held by the Swiss Tropical Institute entitled: *The way from empiricism to rationality and from dogma to curiosity*.

The aim of this workshop was to provide an overview of the latest results and current and planned projects in the field of human African trypanosomiasis, to arouse the interest for participation in future research projects, and to draw the attention of scientists to the many unresolved questions in the field.

It afforded DNDi the opportunity to hear about the latest developments on the diagnosis and treatment of HAT and future prospects, identify the possible gaps in the fight against this disease, build a stronger network with African researchers, and further assess the active role it could play in partnership with others thus avoiding duplication of effort.

Strengthening the AfricaDNDi network

This DNDi satellite meeting brought together old friends and new, each one an expert in the field of sleeping sickness. It sought to address priority needs in R&D for sleeping sickness, opportunities for improved treatment and new drug development, expansion of Africa DNDi network, and possible collaboration with other organisations and networks.

Brief reports for each of these meetings:

info@dndi.org

BRASILIA

Yves Champey gave a presentation on Social Responsibility and Tropical Diseases on September 14-15 in Brasilia, at a seminar organized by the Novartis Foundation for Sustainable Development, the Brazilian Ministry of Research, and PAHO.

Recruitment update

DNDi is building its organisation. The Executive Director's first priority is to recruit an R&D Director. The Recruitment Committee has already met with shortlisted candidates and is holding a second round of

interviews. It is hoped that the R&D Director will be on board by April 2004.

Meetings where DNDi will be present

Communications & Advocacy

The role of advocacy will be to promote DNDi's work, polish its image, raise awareness of the critical lack of drugs for neglected diseases, and build a sense of ownership and commitment amongst staff, partners, regional networks, Founding Partners, and SAC towards DNDi. This will help us secure new project funds and build our credibility with funding institutions and foundations.

Identity building

To build a sense of ownership we must be sure about how we see ourselves. Identity building and broadcasting a consistent message to the outside world is one of our priorities for 2004. An "in house" market survey will give us an idea about how people close to DNDi see us. An external survey will also be necessary. Responses to these questionnaires will be analysed and the whole exercise will culminate in an identity workshop in Malaysia in February.

Geneva	Global Forum 7	2-5 December
Berlin	WHO International Workshop on Intensified Control of Neglected Diseases	10-12 December
Abu Dhabi	MSF: Campaign for Access to Essential Medicines Conference	16 December
Geneva	WHO leishmaniasis meeting	2-4 February
Penang	NDG meeting, MSF	6-7 February
Cancun	International Congress for Infectious Diseases	4-7 March
Geneva	Annual WHO Buruli Ulcer meeting	8-11 March
Prague	Drug Information Association Euro-meeting	12 March

Meetings and Events

DNDi meetings and events

Delhi	Visit to ICMR and other India contacts	5-8 January
Geneva	Team meeting	15-16 January
Geneva	Opening of the Office	15 January
Japan	Visit to Japanese pharmaceutical institute, Kitasato institute and Ministry of Research	End of January
Delhi	Meeting with ICMR	1 February
Kuala Lumpur	Conference and workshop	9-10 February
Geneva	SAC meeting	6-7 May
Geneva	3 rd Board meeting	24-25 June

A new location for DNDi

From 5 January DNDi will have new coordinates:

**1 Place St Gervais
1201 Geneva
Switzerland**

Contact us

If you wish to contribute to the newsletter or would like to comment on any of the above topics, please write to feedback@dndi.org.

We look forward to your suggestions.