



Newsletter No.1
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DNDi's Vision

"To improve the quality of life and the health of people suffering from neglected diseases by using an alternative model to develop drugs for these diseases and ensuring equitable access to new and field relevant health tools.

In this not-for-profit model, driven by the public sector, a variety of players will collaborate to raise awareness of the need to research and develop drugs for those neglected diseases that fall outside the scope of market-driven research and development (R&D). They will also build public responsibility and leadership in addressing the needs of these patients."

An Innovative Approach to the Drug R&D Crisis

The not-for-profit Drugs for Neglected Diseases Initiative (DNDi) is the brainchild of Médecins Sans Frontières (MSF) and the Drugs for Neglected Diseases Working Group, an independent body of international health experts. The Working Group's mandate was to search for creative new ways to stimulate research and development (R&D) for neglected diseases and bring drugs to patients suffering from these diseases.

Three distinctive features characterise DNDi -- First, its focus. Most other responses to the crisis in drug R&D have not focused on most neglected diseases. Second, its model. DNDi is a not-for-profit, virtual, drug development initiative unlike the big "bricks and mortar" pharmaceutical firms. DNDi will catalyse drug R&D by enabling regional networks of researchers, health professionals, drug manufacturers, and governments, to work together. Third, its stand on Intellectual Property Rights. The DNDi is willing to consider its products as public goods when possible.

Neglected diseases defined

Neglected diseases are communicable, tropical, and sometimes deadly, for instance malaria, sleeping sickness, kala-azar, Chagas disease, schistosomiasis and Buruli ulcer, to name but a few. What distinguishes them from other diseases is that they are primarily diseases of the poor in developing countries, of people with no purchasing power. As a result, the pharmaceutical industry, the major developer of new drugs, has very little or no interest in these diseases.

DNDi's Founding Partners and Core Group Members

Founding Partners

DNDi is advocating for increased public responsibility and involvement in neglected diseases. Thus, the majority of its Founding Partners are drawn from the public sector:

1. Médecins Sans Frontières
2. WHO/TDR
3. Oswaldo Cruz Foundation (Brazil)
4. The Indian Council of Medical Research (India)
5. Institut Pasteur (France)
6. The Ministry of Health (Malaysia)

In addition to these institutions, two individuals, one representing Africa and another representing patients, will be designated as Founding Partners.

Core Group Members

Apart from members from Founding Partner organisations, the core group comprises other medical professionals:

- Michèle Boccoz, Institut Pasteur
- Yves Champey, Drugs for Neglected Diseases Working Group, Director DNDi Project
- Eloan Dos Santos Pinheiro, Far Manguinhos - Brazil
- Nirmal Ganguly, Indian Council of Medical Research - India
- Visweswaran Navaratnam, Universiti Sains Malaysia
- Piero Olliaro, WHO/TDR - Switzerland
- James Orbinski, University of Toronto - Canada; Chair of the DND-WG
- Bernard Pécoul, MSF Campaign for Access to Essential Medicines
- Rob Ridley, WHO/TDR - Switzerland
- Els Torreele, Epicentre / MSF - France; Co-chair of the DND-WG

- Dyann Wirth, Harvard School of Public Health - USA

Africa Ahoy!

AfricaDNDi established

DNDi is actively developing regional networks as the basis of its virtual organization. A small working group of African researchers and health leaders met on 7 October in Geneva, to plan for the first meeting of the African network. This meeting was attended by: Bernard Pecoul; Pierro Olliaro; V. Navaratnam; Jaya Banerji; Dr Alimuddin Zumla, University College London; Gilbert Matsabisa Motlalepula, Medical Research Council, South Africa; Muntasser Ibrahim, University of Khartoum; Mohammed Hassar, Institut Pasteur, Morocco; and Monique Wasunna, Kenya Medical Research Institute (KEMRI).

KEMRI was selected as host institution for AfricaDNDi and Dr. Wasunna was selected coordinator of the regional initiative. The first meeting of the AfricaDNDi is scheduled for the first quarter of 2003 and will probably be held in Nairobi.

DNDi at Forum6, Arusha

The DNDi made its debut in Africa at the Global Forum for Health Research in Arusha, Tanzania on 12 November 2002. Bernard Pecoul presented the initiative to a cross section of participants. Bernard's presentation aroused a great deal of interest. Many participants wished to know more about the initiative.

On 15 November 2002, the DNDi organized a briefing meeting just after the final plenary of Forum 6 in Arusha, to drum up interest in the initiative amongst African scientists and researchers. Some

of the African participants have been invited to the AfricaDNDi meeting scheduled for 2003.

Recent Asian meetings

Yves Champey visited Japan in November to introduce DNDi to interested players. He visited Fujisawa Pharmaceuticals and Takeda Chemicals, two major international pharmaceutical companies. Fujisawa was keen to know more about the initiative. His visit to the Kitasato, a private research and academic institution, was promising. The institution is interested in collaborating with the DNDi. An information meeting was also held at the Ministry of Health.

DNDi in Brazil

The **DNDi core group** met in Rio de Janeiro on 30 November. This was followed by two R and D portfolio meetings on Sunday, December 1 on short-term/mid-term and long-term projects. These two meetings assessed the results of the work done in the past few weeks on identification of possible new drug development projects.

The **DND Working Group (DND-WG)** is currently in session, over 2-3 December 2003. The five plenaries for the Working Group will discuss the following topics: Who's driving the R&D agenda; Regulatory barriers for R&D for neglected diseases; Research capacity, production capacity and technology transfer; How to create a system to address the need for viable and effective tools to combat and ensure accessibility to neglected diseases; and the future direction of the DND-WG.

A photo exhibition and an event on the evening of 2 December introduced the DNDi to the Brazilian public.

IDDP Update

Three IDDPs (Immediate Drug Development Pilot Projects) based on existing drugs, are ongoing in conjunction with DNDi, TDR and several other partners:

Paromomycin, for the treatment of visceral leishmaniasis, is a drug that has been proven safe and efficacious in clinical trials. TDR, IOWH, and DNDi are planning to organize the necessary documentation, especially in clinical safety and efficacy, with a view to registering the drug in India and several African countries. Work is also underway to explore and solve the drug production issue.

The **two artesunate-based fixed dose combinations (ACTs)** for chloroquine-resistant malaria represent a good model for DNDi's future projects. They bring together academic, public, and/or private institutions in Brazil, Malaysia, Thailand, United Kingdom, Burkina Faso, France, as well as TDR. Current activities include formulation and stability work. This will be followed by animal toxicity work, industrial development, and further clinical trials. Meanwhile, the future quality procurement of artesunate is being explored.

Contact

Your suggestions are welcome. If you wish to contribute to the newsletter or would like to comment on any of the above topics, please write to jayabanerji1@hotmail.com