



DNDi

Drugs for Neglected Diseases *initiative*

BUSINESS PLAN

2015-2023



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A dynamic portfolio approach to address neglected patients' needs

Origins of DNDi

1999

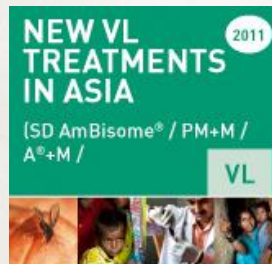
- First meeting to describe the lack of R&D for neglected diseases
- MSF commits the Nobel Peace Prize money to the DND Working Group
- JAMA article: *'Access to essential drugs in poor countries - A Lost Battle?'*

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

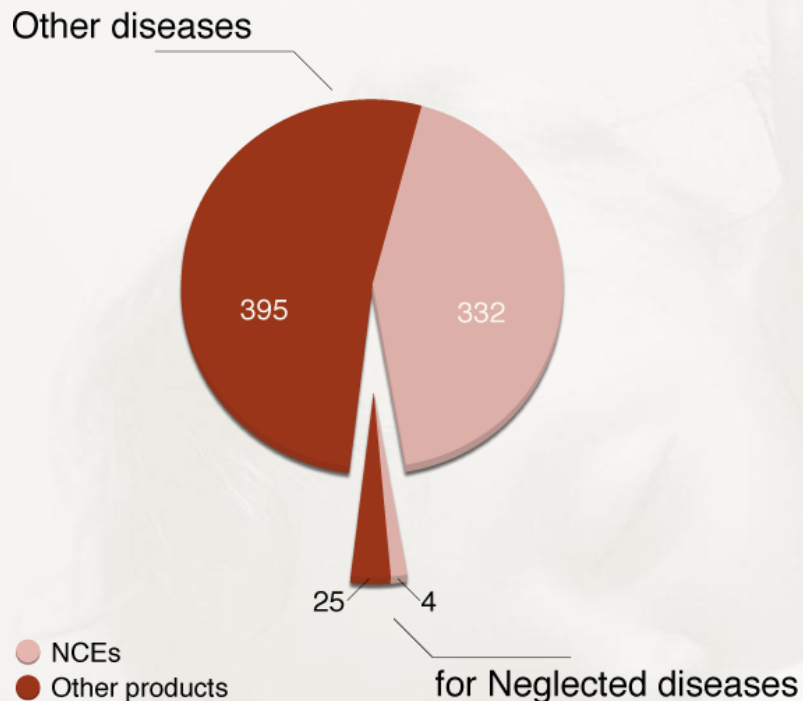


- 30 projects, 6 diseases areas
- 15 entirely new chemical entities (NCEs)
- Over 130 partnerships, most in endemic countries
- 150 staff, half in endemic countries & 600 people working on DNDi projects
- Over EUR 350 million raised equally from public and private sources
- 3 regional disease-specific clinical trial platforms and 2 technology transfers

- ✓ Easy to use
- ✓ Affordable
- ✓ Field-adapted
- ✓ Non-patented

Fatal imbalance still exists, an adapted R&D response is required

756 products developed (excluding vaccines & biologicals) (2000-2011)*



* Source: Pedrique B et al. The drug and vaccine landscape for neglected diseases (2000-11): a systematic assessment. *Lancet Global Health*, Early Online Publication, 24 Oct 2013.

Business Plan Review

Extensive consultation through Regional Offices and with key stakeholders and partners to assess:

- Lessons learned from DNDi experience
- R&D landscape evolution
- Patient needs and gaps
- Future trends

The R&D landscape for neglected patients has changed but large gaps still remain



- 1 R&D priorities do not sufficiently originate from **low- and middle-income countries**
- 2 Patients' needs are not prioritized (e.g. Ebola, mycetoma, etc.)
- 3 Innovation is not linked to **equitable access** even when there is commercial incentive to drive innovation (e.g. HCV)
- 4 **Market incentives** aligned with IP/exclusivity do not adequately address health needs in LMICs (e.g. AMR)

These are the **fundamental challenges** for the future of **biomedical innovation**.

An unchanged vision, with a broader mission

- Develop new drugs or new formulations of existing drugs for **people suffering from neglected diseases**
- Maintain commitment to **most neglected diseases** and take on new disease areas
- **Strengthen capacities** in a sustainable manner
- Adopt a more **dynamic portfolio approach** with new **operating models**

A dynamic approach to address patient needs

Pipeline focus can quickly be adapted to:

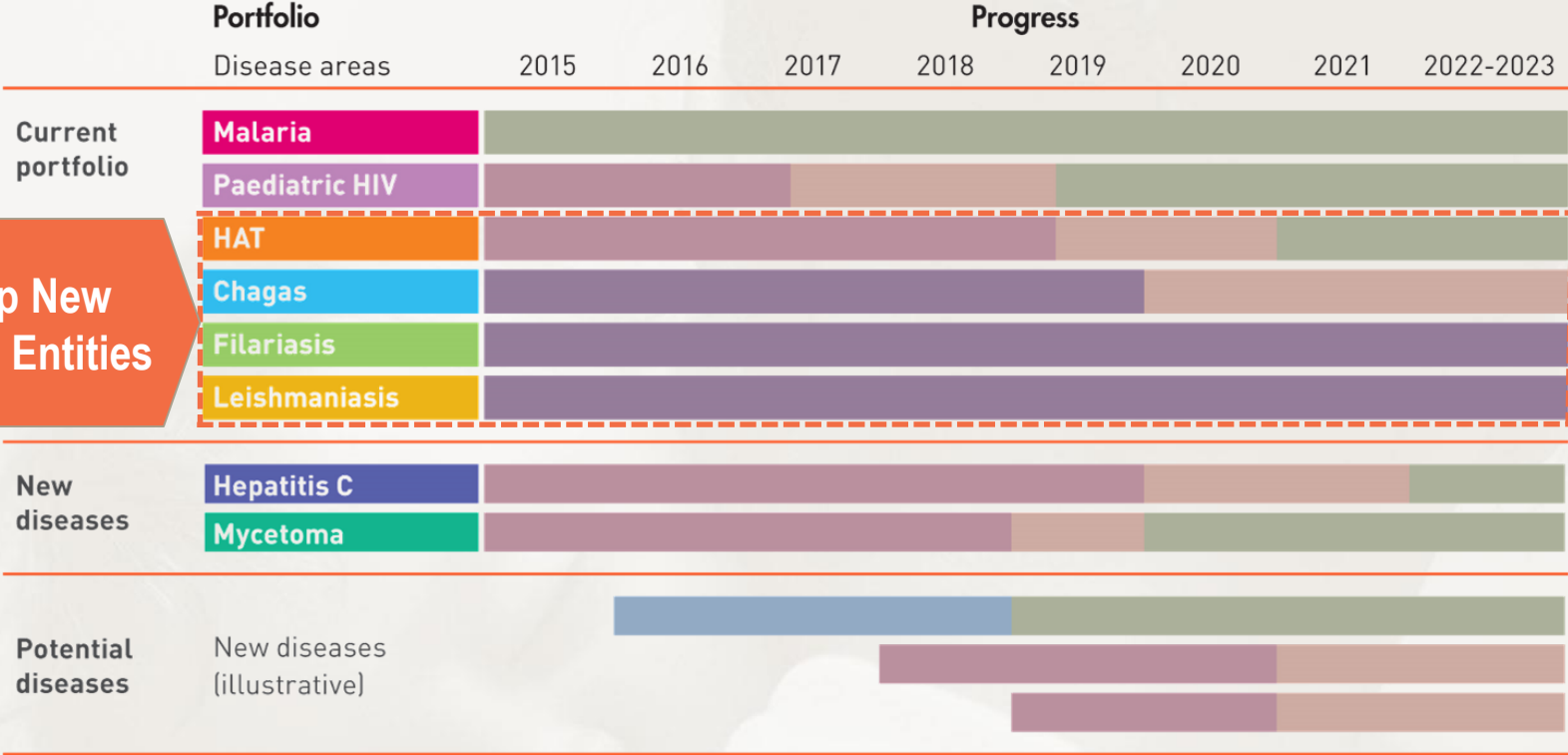
- stay aligned with changes in the environment
- rapidly respond to urgent patient needs
- address specific regional needs

*New
Opportunities*

Disease Portfolio

*Completion
& exit*

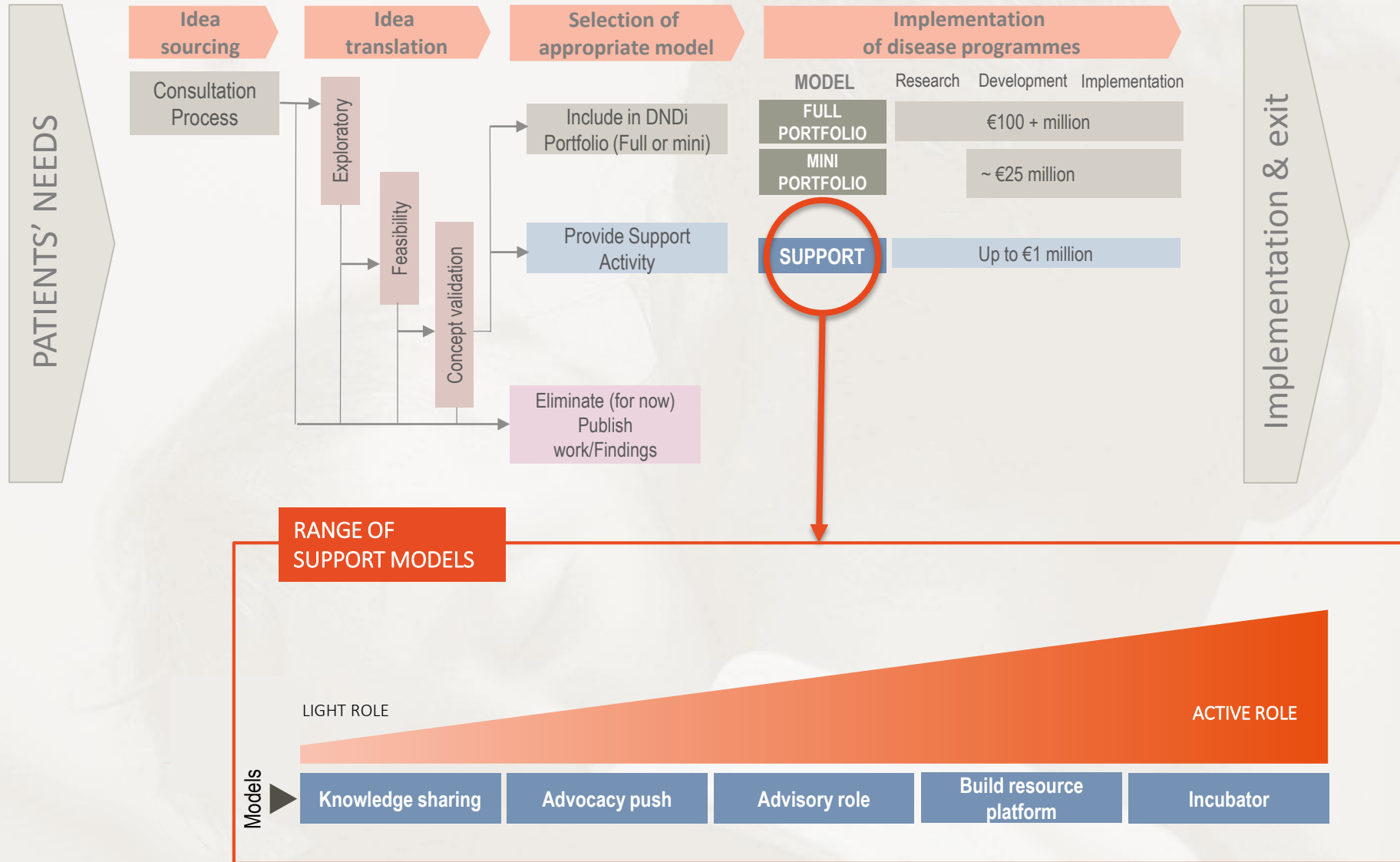
Most neglected diseases remain at the core, with new diseases taken on progressively



Develop New Chemical Entities

Full portfolio (multiple projects at different phases)
 Development
 Implementation
 Disease strategy complete
 Incubator

How we will do it... operationally



By 2023: Deliver 16 to 18 treatments with EUR 650 million



Influence the R&D landscape for neglected patients

- Political leadership for needs-driven R&D
- Creation of a **global fund and mechanism**
- Evidence on alternative R&D models

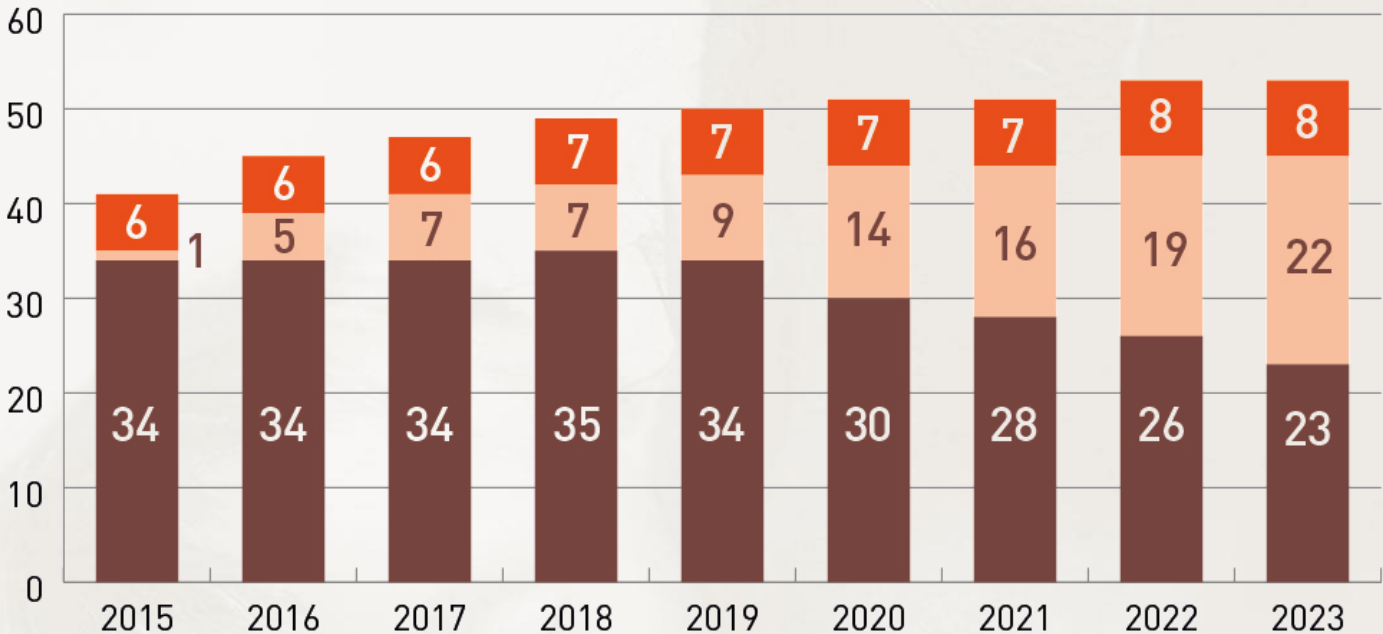
Develop treatments for people suffering from neglected diseases

- Deliver 16-18 **treatments**
- **3 new chemical entities (NCEs)**
- ~10 disease areas
- **Focus on access and measure impact**

Strengthen research capacity, led by Regional Offices

- **R&D platforms** in disease-endemic countries
- **Regionally-driven** initiatives
- **Patient access** to treatments
- **Transfer of technology**

Growth is controlled as new diseases come on board

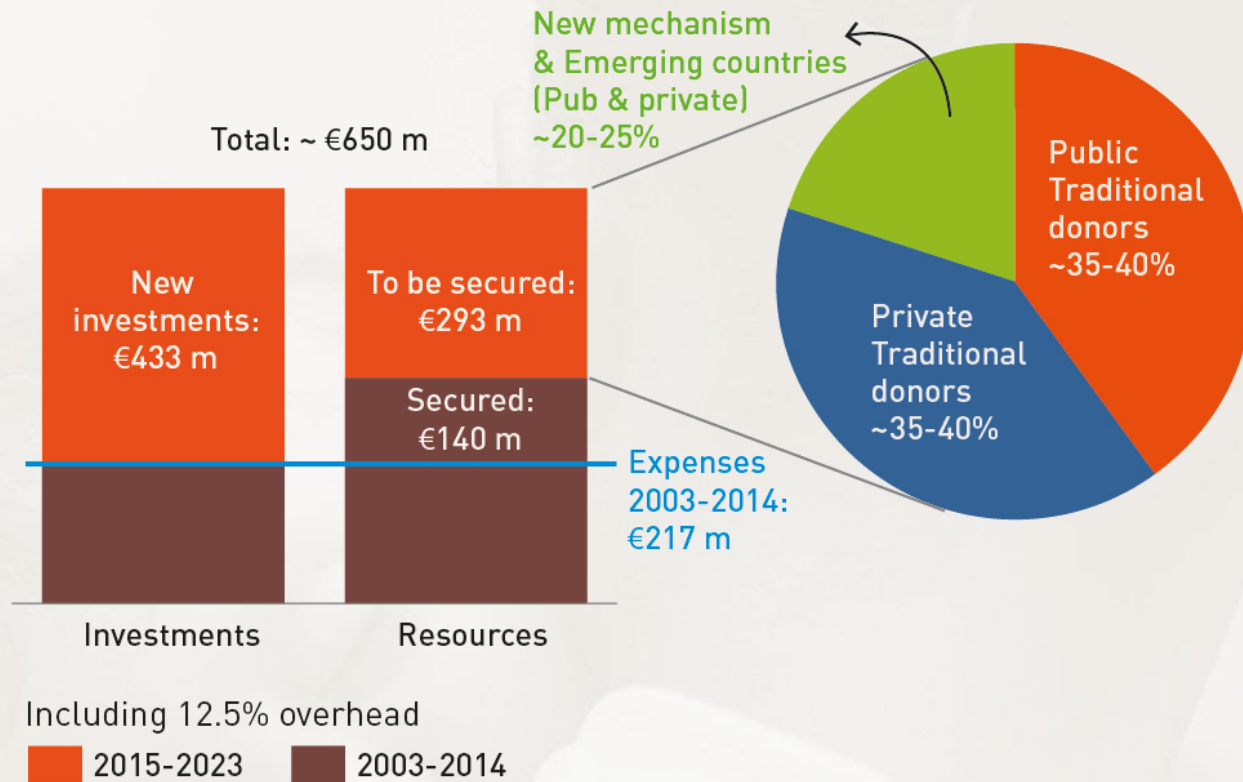


Overhead divided among the three categories

- Other social mission: ~ €62 m
- New diseases: ~ €100 m
- Current diseases: ~ €278 m

Budget projections **EUR 48-50 million** per year.

Increasingly diversified funding sources with 30% secured to date



EUR 140 million secured out of EUR 440 million needed.

DNDi's success is only possible through innovative partnerships

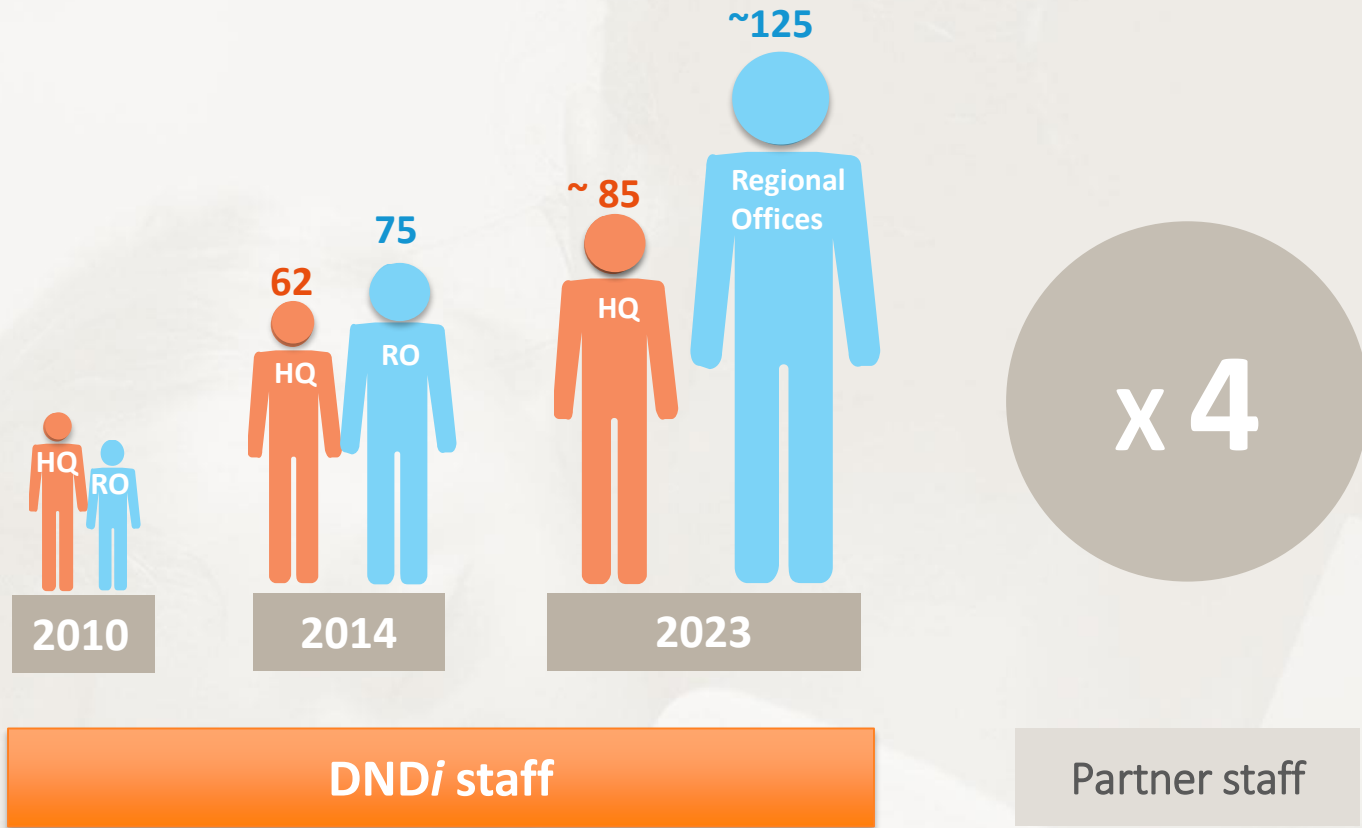


- RESEARCH
- TRANSLATION
- DEVELOPMENT
- IMPLEMENTATION
- PLATFORM MEMBER COUNTRIES
- DNDi WORLDWIDE
- FP FOUNDING PARTNERS

CRITERIA FOR SUCCESS

- Share the same vision
- Mutual understanding
- Involvement throughout the whole process

The people behind the work... in proximity to patients



Thank you!

