



2017 Financial and Performance Report

Responding to Neglected Patients' Needs Through Innovation

DNDi

Drugs for Neglected Diseases *initiative*

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2017 KEY FINANCIAL PERFORMANCE INDICATORS

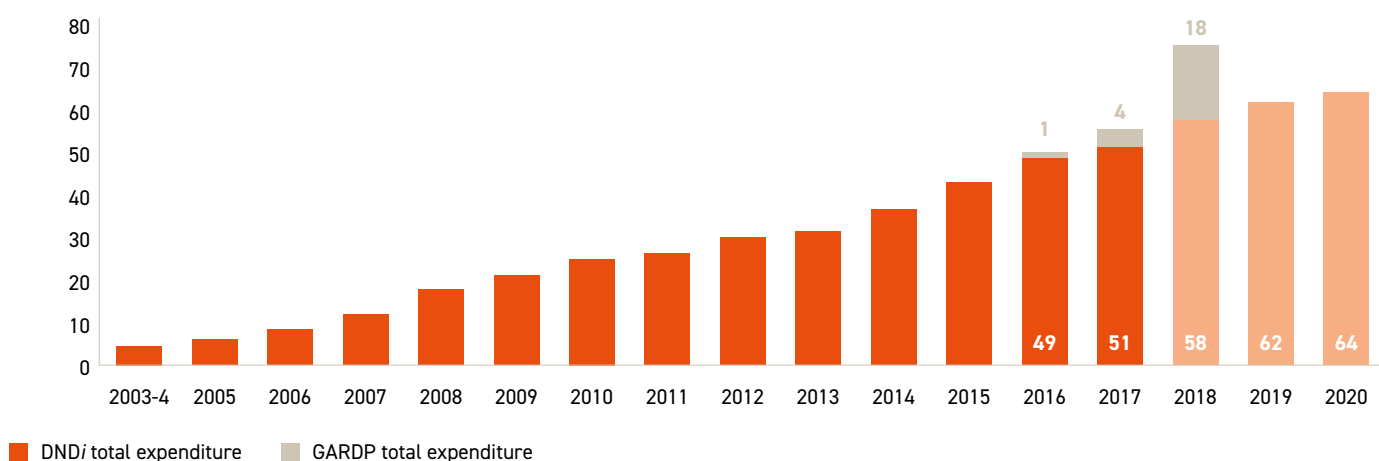
EXPENDITURE

Steady growth in spending, concentrated on R&D

- In 2017, expenditure amounted to EUR 55.6 M, up by 14% (+EUR 6.8 M) over 2016.
- Overall R&D expenditure (EUR 43.5 M) increased by almost 17% (+EUR 6.2 M) over 2016.
- The operating gain in 2017 (EUR 0.5 M) was largely negated by exchange rate losses (EUR 0.4 M).
- Since the inception of DNDi in 2003, the organization's expenditure totals EUR 364 M.
- The objective of DNDi's incubation of the Global Antibiotic Research & Development Partnership (GARDP) is that it becomes a separate legal entity by the end of 2018, so a GARDP forecast is not included from 2019.

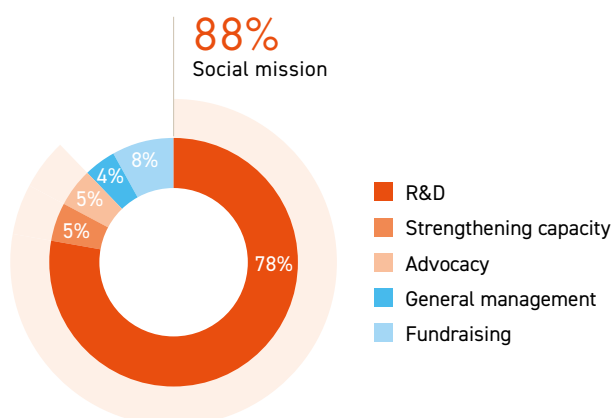
Statement of activities 2003-2017 and forecast 2018-2020

In million EUR



88.4% of spending dedicated to the social mission

- The trend of DNDi's ratio of social mission to non-social mission spending improved slightly over the last three years, with the latter reduced from 12.3% in 2015 to 11.8% in 2016 and 11.6% in 2017.
- Social mission expenditure grew by 14% (+EUR 6.1 M), due to the significant growth of the most recently added diseases in the R&D portfolio: GARDP incubation (+265%, +EUR 2.4 M), hepatitis C projects (+93%, +EUR 0.8 M), and filarial disease projects (+35%, +EUR 1.3 M).
- Non-social mission expenditure grew by 12% (+EUR 0.7 M), proportional to social mission growth, to support project activities (number of full-time employees, office space, travel).



The main driver of the increase in global R&D spending in 2017 was GARDP activity (+EUR 2.4 M). Spending also increased for clinical activities, with a special effort to support hepatitis C (+EUR 0.8 M), filarial diseases (+EUR 1.3 M), and human African trypanosomiasis (+EUR 0.7 M) projects.

Neglected tropical diseases accounted for 78.6% of R&D expenditure in 2017, as total spending on leishmaniasis, HAT, Chagas disease, filaria, and mycetoma increased by EUR 2.4 M.

Early discovery activities (lead optimization and screening: EUR 6.1 M) have been split between leishmaniasis and Chagas disease budgets on a proportional basis.

Leishmaniasis

- With a total of EUR 9.9 M spent in 2017, leishmaniasis represented the largest area of R&D expenditure by disease portfolio (26%). There was significant growth in the visceral leishmaniasis (VL) programme due to progression of new chemical entities: one new pre-clinical candidate (DNDI-5561) was nominated, and two clinical candidates (DNDI-6148 and DNDI-0690) were nominated in preparation for Phase I studies.
- There were numerous advanced clinical leishmaniasis activities in 2017, with seven studies and clinical trials ongoing on three continents for VL, HIV/VL, post-kala-azar dermal leishmaniasis, and cutaneous leishmaniasis.
- Lead optimization and compound screening activities were fewer but gained in effectiveness.

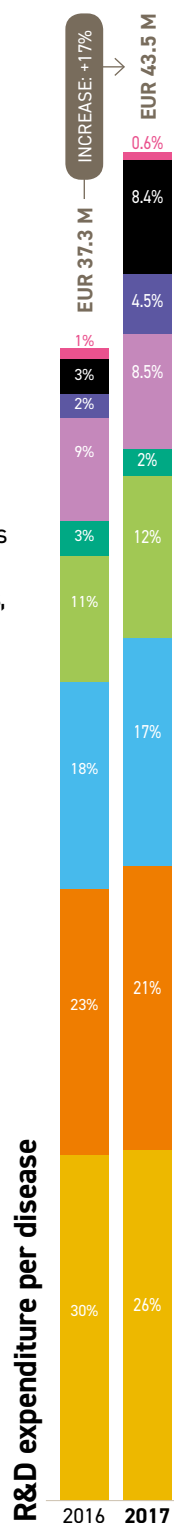
Human African trypanosomiasis

- With a total of EUR 8.2 M, the HAT portfolio represented 21% of R&D expenditure, concentrated on clinical activities with five clinical trials ongoing.
- The fexinidazole project saw a slight decrease in 2017 (-EUR 0.1 M) with three trials (FEXI 004, 005, 006) completed. A regulatory dossier was submitted by Sanofi to the European Medicines Agency for an opinion under Article 58, while clinical study reports were in preparation and the Phase IIIb implementation study continued.
- Progress continued on the acoziborole Phase II/III trial.

Chagas disease

- Chagas projects accounted for 17% of R&D expenditure in 2017 (EUR 6.4 M), with a spending increase over 2016 (+EUR 0.4 M) due to two ongoing clinical trials.
- The recruitment of patients in Bolivia for a proof-of-concept study for new benznidazole regimens/combinations was completed in 2017 (+EUR 0.6 M).
- A proof-of-concept study for fexinidazole for Chagas started patient recruitment in Spain (+EUR 0.5 M).

Leishmaniasis	HAT	Chagas
Filaria	Mycetoma	Paediatric HIV
HCV	GARDP	Malaria



- Investments in biomarker research decreased (-EUR 0.5 M) because the main study was completed in 2016, though activities are ongoing.
- Access spending decreased (-EUR 0.2 M), DNDI established strong partnerships to develop long-term access activities.
- Investment in lead optimization and compound screening activities remained stable.

Filaria

- Filarial disease spending totalled EUR 4.8 M in 2017, accounting for 12% of R&D expenditure.
- 2017 saw progress in emodepside Phase I studies (+EUR 1.3 M) with three clinical trials ongoing.

Mycetoma

- Mycetoma accounted for 2% of R&D expenditure in 2017 (EUR 0.9 M).
- Spending was concentrated on the recruitment of patients for the proof-of-concept study of fosravuconazole in Sudan (+EUR 0.4 M).

Viral diseases accounted for 13% of R&D expenditure in 2017, as total spending on HIV and hepatitis C increased by EUR 1.2 M.

Paediatric HIV

- Paediatric HIV accounted for 8.5% of R&D expenditure (EUR 3.3 M).
- The LIVING study added a tenth clinical trial site, with 850 children enrolled by December 2017 (+EUR 0.5 M).
- The super-boosting study in TB-HIV co-infected children in South Africa was completed (-EUR 0.1 M).

Hepatitis C virus (HCV)

- HCV accounted for 4.5% of R&D expenditure in 2017 (EUR 1.7 M).
- Spending increased with completion of the first stage of Phase III clinical studies (300 patients) in Malaysia and Thailand (+EUR 0.8 M).

Antimicrobial resistance – GARDP

- GARDP accounted for 8.4% of R&D spending in 2017 compared to 3% in 2016 with an increase (+EUR 2.4 M) due to the growth of GARDP activities, including neonatal sepsis (+EUR 0.5 M), antimicrobial memory recovery and exploratory (+EUR 0.2 M), and sexually transmitted infections (+EUR 0.2 M).

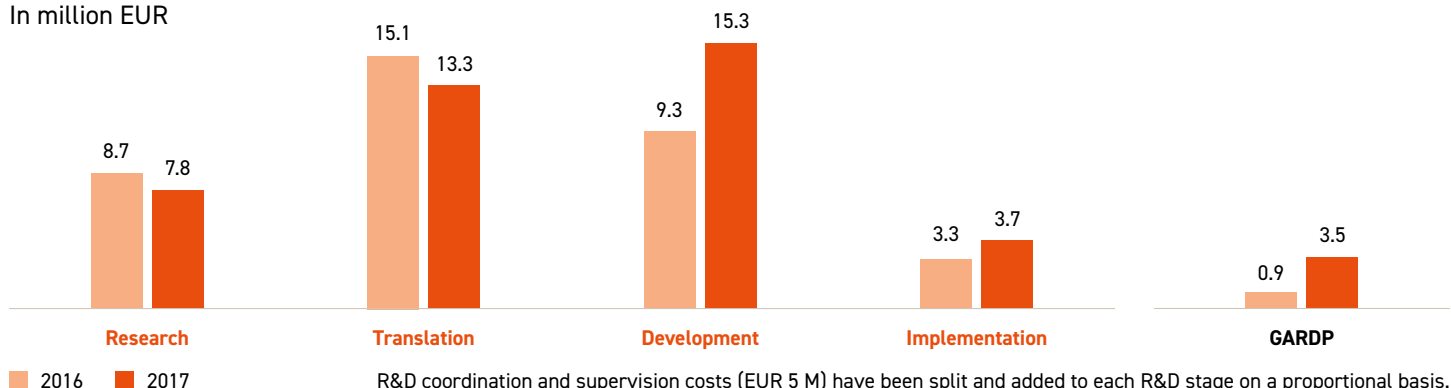
Expenditure by disease does not include R&D coordination and supervision. R&D coordination and supervision costs have not been here split and added to each disease.

EXPENDITURE

Spending on development increased with 21 clinical studies ongoing, new projects entering clinical development (+EUR 6 M), and GARDP projects starting.

R&D expenditure per stage of development

In million EUR



Research

- Discovery and research activities accounted for 18% of R&D expenditure in 2017 (down from 23% in 2016).
- There were savings in discovery activity (-EUR 0.6 M) thanks to innovative partnerships:
 - The NTD Drug Discovery Booster was fully operational in 2017 with 10 hit series identified and under further investigation, and eight participating companies (up from six in 2016);
 - The Open Synthesis Network, an open innovation initiative, expanded in 2017 to 13 participating universities with four more under discussion.
- Lead optimization activities decreased slightly (-EUR 0.3 M) despite the nomination of a new pre-clinical candidate in 2017:
 - Fees for services decreased in 2017 because the NTD Drug Discovery Booster provided higher-quality hit-to-lead series and lead series for optimization;
 - In-kind contributions from pharmaceutical partners increased, particularly with the Lead Optimization in Latin America (LOLA) consortium (supported by collaborative funding).

Translation

- Spending on translational projects accounted for 31% of R&D expenditure in 2017 to reach a total of EUR 13.3 M in 2017 (-EUR 1.8 M). The decrease in expenditure was due to one project moving to the development stage (acoziborole for HAT: -EUR 2.1 M) and two projects terminated end of 2016 (Anfoleish for CL and fexinidazole for VL: -EUR 2 M). This decrease was partially offset by three new projects that drove an increase in 2017 spending:
 - Emodepside: Phase I (single ascending dose) study completed in 2017 and multiple ascending dose and relative bioavailability studies started (+EUR 1.2 M).
 - Phase II proof-of-concept study ("BENDITA") of new benznidazole regimens in combination with fosravuconazole (E1224): Recruitment was finalized in July 2017 (+EUR 0.6 M).

- New chemical entities (NCEs) for leishmaniasis: Major progress was made in advancing NCEs to pre-clinical and Phase I studies for both visceral and cutaneous leishmaniasis (+EUR 0.5 M).

Development

- Development activities accounted for 35% of R&D expenditure with an increase of EUR 6 M over 2016, by R&D stage, the most significant increase in 2017 spending, with four major projects ongoing:
 - VL: Preparation of Phase III combination trial testing miltefosine with paromomycin in East Africa (Kenya, Sudan, Ethiopia, Uganda) in both paediatric and adult patients (+EUR 1.6 M).
 - HCV: Phase III clinical trials to test a pan-genotypic treatment combining ravidasvir and sofosbuvir began in Malaysia in 2016 and Thailand in 2017 (co-sponsored by DNDi and the Ministry of Health). In late 2017, DNDi closed the database for the first stage of these trials (+EUR 0.9 M).
 - Mycetoma: Recruitment of patients started in 2017 for the proof-of-concept study of fosravuconazole in Sudan (+EUR 0.4 M).
 - Acoziborole Phase II/III trial: To increase patient recruitment, two new clinical trial sites were opened (Bandundu Regional and Roi Baudouin Hospitals) and active and passive detection of new HAT cases was scaled up (+EUR 3.1 M).

Implementation

- Implementation activities increased slightly in 2017 (+EUR 0.4 M) and represented 9% of R&D expenditure. Some implementation projects nearing completion saw decreased expenditure (-EUR 0.1 M) while the Phase IV LIVING study for paediatric HIV expenditure increased (+EUR 0.5 M), completing recruitment in Kenya and Uganda.

GARDP

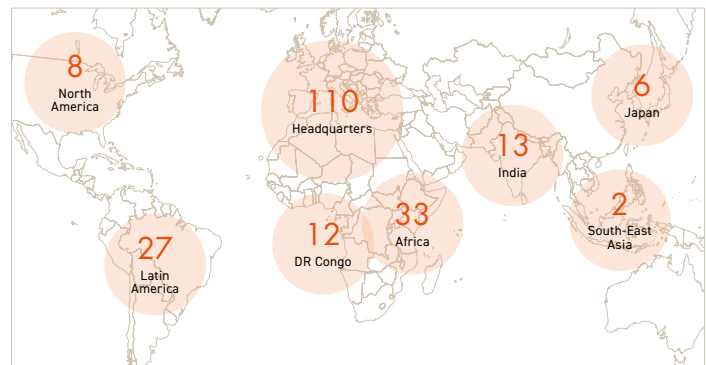
- Expenditures are presented separately and include costs related to the exploration and initiation of the initiative's three programmes.

HUMAN RESOURCES

HR expenses increased by 26% to support the incubation of GARDP and further development of the DNDi R&D portfolio.

- To meet the needs of DNDi's growth and the demands of the external environment, and as part of the incubation of GARDP, teams were strengthened and new expertise added in 2017. DNDi recruited an additional 33 positions, representing an increase of 19% over 2016 staffing levels.
- The increase in HR expenses (+EUR 4.4 M) included:
 - Recruitment and effective start of 33 new positions (+EUR 2.1 M) in 2017;
 - New positions recruited in 2016 (23 new positions) that received a full year's salary in 2017 (+EUR 1.5 M);
 - Annual incremental salary increase (~+1%), promotions, inflation rate applicable in some countries, provision for holidays not taken, training costs, and executive recruiter (+EUR 0.8 M).
- The split between DNDi's headquarters and regional offices remained balanced in 2017 (52%/48%), with 110 core staff and consultants working in headquarters and 101 working in regional offices.
- Eight core staff were recruited to support the development of GARDP, located primarily at the DNDi headquarters office.
- Ten new core positions were recruited to support R&D in 2017. This was driven by the need to support diseases recently added to the portfolio and to support R&D coordination to address compliance requirements from regulatory authorities, external stakeholders, partners, and donors. New core positions included: R&D portfolio and planning leader, pharmacovigilance manager, and project coordinators.
- Nine new core positions were dedicated to support functions (four in DR Congo, one in Japan, one in Brazil, and three in Switzerland). Initially these positions were contracted on a short-term basis as associate staff, but with the growth of the organization they have been stabilized and moved to core positions, including: assistant accountant, logisticians, business analysis officer, and HR officers.
- Six new core staff and consultants joined the External Affairs team (two in regional offices and four at headquarters): Policy & advocacy advisors, senior corporate and scientific communications manager, external relations managers, and digital content officer.
- Considering all employees' start and end dates, as well as the percentage of time worked for each position in DNDi, the 2017 total core staff and consultant count at the end of 2017 was 189 full-time equivalent (FTE) staff. This represents an increase of 21% over 2016.

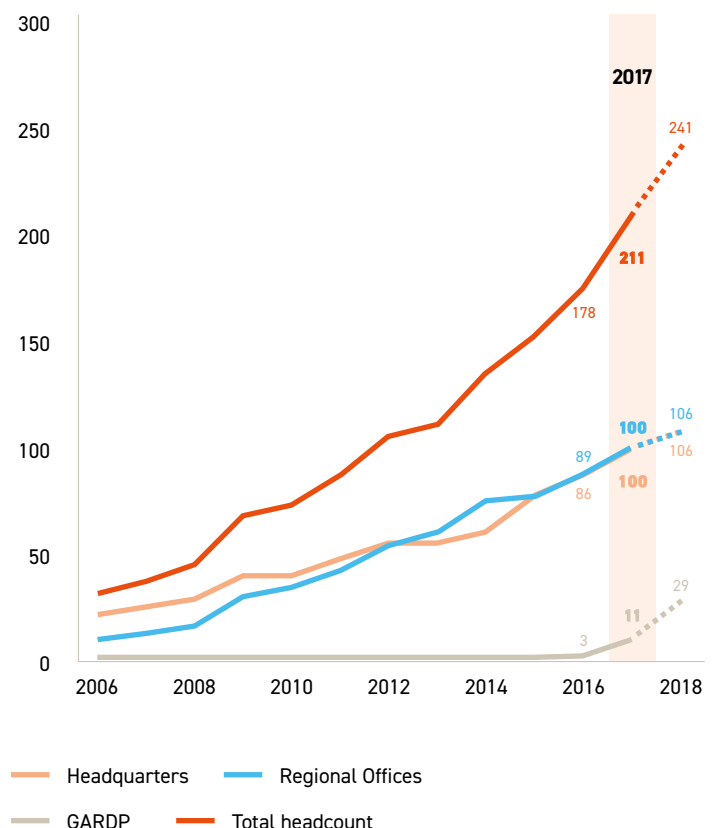
Distribution of DNDi staff & consultants around the world



Human resources evolution at DNDi

Number of core staff & consultants

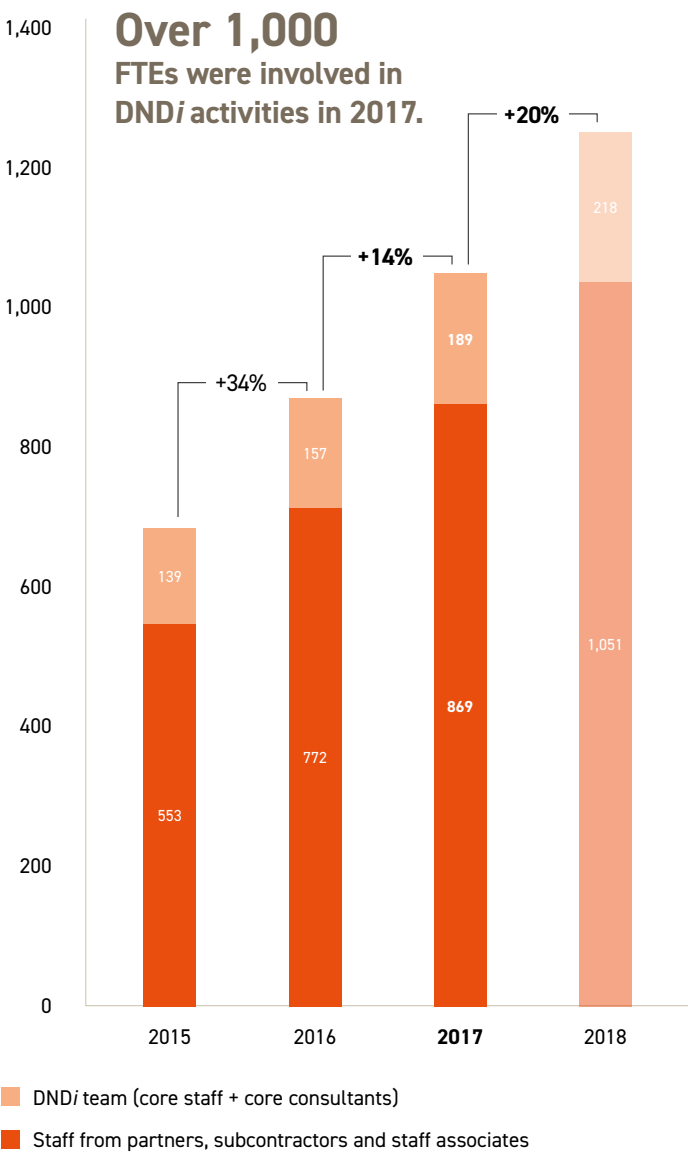
Includes DNDi and GARDP staff



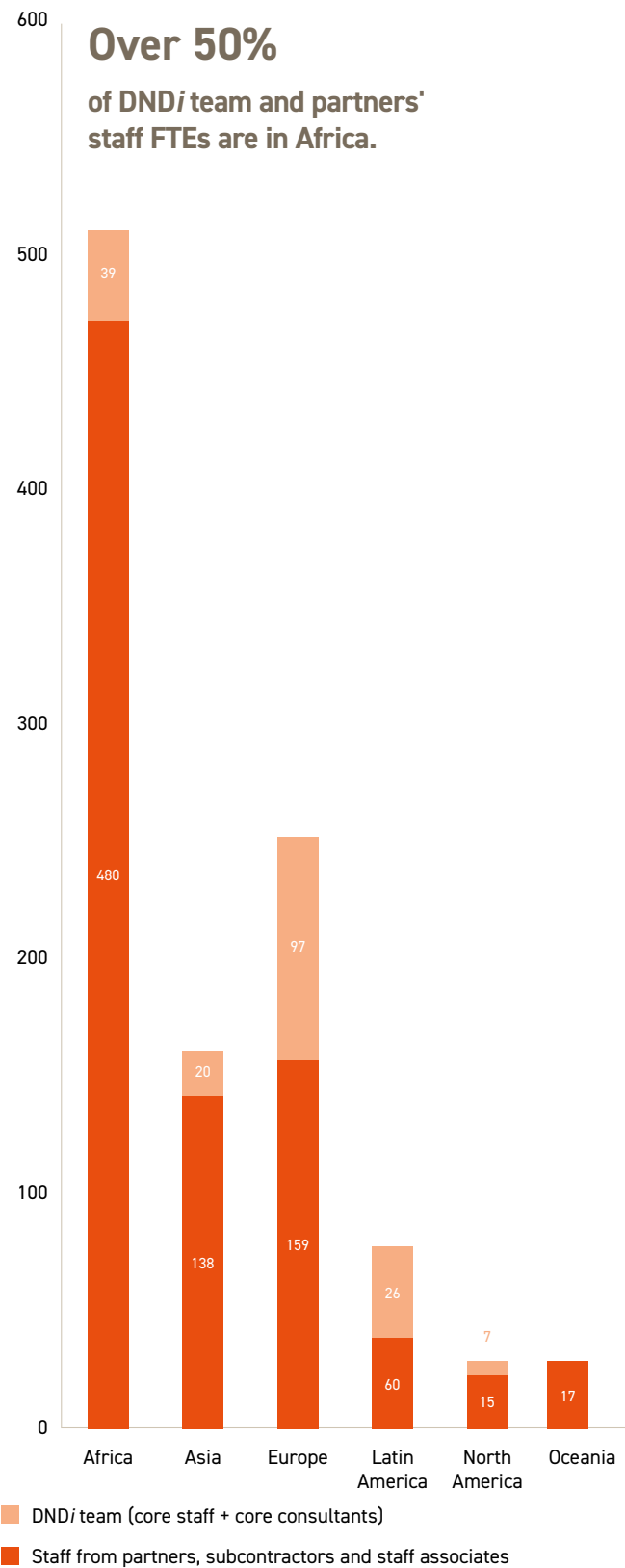
Every DNDi FTE generates four FTEs through subcontracted research activities.

- As a virtual R&D organization, DNDi subcontracts its research activities to partners. The number of FTEs created in partner organizations and working on DNDi activities has been tracked in recent years, showing a consistent trend of four to five FTEs in partner organizations for every DNDi FTE.
- In 2017, this trend was maintained, with 869 FTEs in partner organizations and staff associates for 189 FTEs at DNDi.
- The forecast for 2018 based on an analysis of contracts gives 1,051 FTEs in partner organizations and staff associates for 218 FTEs at DNDi.

Ratio of DNDi to partner staff in FTE



Geographical distribution of FTE staff in 2017

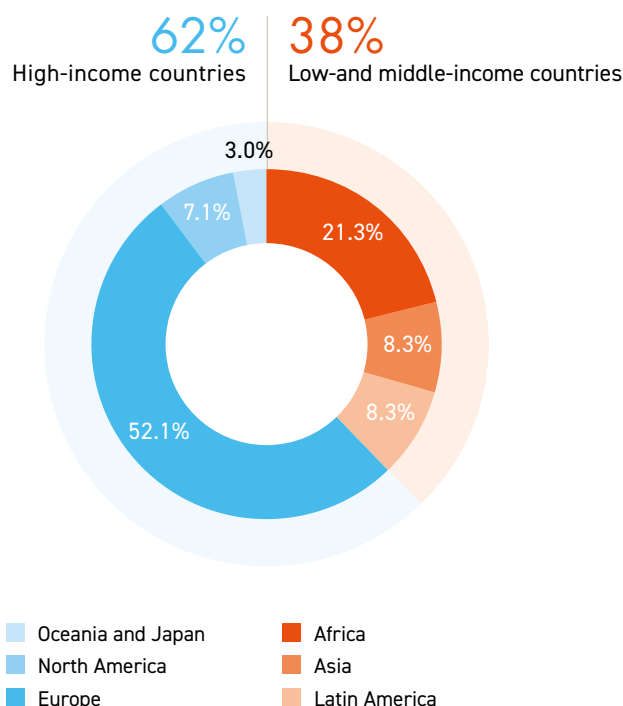


PARTNERSHIPS AND SUBCONTRACTORS

Number of partners and subcontractors similar to 2016

- In 2017, the number of partners and service providers with whom DNDi had business relations valued at over EUR 5,000 remained relatively stable (169 in 2017, up slightly from 167 in 2016). Note that these figures do not include some of DNDi's important partnerships where these contain no financial component.
- Partnerships and service providers increased in Europe at 52% of partnerships in 2017 compared to 47% in 2016. This reflects the expansion of GARDP and the leishmaniasis portfolio focus on chemistry, manufacturing, and control (CMC), and pharmaceutical development and pre-clinical activities.
- The ratio of low- and middle-income country partners to high-income country partners is relatively stable, at 38% versus 62%.

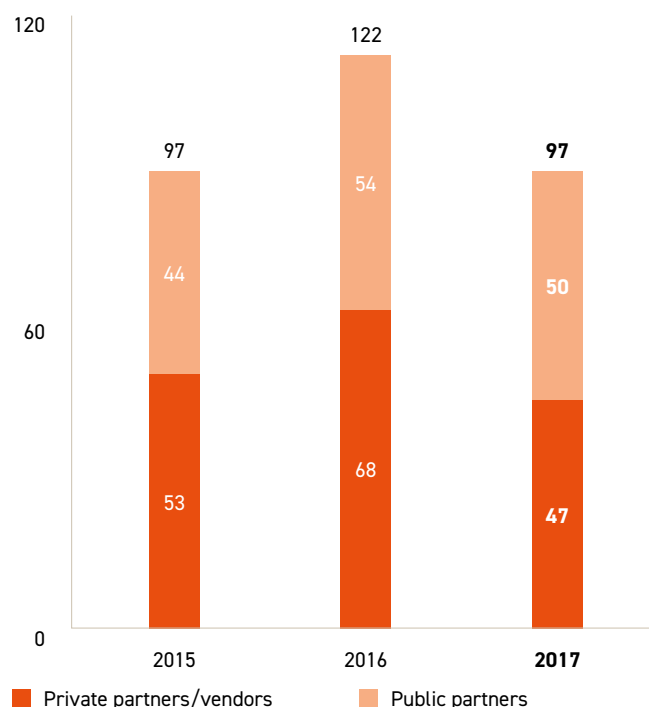
2017 partners & service providers



Contracting remained balanced between private and public sector partners.

- In 2017, a total of 97 new R&D contracts were signed. Note that the figures exclude confidentiality agreements and work orders but include contract extensions/amendments as 'new' contracts.
- Organizations from the public institutional sector (including research institutes, public hospitals, academic groups, universities, product development partnerships, and other not-for-profit organizations) accounted for 50 (52%) contracts signed in 2017, with private sector organizations (including pharmaceutical and biotechnology companies, and contract research organizations) accounting for 47 (48%). The overall ratio of public to private contracts has remained stable over the past three years.

Number of R&D contracts signed per year

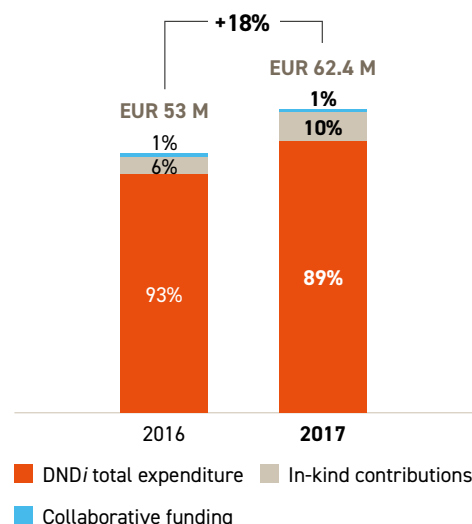


LEVERAGING PARTNERS' RESOURCES

Collaborative funding and in-kind contributions

- To present a comprehensive picture of its activities, DNDi accounts for collaborative funding from partners and attributes an estimated value to the generous in-kind contributions of its partners, be they private companies, academic groups, or individuals.
- Collaborative funding in 2017 was valued at EUR 0.8 M, a 37% increase (+EUR 0.2 M) due to the contributions of Thailand and Malaysia for hepatitis C clinical trial implementation, valued at EUR 0.5 M in 2016.
- In 2017, in-kind contributions were valued at EUR 6 M, representing an increase of 64% (+EUR 2.3 M) over 2016, when total in-kind contributions were valued at EUR 3.1 M. This increase is mainly due to the contribution of partners to develop a pre-clinical candidate for filarial disease.
- Cumulative in-kind contributions over the last eleven years amount to EUR 40 M, reflecting DNDi's continued investment in building strong partnerships. This represents more than 11% of the total expenditure for the same period.

Total DNDi valued activity

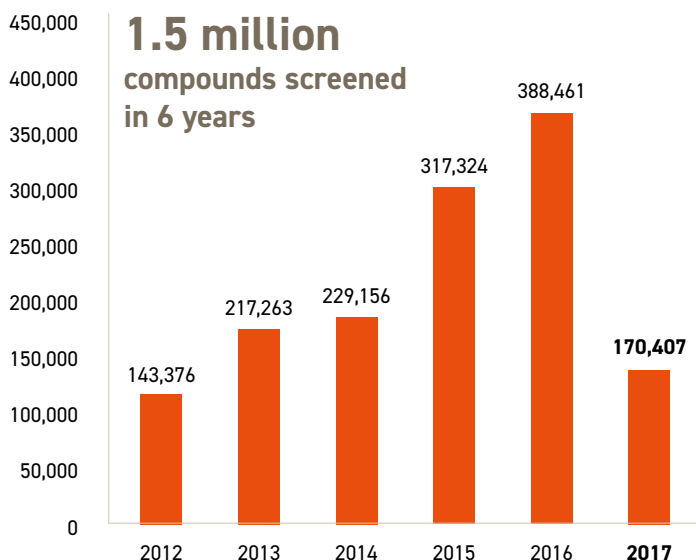


Access to compound libraries

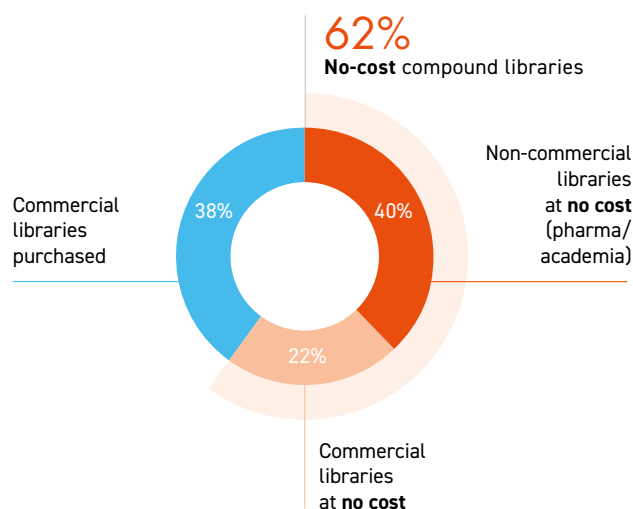
- Over 170,000 compounds were screened in VL and Chagas assays in 2017. The smaller number of compounds assessed over this period compared to 2016 (388,461) was largely due to a heavy focus on hit confirmation and profiling of active compounds previously identified from primary screening of commercial collections. This work has mainly been completed in collaboration with the University of Dundee for hit confirmation, as well as with other screening partners for hit profiling.

- The screening capacity of partner Institut Pasteur Korea was primarily dedicated to the support of the NTD Booster and Daiichi Sankyo hit-to-lead (H2L) programmes. Those projects are based on thorough screening evaluations of compounds supplied by DNDi's pharmaceutical partners (around 9,000 for the NTD Booster and 1,500 for Daiichi Sankyo H2L).
- Overall, the total number of completed screens delivered by screening partners in 2017 was similar to 2016.

Number of compounds screened per year



Since 2012, more than 900,000 compounds have been provided to DNDi at no cost from academic and commercial libraries.



CAPACITY STRENGTHENING



**CHAGAS CLINICAL
RESEARCH PLATFORM
(CCRP)**

7 CLINICAL SITES*



**HUMAN AFRICAN
TRYPANOSOMIASIS
(HAT) PLATFORM**

**11 CLINICAL SITES*
2 SITES IN REHABILITATION
10 MOBILE TEAMS**



**LEISHMANIASIS EAST
AFRICA PLATFORM
(LEAP)**

**5 CLINICAL SITES*
1 SITE IN CONSTRUCTION**

Expenditure for each platform in thousands EUR

2016

EUR
229

EUR
357

EUR
665

2017

EUR
89

EUR
177

EUR
490

The three disease-specific platforms and the two networks are important channels for training in clinical research in Africa and Latin America. In 2017, trainings were implemented primarily to support clinical trials, including ethics, Good Clinical Practice, diagnostics, and Good Clinical Laboratory Practice (656 people), as well as in communications, fundraising, advocacy, and finance (29 people).

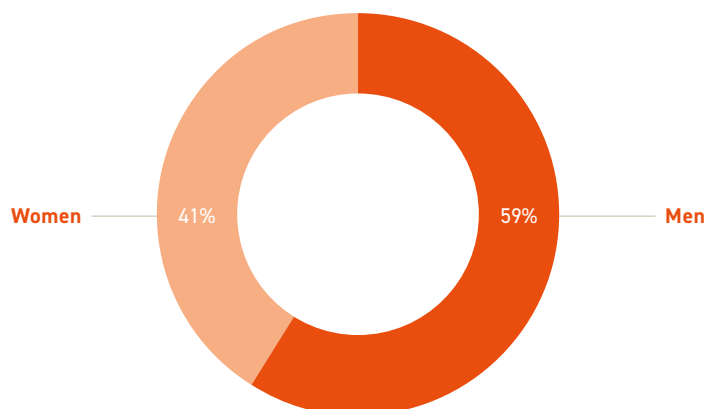
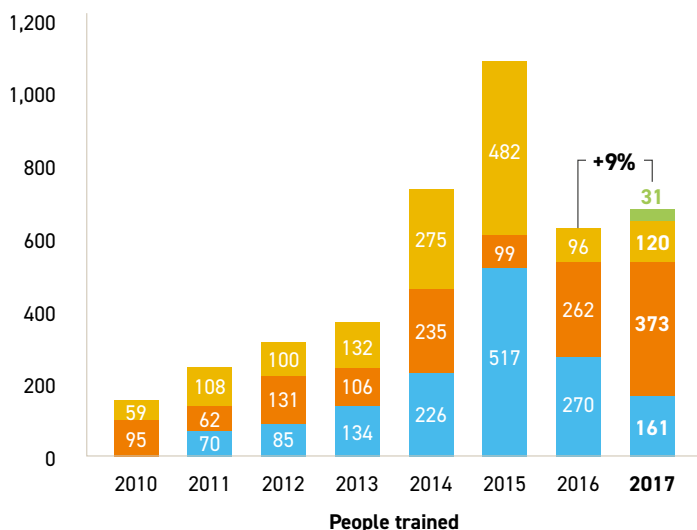
Capacity-strengthening activities accounted for 5.5% of all expenditure in 2017. Expenditure dedicated to building capacity, conducting clinical research in developing countries, facilitating treatment access, and disseminating information decreased by 34% in 2017 (from EUR 1.2 M in 2016 to EUR 0.8 M in 2017).

The number of people trained between 2016 and 2017 increased by 9%, partly due to the addition of the Filarial Network.

685 people trained in 2017

Gender-disaggregated data were collected for 553 out of 685 people trained.

In 2017, 226 trainees were women (41%) and 327 were men (59%).



■ Chagas Platform ■ HAT Platform ■ LEAP Platform (Africa) and RedeLeish (Latin America) ■ Filarial Network

* Sites belonging to platform/network members and in use for DNDi studies



Leishmaniasis East Africa Platform (LEAP)

- LEAP counts 60 individual members representing over 20 institutions.
- In 2017 there was one site under construction (Um El Kheir) and five active clinical trial sites in Ethiopia (Gondar Hospital), Kenya (Kimalel and Kacheliba Hospitals), Uganda (Amudat Hospital), and Sudan (Dooka Hospital).
- Expenditure decreased by 27% (-EUR 0.2 M). In 2017, the cost of maintenance of clinical trial sites decreased (-EUR 0.2 M) because as of Q3 2017, the cost of sites involved in the new VL combination clinical trial study was allocated to R&D activities.
- In 2017, 1,084 people were treated outside clinical trials in six VL clinical trial sites (1,156 in 2016) and 2,898 people screened (3,019 in 2016).
- The platform facilitated the development of a policy in relation to VL and HIV co-infection through dissemination of the results of the HIV/VL clinical trial study.
- In addition to training of LEAP partner teams, specific training was offered to seven people in 2017 (Master's degree or diploma in nursing for two people in Uganda and five in Sudan).

- 2017 saw support for policy change and the development of national guidelines for fexinidazole in the Democratic Republic of Congo (DR Congo); upgraded/rehabilitated infrastructure at seven clinical sites; ten sites for the Phase II/III clinical trial for acoziborole, eight sites for the recruitment of patients for the fexinidazole FEX-009 study in DR Congo (with some sites in common for the two studies), and 10 mobile HAT screening teams.



Chagas Clinical Research Platform (CCRP)

- The Chagas Platform counts 424 individual members representing over 110 institutions.
- Three sites were active in Bolivia for the Phase II proof-of-concept BENDITA trial and four in Spain for the Phase II proof-of-concept study of fexinidazole for Chagas.
- 2017 costs decreased significantly (-157%) mainly because the Chagas platform meeting was postponed to 2018 to align with BENDITA results.
- The Platform also promoted discussions on healthcare guidelines for Chagas disease in Latin America, supporting protocol changes and updates.



Human African Trypanosomiasis (HAT) Platform

- The HAT Platform counts 120 individual members representing over 20 institutions.
- 2017 expenditure decreased by 36% (-EUR 0.2 M) mainly because the HAT platform meeting was postponed to align with fexinidazole results and all-DNDi stakeholder meetings planned for 2018.
- Training activities covered: (1) waste management in clinical trial sites; (2) training of investigators, nurses, and lab technicians in charge of the clinical trial sites of fexinidazole and acoziborole; (3) support of the 7th International Course on HAT (ICAT7, with financial and/or pedagogical support provided by WHO, DNDi, and the HAT Platform); (4) the DiTECT-HAT project (Diagnostic Tools for HAT Elimination and Clinical Trials), which trained health staff involved in the evaluation of new algorithms for passive HAT detection.



RedeLEISH

The **RedeLeish** (Rede de Pesquisadores e Colaboradores em Leishmanioses, or Network of Investigators and Collaborators in Leishmaniasis) raises awareness among scientific community and policy makers on leishmaniasis in Latin America. This network is supported by Brazilian Development Bank (BNDES) collaborative funding and the full costs are not reflected in the accounts of DNDi.

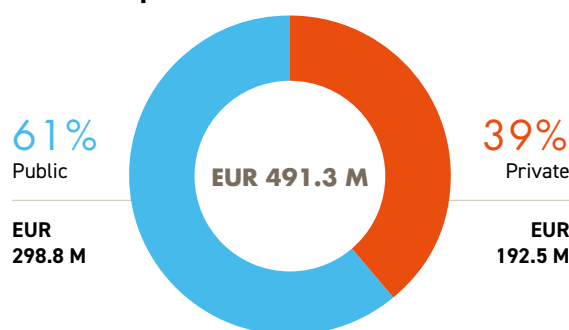
The **Filarial Network** is a training and exchange group dedicated to filaria with 31 members in 2017. It began preparations for clinical studies in 2017, with 31 people trained.

CONTRIBUTIONS

Balanced and diversified funding was maintained in 2017

- DNDi seeks diversified sources of funding from public and private sources, which were further diversified in 2017 with the addition of five new donors:
 - Three public: Grand Duchy of Luxembourg for GARDP; Dutch Ministry of Health, Welfare and Sport (VWS) for GARDP; and International Development Research Centre (IDRC), Canada;
 - One private: Médecins Sans Frontières - Transformational Investment Capacity (MSF-TIC), for the STORM-C hepatitis C project;
 - One collaborative source of funding from an endemic country: National Science and Technology Development Agency (NSTDA), a member of the Ministry of Science and Technology of Thailand (for the STORM-C hepatitis C project).
- The HAT Campaign, a fundraising initiative launched by DNDi North America, more than doubled private funds raised in North America for HAT projects and core funding (USD 0.5 M) compared to 2016 (USD 0.2 M). These donations were mostly from private donors and family fund foundations, including (but not limited to): Charina Endowment Fund, USA; craigslist Charitable Fund, USA; P B & K Family Foundation, USA; The Broder Family Foundation, USA; The Robin O'Brien Fund, USA; and Zegar Family Fund, USA.
- DNDi policy is to ensure that no single donor contributes more than 25% to the Business Plan. However, with renewal of the UK government grant and its increase by more than 40% in 2017, this donor represented 28% of total income in 2017. We anticipate that this will drop again in 2018-2019 with the renewal of several key grants.
- DNDi also seeks to ensure that the majority of its budget is covered by public funds as an expression of public leadership. In 2017, with secured funds until 2021, public funding accounted for 61% (55% in 2016) and private support for 39% (45% in 2015). Most of DNDi's public donors have been renewed in the last two years, while commitments from major private donors will be at the renewal stage in 2019-2020.
- 90% (EUR 75.2 M) of the EUR 83.4 M in new funding granted in 2017 was granted by public institutions: UK government; GHIT, Japan; EDCTP, EU; WHO-TDR; Norad, Norway; FOPH, Switzerland; SDC, Switzerland; MoH¹, The Netherlands; Grand Duchy of Luxembourg; SAMRC, South Africa; Federal MoH¹, Germany.

Public vs private contributors 2003-2021



PRIVATE CONTRIBUTIONS

EUR 192.5 M

20.7%	Bill & Melinda Gates Foundation	EUR 101.6 M
15.1%	Médecins Sans Frontières	EUR 74.2 M
3.4%	Various private donors: Wellcome Trust, Medicor, others	EUR 16.7 M

PUBLIC INSTITUTIONAL CONTRIBUTIONS

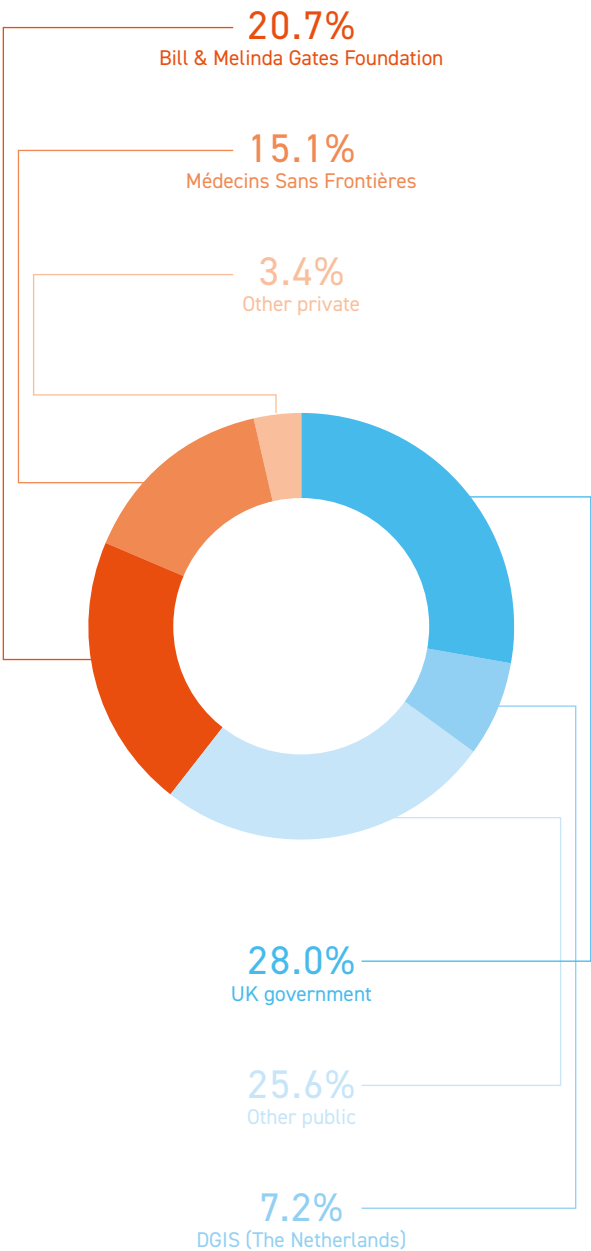
EUR 298.8 M

28%	UK government	EUR 137.7 M
7.2%	The Netherlands (DGIS and MoH ^{1,2})	EUR 35.5 M
4.6%	Germany (BMBF through KfW, GtZ, and MoH ^{1,2})	EUR 22.7 M
4.3%	Switzerland [SDC, Canton of Geneva, and FOPH ²]	EUR 21 M
3.3%	France (AFD)	EUR 16.3 M
2.8%	Japan (GHIT Fund)	EUR 13.9 M
2.6%	Unitaid	EUR 12.5 M
2.4%	Spain (AECID)	EUR 12.0 M
2.1%	US Government NIH/NIAID/USAID	EUR 10.1 M
2%	European Union (FP5, FP6, FP7, EDCTP)	EUR 10 M
1.5%	Others	EUR 7.1 M

¹ MoH: Ministry of Health

² for GARDP

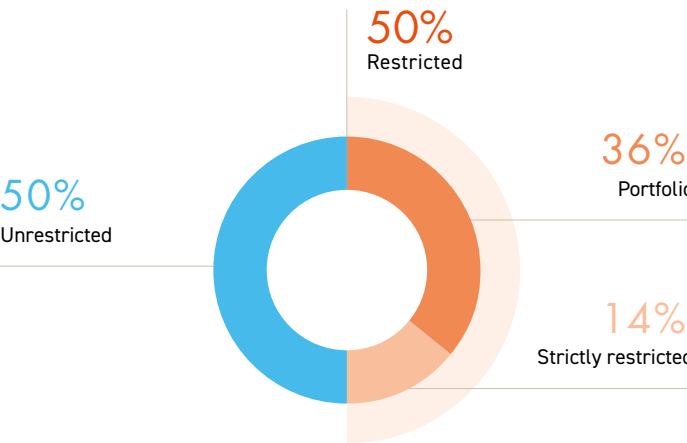
From 2003-2021, four funders accounted for 71% of funds committed to DNDi.



Continued shift toward unrestricted funding

- Over the last six years, DNDi has maintained a balance between restricted and unrestricted grants. Unrestricted funding allows the organization to respond quickly to research opportunities and to end projects that do not meet targets.
- Looking at cumulative funding from 2003 to 2021, restricted funding accounted for 50% of total funds raised (36% allocated to portfolio funding - allowing for some flexibility within a range of diseases - and 14% restricted to specific R&D projects), and unrestricted funding for 50%.
- The share of portfolio grants progressively increased until 2016 (from 18% in 2011 to 38% in 2016). In 2017, it decreased due to the significant increase in unrestricted funding, which rose by EUR 68.4 M (+38%).

A total of EUR 491.3 M* was raised by the end of 2017.



*Funds committed to GARDP (EUR 10.7 M) are included in the total amount raised by year-end 2017

2017 FINANCIAL STATEMENTS

BALANCE SHEET - At 31 December 2017 with 2016 comparative figures

(Expressed in EUR)	NOTES	2017	2016
CURRENT ASSETS:			
Cash and cash equivalents			
Cash and banks at headquarters		18,453,459	21,338,896
Cash and banks at regional and affiliate offices		1,146,406	1,310,387
Time deposits		4,059,227	3,408,386
Total cash and cash equivalents	12	23,659,092	26,057,668
Stocks of drugs	3	429,318	287,735
Current accounts and receivables:			
Advances to staff and regional offices		35,100	45,370
Receivables from public institutional donors		5,531,012	1,487,890
Other receivables		956,269	597,053
Prepaid expenses		985,496	684,552
Total current accounts & receivables		7,507,877	2,814,866
TOTAL CURRENT ASSETS		31,596,287	29,160,269
NON-CURRENT ASSETS:			
Tangible fixed assets, net	4	261,413	324,369
Bank guarantee deposits	12	340,019	242,091
TOTAL NON-CURRENT ASSETS		601,432	566,460
TOTAL CURRENT & NON-CURRENT ASSETS		32,197,718	29,726,729
CURRENT LIABILITIES:			
Payables		5,569,320	6,648,043
Accrued expenses		3,396,091	1,718,804
Deferred income	7	11,964,155	10,248,121
Provisions	5	492,632	452,166
Total current liabilities		21,422,198	19,067,134
ORGANIZATIONAL CAPITAL:			
Paid-in capital		32,510	32,510
Restricted operating funds		0	0
Unrestricted operating funds		10,743,010	10,627,084
Total organizational capital		10,775,520	10,659,595
TOTAL CURRENT LIABILITIES & ORGANIZATIONAL CAPITAL		32,197,718	29,726,729

Extracted from DND's '2017 Financial and Performance report' audited by Deloitte. The full report is available on DND's website at: www.dndi.org/key-financial-figures

STATEMENT OF OPERATIONS - At 31 December 2017 with 2016 comparative figures

(Expressed in EUR)	NOTES	2017	2016
INCOME			
Public institutional funding:			
Governments & public international organizations unrestricted		20,231,337	14,608,068
Governments & public international organizations restricted		17,842,213	16,536,879
Total public institutional funding		38,073,550	31,144,948
Private resources:			
Private foundations, corporate and individuals, unrestricted		553,949	161,135
Private foundations, corporate and individuals, restricted		12,690,274	13,387,722
Total private resources		13,244,223	13,548,857
Resources from founders:			
Médecins Sans Frontières, unrestricted		4,324,974	4,275,025
Médecins Sans Frontières, restricted		410,574	15,556
Total resources from founding partners		4,735,548	4,290,581
Sundry income & reimbursements		46,685	54,878
TOTAL INCOME	7	56,100,006	49,039,263
SOCIAL MISSION EXPENDITURE			
Research & development expenditure:	8		
Research & development coordination and supervision		5,001,608	4,691,590
Other diseases projects (malaria and exploratory)	2 (o)	140,297	243,230
Lead optimization & portfolio building		6,090,878	6,630,788
Human African trypanosomiasis projects		8,156,889	7,486,589
Leishmaniasis projects		6,361,203	6,303,749
Chagas disease projects		3,813,277	3,202,400
Filarial disease projects		4,781,455	3,528,799
Mycetoma projects		920,196	566,903
Paediatric HIV projects		3,269,966	2,901,795
Hepatitis C projects		1,721,537	890,530
Global Antibiotic Research & Development Partnership (GARDP)	1 (d)	3,242,228	887,256
Total research & development expenditure		43,499,534	37,333,628
Strengthening capacities expenditure	9	3,070,693	3,177,076
Advocacy expenditure	10	2,576,624	2,500,878
TOTAL SOCIAL MISSION EXPENDITURE		49,146,850	43,011,582
NON-SOCIAL MISSION EXPENDITURE			
Fundraising	10	2,112,651	1,912,520
General and administration	10	4,316,867	3,848,785
TOTAL NON-SOCIAL MISSION EXPENDITURE		6,429,519	5,761,305
TOTAL EXPENDITURE		55,576,369	48,772,887
Operating surplus		523,636	266,375
OTHER EXPENSES			
Financial loss, net		(21,404)	(9,436)
Exchange loss, net		(386,307)	(235,374)
TOTAL OTHER EXPENSES		(407,711)	(244,810)
Net surplus for the year prior to allocations		115,925	21,566
Release from restricted operating funds		0	53,364
Allocation to unrestricted operating funds		(115,925)	(74,930)
NET SURPLUS FOR THE YEAR AFTER ALLOCATIONS		-	-

Extracted from DND/s '2017 Financial and Performance Report' audited by Deloitte. The full report is available on DND/s website at: www.dndi.org/key-financial-figures

FUNDS FLOW STATEMENT - At 31 December 2017 with 2016 comparative figures

(Expressed in EUR)	2017	2016
FUNDS FLOW FROM OPERATIONS		
Net surplus for the year, unrestricted	115,925	74,930
Net allocations for the year, restricted	-	(53,364)
Depreciation of fixed assets	177,629	160,789
Increase (decrease) in provisions	40,466	120,915
(Increase) decrease in stocks	(141,583)	(131,198)
(Increase) decrease in advances	10,270	31,302
(Increase) decrease in receivables from donors	(4,043,122)	310,918
(Increase) decrease in founding partner and other receivables	(359,216)	95,345
(Increase) decrease in prepaid expenses	(300,944)	(74,973)
Increase (decrease) in payables	(1,078,723)	3,409,358
Increase (decrease) in accrued expenses	1,677,287	155,467
Increase (decrease) in deferred income	1,716,034	(2,391,265)
Funds flow from operations	(2,185,976)	1,708,224
FUNDS FLOW FROM INVESTING ACTIVITIES		
(Increase) decrease of investments in tangible fixed assets	(114,673)	(223,436)
(Increase) decrease in bank guarantee deposits	(97,928)	(12,591)
Funds flow from investing activities	(212,601)	(236,027)
FUNDS FLOW FROM FINANCING ACTIVITIES		
Cash increase (decrease)	(2,398,576)	1,472,197
Cash and cash equivalents – beginning of year	26,057,668	24,585,471
Cash and cash equivalents – end of year	23,659,092	26,057,668

STATEMENT OF CHANGES IN CAPITAL - At 31 December 2017 with 2016 comparative figures

(Expressed in EUR)	Opening balance	Allocation	Internal fund transfers	Closing balance
Internally generated funds				
FUNDS FLOW FROM OPERATIONS				
Paid-in capital	32,510	-	-	32,510
Surplus for the year	0	115,925	(115,925)	0
Restricted operating funds	0	-	-	0
Unrestricted operating funds	10,627,085	-	115,925	10,743,010
Organizational capital	10,659,595	115,925	-	10,775,520

NOTES TO THE FINANCIAL STATEMENT

1. GENERAL INFORMATION

a) Legal aspects

The Drugs for Neglected Diseases *initiative* (DNDi) is a Swiss foundation registered in Geneva under statutes dated 17 July 2003 as a not-for-profit legal entity, with headquarters in Geneva. DNDi is monitored by the Swiss Federal Supervisory Board for Foundations, and was granted 'Other International Organisation' status in 2011. DNDi is compliant with Swiss law and with Swiss GAAP FER.

The annual average number of full-time positions in the reporting year, as well as in the previous year, did not exceed 250.

DNDi aims to, as per its Charter:

- Stimulate and support research and development of drugs, as well as of vaccines and diagnostics, for neglected diseases;
- Seek equitable access and development of new drugs, to encourage the production of known effective drugs, diagnostic methods, and/or vaccines for neglected diseases;
- Adapt new treatments for neglected diseases to meet patients' needs, as well as to meet the requirements of delivery and production capacity in developing countries;
- Raise awareness of the need to research and develop drugs for neglected diseases.

DNDi is governed by a Board of Directors, with a Scientific Advisory Committee (SAC), Audit Committee, and Executive Board Committee providing key scientific and management guidance for decision making. The DNDi Executive Team implements the R&D strategy, manages the global portfolio, allocates resources, raises funds, and advocates.

The DNDi Executive Team is led by the Executive Director and includes the R&D Director, the Operations Director, the External Affairs Director, and the Director of the Global Antibiotic Research and Development Partnership (GARDP). (*Note: As of January 2018, the Paediatric HIV/HCV Programmes Director and the International Development and Coordination Director have joined the Executive Team.*)

The Extended Executive Committee, in addition to the Executive Team members, includes the Human Resources and Organization Director, the Finance and Planning Director, the Business Development Director, the Medical Director, the Discovery Director, the Directors of Regional Offices, and the International Development and Coordination Director (the latter having joined the Executive Team as of January 2018, as noted).

b) Income tax

An agreement was signed with the Swiss Federal Council under provisions of the promulgated Swiss Host State Act, to grant DNDi certain privileges effective as of 1 January 2011 for an indeterminate period. The principal advantages for DNDi as a Swiss foundation with 'Other International Organisation' status are:

- Exoneration from all indirect federal, cantonal, and communal taxes;
- Exoneration from VAT on all goods and services acquired for the sole use of the foundation within Switzerland and in a selection of European countries;
- Unrestricted access to work permits for non-Swiss, non-EU nationals.

DNDi is exonerated from Swiss federal income tax, and from Geneva cantonal and communal taxes for an indefinite period.

c) Situation of regional offices

DNDi has a global presence with offices in several countries. Establishment of DNDi regional offices outside Switzerland requires the authorization of the Board of Directors. Such regional offices are set up according to the DNDi vision, mission, and model as a not-for-profit organization. DNDi is compliant with all local laws and regulations wherever it operates.

From an **operational** perspective, DNDi has eight regional offices which help determine patients' needs, support implementation of disease programmes, identify and liaise with regional partners, and undertake regional communications, advocacy and occasionally fundraising work for DNDi. Their strategic role is defined in DNDi's Business Plan. Their operational contributions are defined in the context of the yearly action plan and budget approved by the Board of Directors of DNDi. These eight regional offices are made up of:

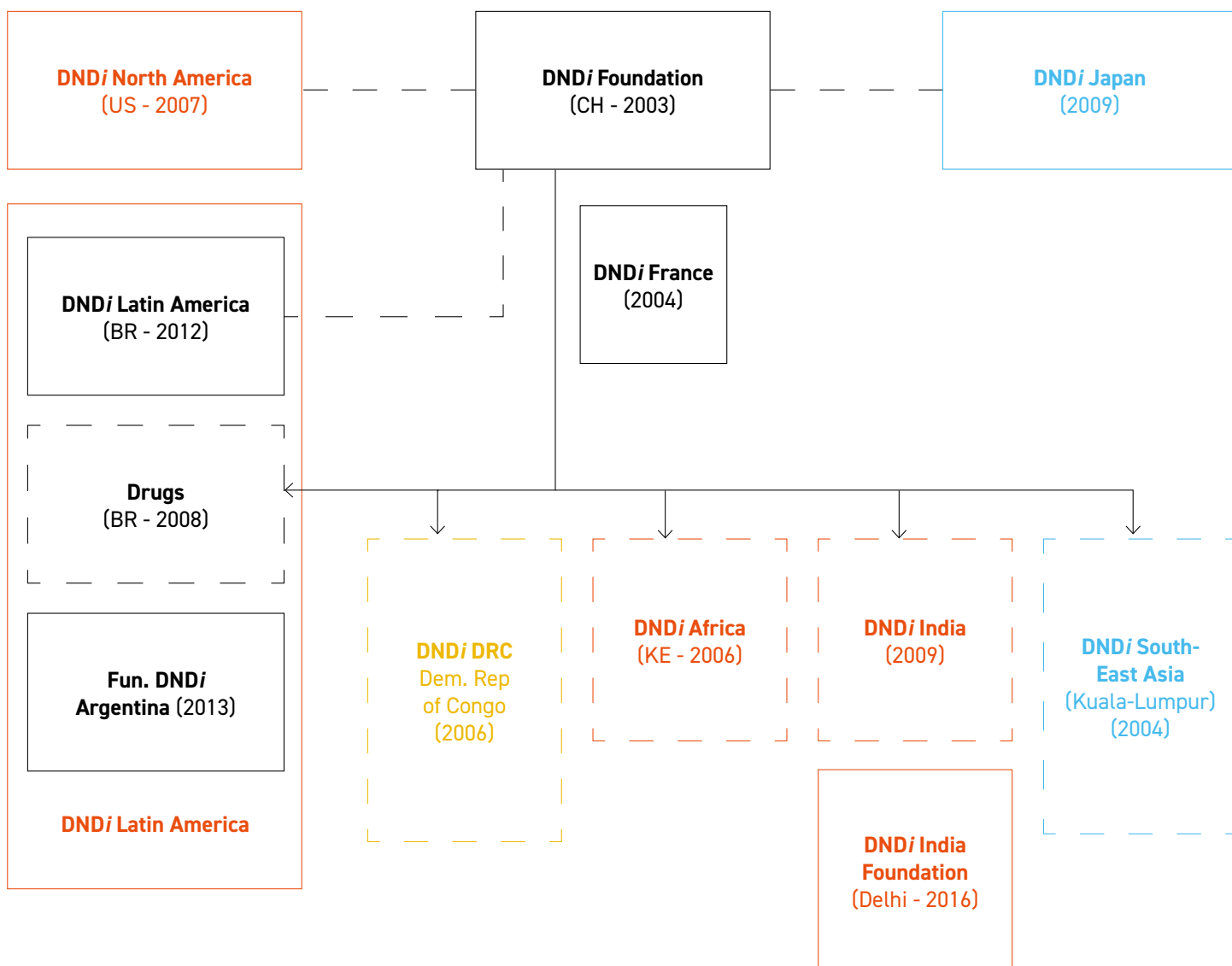
- Five Regional Offices in: Africa (established in Nairobi, Kenya in 2006¹), North America (New York, USA, 2007), Latin America (Rio de Janeiro, Brazil, 2008), South Asia (New Delhi, India, 2009) and Argentina (Buenos Aires, Argentina, 2013);
- Two Liaison Offices in: South-East Asia (Penang, Malaysia, 2004, moved to Kuala Lumpur in 2016) and Japan (Tokyo, 2009);
- One Project Support Office, in the Democratic Republic of Congo (Kinshasa, 2006).

DNDi is also in the process of registering a liaison office in Cape Town, South Africa, with GARDP, and the project is currently hosted by the South African Medical Research Council (SAMRC). For all regional offices, accounting is fully incorporated into DNDi accounts, following the method of full integration (i.e., all income and expenditures are incorporated into DNDi financial statements).

From a **legal** standpoint, in response to varying needs, local regulations, and requirements, DNDi has established several legal entities since the creation of the DNDi Foundation (headquartered in Geneva, Switzerland, and established in 2003):

- Five 'simple' (e.g. branch or representation) offices, in Brazil, DR Congo, Kenya, India, and Malaysia;
- Six independent legal entities in Argentina, Brazil, France, India, Japan, and the U.S. (Drugs for Neglected Diseases *initiative* North America, Inc. is a Delaware not-for-profit corporation exempt from U.S. federal income taxation pursuant to Section 501(c) (3) of the U.S. Internal Revenue Code).

¹ All dates mentioned refer to the establishment of branches or legal entities.



Office purpose (country & year of set up)

Regional
Office

Project
Support Office

Liaison
Office

Legal form and relationship to DNDi Foundation

Independent
Legal Entity

Branch/
Representation
office

Convention /
Grant agreement

Branch / Rep office

d) GARDP expenditure

Total 2017 GARDP expenditure comprised direct costs (EUR 3,242,228) and indirect costs (EUR 1,020,382) totaling EUR 4,262,610 as stated in the total income table (Note 7) for GARDP. Indirect costs are included in the DNDi statement of operations in the following categories: Research and development coordination and supervision; Strengthening capacities; Advocacy expenses; Fundraising; and General and administration. GARDP indirect costs were 31.5% of the total direct costs, a similar proportion to those of DNDi.

2. SIGNIFICANT ACCOUNTING POLICIES

a) Accounting basis

The financial statements of the Foundation have been prepared in accordance with the provisions of the Swiss Code of Obligations and in accordance with the Swiss GAAP FER (core FER), in particular Swiss GAAP FER 21 relating to accounting for charitable non-profit organizations. Swiss GAAP FER are Swiss accounting standards geared to entities that operate primarily in Switzerland. The recommendations have been established for entities seeking to present their financial statements to reflect a true and fair view of the financial situation, including:

- a) Balance sheet;
- b) Statement of operations (activity-based method);
- c) Funds flow statement;
- d) Statement of changes in capital;
- e) Notes.

The financial statements have been prepared on a historical cost basis. The principal accounting policies are set forth below.

b) Scope of the financial statements

The scope of the financial statements of DNDi includes all the offices presented above in point 1.c (Situation of regional offices), which are controlled by DNDi. Some are separate legal entities.

These financial statements present all activities of the Foundation and the controlled offices.

c) Social mission expenditure

Social mission expenditure represents expenses according to the purposes defined in Article 5 of the DNDi statutes. They are defined in the present general notes above under point 1.a (Legal aspects). DNDi's social mission expenditure comprises: research & development (R&D), strengthening existing capacities, and advocacy.

d) Functional currency

The Board of DNDi has determined that the assets, liabilities, and operations should be measured using EUR as the functional currency. The environment in which the entity primarily generates and expends cash determines this decision. All amounts presented in the financial statements are stated in EUR, except when specified otherwise.

e) Foreign currency translation

Transactions in currencies other than the entity's measurement and functional currency (EUR) are converted at the exchange rate of the last day of the previous month. Year-end balances in other currencies are converted at the prevailing rates of exchange at the balance sheet date. Resulting exchange differences are recognized in the Statement of Operations.

The principal rates of exchange used at the end of the year to revalue the balance sheet items to EUR for reporting purposes are detailed in the table below:

	2017	2016
USD/EUR	0.8356	0.9517
CHF/EUR	0.8558	0.9302
GBP/EUR	1.1280	1.1684
100 CDF/EUR	0.0513	0.0837
100 INR/EUR	1.3094	1.4047
100 KES/EUR	0.8130	0.9302
100 JPY/EUR	0.7422	0.8130
100 BRL/EUR	25.297	29.274

f) Income

Restricted public and private institutional donations based on annual or multi-year agreements are recorded, over the life of the agreement, as and when the milestones set out in the agreement are achieved.

Unrestricted public and private institutional donations based on annual or multi-year agreements are recorded on an accrual basis over the life of the agreement. A reconciliation between donations committed to DNDi and income recognized in the statement of operations is shown under point 7.b below. Other donations are recorded on a cash basis.

g) Funding committed to projects

After Board approval of the annual action plan and budget comprising the approved projects to be funded by DNDi, contracts above EUR 50,000 are drawn up and signed by at least one director, while strategic and long-term agreements and contracts above EUR 200,000 are signed by two relevant Directors, as detailed in DNDi's signature policy updated in December 2016. Thereafter, funds are allocated to the partner(s) in charge of the project.

Partners' expenditures are recorded:

- a) According to a financial report presenting expenditures incurred during the year on an accrual basis;
- b) If financial reports are unavailable by the deadline of 1 March of the following year, an estimated amount is calculated on a *pro rata temporis* basis, based on the time between the contract signing date and 31 December. This estimated amount is considered as an accrued expense following Swiss GAAP FER, to be regularized in the following year. The unpaid portion remaining at year-end is included under current liabilities.

h) Expenditures incurred for projects and activities

The annual action plan and budget, and all revised budgets are approved by the Board.

They include funding for projects subcontracted to partners (see point 2.g (Funding committed to projects), above) and current expenditures required (mainly via vendors) to achieve the objectives of the year. All expenditures incurred on behalf of a project or for any activity of DNDi are recorded on an accrual basis.

i) Credit risk, market risk, and liquidity risk cash flow management

DNDi's liquid assets are maintained in cash, low-risk short-term deposits or capital-guaranteed investments. At the balance sheet dates, there are no significant concentrations of credit risk. Any form of speculation is prohibited.

The main financial risk for DNDi is the volatility of foreign exchange rates that can affect the value of its holdings in various currencies (USD, EUR, GBP, JPY, and CHF). DNDi is exposed to currency risk on donations received, project expenditures, and general and administrative expenses that are denominated in a currency other than the functional currency (EUR). These transactions are mainly denominated in EUR, CHF, USD, GBP, BRL, KES, INR, JPY, and AUD.

DNDi ensures that its net exposure is kept to an acceptable level by buying or selling foreign currencies at spot rates when necessary to address short-term imbalances. The diversity of fundraising currencies represents a natural hedging mechanism (income in BRL, CHF, EUR, GBP, JPY, and USD).

j) Tangible fixed assets

Tangible fixed assets are stated at cost in EUR, less accumulated depreciation. Depreciation is charged to the statement of operations on a straight-line basis over the estimated useful lives of the tangible fixed asset items.

The rates of depreciation used are based on the following estimated useful lives:

Office fittings and equipment	20%
IT equipment	33%

k) Provisions

A provision is recognized on the balance sheet when the organization has a legal or constructive obligation resulting from a past event, and it is probable that a payment will be required to settle the obligation.

Provisions are measured at the management's best estimates of the expenditure required to settle that obligation at the balance sheet date.

l) Organizational capital

The founding capital (paid-in capital) of EUR 32,510 (CHF 50,000) referenced in the statutes was received

from the founding members of DNDi, including the Indian Council of Medical Research, the Institut Pasteur, the Kenya Medical Research Institute, and the International Office of Médecins Sans Frontières. The capital is fully paid in.

m) Restricted and unrestricted reserves

Restricted and unrestricted reserves represent the excess of income over expenditure since the inception of DNDi. Restricted reserves are available to DNDi for future operations and project funding costs as its evolving research and development project pipeline dictates. Unrestricted reserves will be utilized for DNDi expenditures as incurred.

n) In-kind donations

Gifts in kind are not recorded but disclosed in the notes to the financial statements and valued at fair market values according to the following principles: In-kind goods transferred to a DNDi project or services rendered to DNDi must be free, excluding the involvement of a monetary transfer. They must be:

- Clearly identifiable and part of DNDi's projects and activities, as defined by DNDi's action plans and budgets;
- Recognizable as a visible contribution to DNDi's projects and activities, and in line with DNDi's mission and objectives.

Partners' voluntary involvement in joint projects and activities, if the partner does not aim to achieve DNDi's project objectives, are not considered as gifts in kind. For goods or services paid at prices below market prices, the difference between real payment and current market price is not considered as a gift in kind.

Fair market value is defined as the price DNDi would have paid to utilize the goods or service. Fair market value can be suggested by partners. However, DNDi is careful not to overestimate such valuations in compliance with Swiss GAAP FER basic principles such as materiality or prudence.

Gifts in kind estimated at EUR 5,000 and above are taken into account. Exceptions can be made by DNDi when it serves the purpose of providing consistency and completeness of a project's accounts.

o) Reallocation of R&D expenses

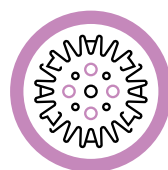
Expenses that are allocated against the project code "Other diseases and exploratory" can be reallocated against a specific disease project if it has been validated by the Board and/or the SAC. This reallocation allows us to do a cost analysis by project disease and get a global cost (e.g., most of the exploratory expenditure in 2015 was implemented to prepare the hepatitis C project that was validated by DNDi governance bodies in 2016). There was no reallocation of "Other diseases and exploratory" in 2017.

3. DRUG STOCKS



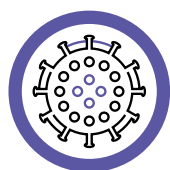
LEISHMANIASIS DRUG STOCKS AS OF 31 DECEMBER 2017

Most of the drugs purchased for visceral leishmaniasis (VL) projects (including for routine treatment) in Africa in 2016 and 2017 have either been used in DNDi projects or donated to various Ministries of Health (except for miltefosine, which is not used as a routine drug in East Africa and can only be imported for clinical trials). At the end of 2017, stocks of sodium stibogluconate (SSG), liposomal amphotericin B (AmBisome), miltefosine, and paromomycin, worth an estimated value of EUR 123,410, were stored at clinical trial sites in Ethiopia, India, Kenya, and Sudan.



HIV DRUG STOCKS AS OF 31 DECEMBER 2017

In 2017, DNDi purchased bottles of lopinavir/ritonavir pellets, abacavir/lamivudine and zidovudine/lamivudine paediatric dispersible tablets for an estimated value of EUR 632,523 from our industrial partner Cipla. These drugs were used as per protocol for the treatment of children living with HIV who were less than three years old, enrolled in the LIVING study across 12 participating sites in Uganda, Kenya, and Tanzania. At the end of 2017, the remaining drugs in stock at these sites had an estimated value of EUR 291,504.



HEPATITIS C DRUG STOCKS AS OF 31 DECEMBER 2017

DNDi purchased bottles of sofosbuvir and ravidasvir for an estimated value of EUR 127,356 in 2016 and EUR 38,068 in 2017 from our industrial partner Egyptian Pharmaceutical Industries (Pharco) for the use of patients recruited in a clinical trial implemented in Malaysia and Thailand. At the end of 2017, remaining drugs in stock worth an estimated value of EUR 14,404 were stored at clinical trial sites in Malaysia.



CHAGAS DRUG STOCKS AS OF 31 DECEMBER 2017

In 2016, DNDi purchased boxes of benznidazole for an estimated value of EUR 157,696, primarily from our partner Laboratorio ELEA PHOENIX S.A., for the use of patients recruited in clinical trials in Bolivia for new combination regimens that include benznidazole. At the end of 2017, there were no remaining drugs in stock because the enrolment was completed in 2017 and all drugs had been used.

(Expressed in EUR)	2017	2016
Leishmaniasis	123,410	49,047
HIV	291,504	115,844
Hepatitis C	14,404	5,681
Chagas	0	117,163
TOTAL	429,318	287,735

4. TANGIBLE FIXED ASSETS, NET

(Expressed in EUR)	Computer Equipment	Office fittings & Installations	Office Equipment	Total
Net carrying amounts 1.1.2017	132,084	117,834	74,450	324,369
GROSS VALUES OF COST				
Beginning of the period 1.1.2017	726,540	354,145	285,971	1,366,656
Additions*	75,676	16,336	22,661	114,673
End of the period 31.12.2017	802,216	370,481	308,631	1,481,329
ACCUMULATED AMORTIZATION				
Beginning of the period 1.1.2017	(594,456)	(236,311)	(211,520)	(1,042,287)
Charge of the year	(109,785)	(40,623)	(27,221)	(177,629)
End of the period 31.12.2017	(704,241)	(276,934)	(238,741)	(1,219,917)
Net carrying amounts 31.12.2017	97,975	93,547	69,890	261,413
Net carrying amounts 1.1.2016	91,667	121,319	48,736	261,722
GROSS VALUES OF COST				
Beginning of the period 1.1.2016	585,378	320,274	237,568	1,143,220
Additions	141,162	33,871	48,403	223,436
End of the period 31.12.2016	726,540	354,145	285,971	1,366,656
ACCUMULATED AMORTIZATION				
Beginning of the period 1.1.2016	(493,711)	(198,955)	(188,831)	(881,498)
Charge of the year	(100,745)	(37,356)	(22,689)	(160,789)
End of the period 31.12.2016	(594,456)	(236,311)	(211,520)	(1,042,287)
Net carrying amounts 31.12.2016	132,084	117,834	74,450	324,369

*The decrease in computer equipment purchases is mainly due to DNDi having renewed most of its IT equipment (including videoconference systems for meeting rooms) in 2016, and therefore the decrease is aligned with the life cycle of the computer equipment (3 years).

5. PROVISIONS

(Expressed in EUR)	Provision for taxes (social taxes)	Provision for HR expenses (holidays not taken)	Provision for pension plan [DRC team (1)]	Provision for BIAC bankruptcy risk (2)	Total
Carrying period 1.1.2017	-	366,432	40,734	45,000	452,166
Creation		355,599	20,745	36,290	412,633
Utilization		(366,432)	(5,735)		(372,167)
Reversal					
Carrying period 31.12.2017	-	355,599	55,744	81,290	492,632
Carrying amount 1.1.2016	4,175	309,630	17,445		331,250
Creation		366,432	23,289	45,000	434,721
Utilization	(4,175)	(309,630)			(313,805)
Reversal					-
Carrying period 31.12.2016	-	366,432	40,734	45,000	452,166

(1) In the Democratic Republic of Congo, the pension plan for the DNDi team is saved and cumulated on a specific bank account held by DNDi Geneva as long as the BIAC situation is not solved and as long as no reliable pension plan provider has been identified locally.

(2) On 31 March 2016, DNDi was informed that its financial services provider in the DRC, BIAC, may be at risk of bankruptcy. As of today, April 2018, the balance stands at USD 157,974 and is withdrawals are restricted. The political instability in the DRC remains an important concern. To help manage this risk in 2017 we are provisioning an additional amount of USD 50,000 to complete the 2016 provision of EUR 45,000 for bankruptcy risk. We will assess the need to provision the remaining part (~EUR 50,000) in 2018 depending on the local political and banking environment

6. CONSOLIDATED ACCOUNTS

These consolidated financial statements include the activities of the Swiss Foundation, its branches, and subsidiaries. The table below summarizes the detail by legal entity:

(Expressed in thousands of EUR)	Income transferred by DNDi Geneva (1)	Income raised by legal entity* (2)	Total income 2017 (1) + (2)	% of the income raised by legal entity	Total expenditure 2017*	% of the expenditure by legal entity
DNDi Geneva and branches and subsidiaries	-4,397	55,212	50,814	98.4%	50,684	91.2%
DNDi Japan	620	0	620	0.0%	552	1.0%
DNDi North America	1,134	481	1,616	0.9%	1,443	2.6%
DNDi Latin America	2,643	407	3,050	0.7%	2,897	5.2%
Total consolidated accounts	0	56,100	56,100	100.0%	55,576	100.0%

* Total operational income and expenditure excluding financial income and expenses, such as: bank interests, exchange gain and loss

7. INCOME

a) Receivable from donors versus deferred income

The total deferred income increased by EUR 1,716,034 in 2017 compared to 2016 because some donors advanced grant payment in 2017, when signing new contracts, for approximately 6 months to 12 months of activities (covering 2017-2018). Regarding receivables, other donors postponed payment milestones until the financial report was submitted and once the expenses had been accounted for. In addition, some donors authorized the use of funds for the following year not yet paid, increasing the receivable. The total receivable from donors increased by EUR 4,043,122 in 2017 compared to 2016.

b) Cumulative donations committed to DNDi and/or received by 2017

DONORS	Currency	Total commitment in currency	Total commitment in EUR	As per statement of operations 2017 in EUR	To be used after 2017 in EUR
UK Government ⁽¹⁾	GBP	112,364,550	134,258,381	16,896,822	37,993,446
Bill & Melinda Gates Foundation ⁽²⁾	USD	125,580,434	101,604,227	11,792,654	20,743,676
Médecins Sans Frontières ⁽³⁾	EUR	73,653,142	73,653,142	4,410,573	11,415,192
Dutch Government DGIS ⁽⁴⁾	EUR	32,975,000	32,975,000	3,700,000	8,300,000
German Government BMBF through KfW ⁽⁵⁾	EUR	20,101,381	20,101,381	2,300,000	6,500,000
Swiss Government SDC ⁽⁶⁾	CHF	21,520,000	18,271,000	2,073,953	284,340
French Government MEAE / AFD ⁽⁷⁾	EUR	16,255,006	16,255,006	1,234,149	606,593
GHIT Fund, Japan ⁽⁸⁾	USD/JPY	1,777,537,856	13,907,659	2,682,374	5,170,986
Unitaid ⁽⁹⁾	USD	14,470,189	12,515,559	3,151,176	3,210,341
Spanish Government AECID	EUR	12,000,000	12,000,000	-	-
US Government NIH/NIAID/USAID	USD	12,196,791	10,091,589	873,011	6,327,342
European Union, FP5, FP6, FP7, EDCTP ⁽¹⁰⁾	EUR	9,973,885	9,973,885	127,561	5,433,223
Wellcome Trust, UK	EUR/USD	5,579,614	4,913,759	-	-
Medicor Foundation, Liechtenstein	EUR/USD	4,250,000	3,627,821	300,000	300,000
Various other donors (Fondation ARPE, Brian Mercer Charitable Trust, Rockefeller Brothers Fund, Sandoz Family Foundation, Sasakawa Peace Foundation, Region of Tuscany, North American foundations and private donors, and anonymous individuals and foundations) and royalties ⁽¹¹⁾	EUR/GBP	3,405,894	3,300,977	532,782	135,360
WHO-TDR ⁽¹²⁾	EUR/USD	2,675,000	2,624,159	400,493	-
Norwegian Government Norad	NOK	22,000,000	2,469,551	479,328	-
Associação Bem-Te-Vi Diversidade, Brazil	BRL	8,200,000	2,268,699	401,101	430,052
Canton of Geneva, Switzerland	CHF	2,580,000	1,972,513	159,026	128,370
UBS Optimus Foundation, Switzerland	CHF	2,000,000	1,441,755	-	37,575
The Starr International Foundation, Switzerland	USD	875,000	709,088	217,686	-
The Global Fund	EUR	532,809	532,809	-	-
Brazil Government MoH and Finep	BRL	1,384,212	409,611	-	-
BBVA Foundation, Spain	EUR	400,000	400,000	-	-
KalaCORE	GBP	213,900	256,228	58,022	80,854
UK Government DFID for GARDP ⁽¹⁾	GBP	3,075,000	3,485,279	1,539,519	1,859,887
German Government MoH for GARDP ⁽¹³⁾	EUR	2,600,000	2,600,000	1,419,905	722,636
Dutch Government MoH for GARDP ⁽¹⁴⁾	EUR	2,500,000	2,500,000	463,570	2,037,430
Swiss Government FOPH for GARDP	CHF	860,000	761,569	274,766	303,974
South African Medical Research Council for GARDP	ZAR	10,000,000	699,316	139,875	559,441
MSF for GARDP ⁽¹⁵⁾	EUR	600,000	600,000	324,975	-
Grand Duchy of Luxembourg for GARDP	EUR	100,000	100,000	100,000	-
TOTAL DONATIONS (EUR)			491,279,963	56,053,320	117,580,718

Extracted from DNDi's '2017 Financial and Performance report' audited by Deloitte. The full report is available on DNDi's website at: www.dndi.org/key-financial-figures

Notes for cumulative donations committed table

- (1) In 2017, the UK Government, UK aid granted an unrestricted contribution of GBP 16,169,031 (EUR 18,436,340). This amount includes GBP 1.5M for the Q1 2017 (out of the previous grant 32.04M GBP for the period April 2013 – March 2018), and GBP 14.97M for the period Q2 – Q4 2017 (out of the new grant totalling GBP 50M for the period April 2018 – March 2022). This amount includes GBP 1,351,164 (EUR 1,539,519) for GARDP.
- (2) The Bill & Melinda Gates Foundation grants include one restricted grant of USD 507,154 (EUR 442,110) for new visceral leishmaniasis treatments in Asia and one portfolio grant of USD 12,830,544 (EUR 11,350,543) for HAT, filaria, and discovery for leishmaniasis.
- (3) MSF granted: (1) A multi-year unrestricted grant of EUR 4,000,000, (2) EUR 29,251 for services provided in 2017 by the data management centre based in Nairobi, and (3) EUR 381,323 as a specific grant for HCV.
- (4) The Dutch Government, DGIS granted EUR 3.7M, as part of a total EUR 16M five-year grant as an NTD portfolio contribution starting in October 2015.
- (5) The German Government, BMBF through KfW, granted EUR 2.3M from a new EUR 10M five-year grant on the NTD portfolio starting in November 2016.
- (6) The Swiss Government, SDC granted an unrestricted contribution of CHF 2M (EUR 1,794,997) from a new CHF 8M four-year grant starting in January 2017.
- (7) The French Government, AFD granted a portfolio grant of EUR 551,514 for malaria, HAT, and paediatric HIV, and a restricted grant to visceral leishmaniasis projects for EUR 682,634.
- (8) The GHIT Fund has granted six restricted grants ongoing in 2017. These are (1) JPY 166,605,366 (EUR 1,339,418) for new combination regimens including benznidazole for Chagas disease; (2) JPY 16,240,979 (EUR 132,355) for lead optimization for visceral leishmaniasis; (3) JPY 46,629,735 (EUR 364,661) for the NTD Drug Booster; (4) JPY 64,331,001 (EUR 492,554) for the CpG project for cutaneous leishmaniasis; (5) JPY 12,668,980 (EUR 99,438) for screening and discovery in NTDs; and (6) JPY 33,612,840 (EUR 253,949) for mycetoma.
- (9) The Unitaidd portfolio grant for HIV paediatric projects of USD 3,542,810 (EUR 3,151,176) was the subject of a no-cost extension of one year and a second no-cost extension with a revised end date of 31 December 2018.
- (10) The EDCTP restricted grant of EUR 127,561 for visceral leishmaniasis projects in Africa from a new EUR 5.6M three-year grant (New VL Combination Treatment Paramomycin and Miltefosine, Diagnostic, and Capacity Building) starting in December 2017.
- (11) Figures given here include grants from the Foundation ARPE CHF 10,000 (EUR 8,854), Brian Mercer Charitable Trust GBP 140,000 (EUR 159,294), various donations from individual donors, private foundations and corporations, mostly from North America (EUR 324,952 in unrestricted funding, and EUR 28,372 restricted to HAT), and various donations received by DNDi in Geneva (EUR 11,310).
- (12) The WHO-TDR portfolio grant of EUR 400,493 comprises a no-cost extension until March 2017 of EUR 116,334 for grant period August 2015 – March 2017, and USD 335,000 (EUR 284,159) from a supplemental six-month grant that started in July 2017.
- (13) The German Federal Ministry of Health granted EUR 1,419,905, comprising EUR 42,541 in unrestricted funding for GARDP (for the period May 2016-January 2017), EUR 750,000 for GARDP Coordination and Neonatal Sepsis (for the period March-December 2017), and EUR 627,364 for GARDP portfolio (for the period July 2017-February 2018).
- (14) The Swiss Government, FOPH granted CHF 306,562 (EUR 274,766) for the GARDP portfolio, comprising CHF 161,755 (EUR 149,666) from a one-year grant period that started in September 2016 and CHF 144,807 (EUR 125,100) from a three-year grant that started in September 2017.
- (15) MSF France, MSF Australia, MSF Japan, and MSF USA: a multi-year grant of EUR 600,000 for GARDP activities, fully spent by the end of 2017.

c) 2017 funding per project (restricted and unrestricted)

Operational Income (Grand TOTAL = 56,100,006) (expressed in EUR)

DONORS	UK Government (Unrestricted)	Dutch Government DGIS (Restricted)	German Government BMBF-KfW (Restricted)	Switzerland SDC (1) (Restricted / Unrestricted)	French Government AFD (Restricted)	EDCTP (Restricted)	Unitaid (Restricted)	Norwegian Government Norad (Restricted)	GHIT Fund (Restricted)	USAID (Restricted)
R&D Coordination, Supervision costs	2,445,906	408,673	151,663	319,192	-	-	48,763	-	4,383	12,880
FACT (ASAQ & ASMQ fixed-dose) for Malaria	16,385	-	-	9,030	21,450	-	-	-	-	-
New Treatment for PKDL	234,581	90,466	-	-	102,829	-	-	-	-	-
New VL treatments (Asia, Latin America; co infection HIV/VL, combination in Africa)	712,252	252,539	136,342	58,322	448,296	96,884	-	-	-	-
Fexinidazole for HAT	1,040,723	327,022	434,403	152,419	171,844	-	-	393,057	-	-
Acoziborole for HAT	83,529	-	78,859	27,537	-	-	-	-	-	-
Mycetoma	180,431	489,512	-	9,236	-	-	-	-	222,677	-
HCV	672,683	-	-	-	-	-	-	-	-	-
HIV - LIVING study & super boosting TB/HIV	-	-	-	-	216,457	-	2,102,730	-	-	-
Chagas Access	216,358	-	5,052	18,280	-	-	-	-	-	-
DNDI-0690; DNDI-6148; GSK compounds for leish.	1,059,030	203,194	329,207	226,100	-	-	-	-	-	-
Macrofilaricide for Filaria (Emodepside, TylaMac, Oxfendazole)	107,438	-	52,149	-	-	-	-	-	-	704,926
Fexinidazole for Chagas	610,238	11,197	54,215	58,788	-	-	-	-	-	-
Biomarkers for Chagas	226,603	-	-	99,395	-	-	-	-	-	-
New Benz Regimen for Chagas	386,403	223,562	241,587	-	-	-	-	-	1,287,455	-
CL Combination	218,778	107,720	97,261	27,330	-	-	-	-	-	-
CpG-D35 (CL)	10,157	-	-	-	-	-	-	-	433,862	-
Paediatric HIV: PI sprinkles CHAPAS-2	-	-	-	-	55,418	-	895,361	-	-	-
Lead Optimization Consortia (for VL and Chagas)	2,883,376	758,789	347,255	310,156	-	-	-	-	379,040	-
Discovery & Exploratory Kinetoplastids	815,974	158,973	47,643	156,352	-	-	-	-	142,695	-
Filariasis Screening	-	-	13,194	-	-	-	-	-	-	-
Exploratory	71,280	-	-	-	-	-	-	-	-	-
GARDP	-	-	-	-	-	-	-	-	-	-
HAT, LEAP, Filaria & Chagas Platforms	189,800	149,437	53,418	87,534	86,877	7,870	-	54,919	-	71,357
Other Strengthening Capacity activities	1,155,640	-	-	162,182	-	1,670	2,361	-	-	-
Advocacy	1,607,596	107,776	2,197	277,114	-	-	9,750	-	-	-
Fundraising	701,289	77,261	161,627	104,991	24,729	-	35,498	18,097	82,756	47,511
General Management	1,238,612	333,879	93,928	128,938	99,906	21,137	56,713	13,255	129,506	36,337
Financial expenses (4)	11,760	-	-	83	6,343	-	-	-	-	-
Net surplus allocated to unrestricted funds										
TOTAL Income + other income	16,896,822	3,700,000	2,300,000	2,232,979	1,234,149	127,561	3,151,176	479,328	2,682,374	873,011

(1) Switzerland SDC (EUR 2,073,953), and Canton of Geneva (EUR 159,026)

(2) ARPE Foundation (EUR 8,854); KalaCORE consortium (EUR 58,022); Associação Bem-Te-Vi Diversidade (EUR 401,101); Brian Mercer Charitable Trust (EUR 159,294); Starr International Foundation (EUR 217,686). Various donations from individual donors, private foundations, and corporations (EUR 324,952 in unrestricted funding, and EUR 28,372 restricted to HAT), mainly from North America. In addition, DNDI in Geneva has received various donation throughout the year for a total of EUR 11,300, and other Sundry Income & Reimbursements for a total amount of EUR 46,685.

Bill & Melinda Gates Foundation (Restricted)	Médecins Sans Frontières (Restricted/Unrestricted)	Medicor Foundation (Restricted)	WHO-TDR	Foundations & Other (2) (Restricted/Unrestr.)	UK Government (Unrestricted) GARDP (3)	Dutch MoH (Restricted) GARDP (3)	German MoH (Unrestricted/Restricted) GARDP (3)	Swiss FOPH (Restricted) GARDP (3)	Médecins Sans Frontières (Unrestricted) GARDP (3)	Other GARDP (Unrestricted/Restricted) (3)	Result on FX gain/loss (net)	TOTAL Expenditure = 55,576,369
610,504	694,901	-	28,450	70,923	42,639	13,337	123,394	-	11,377	14,623		5,001,608
-	1,515	-	-	-	-	-	-	-	-	-		48,380
85,571	7,166	-	4,071	-	-	-	-	-	-	-		524,684
302,765	56,566	214,792	115	200,337	-	-	-	-	-	-		2,479,210
2,562,028	46,727	-	-	142,057	-	-	-	-	-	-		5,270,280
2,696,684	-	-	-	-	-	-	-	-	-	-		2,886,609
	18,340	-	-	-	-	-	-	-	-	-		920,196
-	778,740	-	-	270,114	-	-	-	-	-	-		1,721,537
-		-	-	-	-	-	-	-	-	-		2,319,187
-	101,526	-	-	112,257	17,574	-	-	-	-	-		471,047
276,502	-	-	210,713	-	-	-	-	-	-	-	-	2,304,746
3,101,961	31,387	-	-	11,773	-	-	-	-	-	-		4,009,634
-	51,099	-	-	-	-	-	-	-	-	-		785,537
-	3,505	-	-	-	-	-	-	-	-	-		329,503
-	63,965	-	-	24,218	-	-	-	-	-	-		2,227,190
-	10,045	-	-	44,205	-	-	-	-	-	-		505,339
-	245	-	102,961	-	-	-	-	-	-	-		547,225
-	-	-	-	-	-	-	-	-	-	-		950,779
-	24,783	-	19,720	28,112	645	-	17,039	-	-	-		4,768,915
-	325	-	-	-	-	-	-	-	-	-		1,321,962
757,898	-	-	-	728	-	-	-	-	-	-		771,820
-	20,637	-	-	-	-	-	-	-	-	-		91,917
-	25	-	-	-	1,173,632	398,710	936,644	244,190	275,527	213,500		3,242,228
-	70,208	27,864	-	32,266	-	-	-	-	-	-		831,550
-	651,804	25,201	-	111,216	31,708	-	97,360	-	-	-		2,239,142
8,346	338,862	-	-	24,181	108,036	-	87,130	-	2,182	3,454		2,576,624
141,434	456,116	32,025	-	70,485	46,942	20,072	82,808	6,681	2,329	-		2,112,651
1,230,277	608,732	118	34,463	-	118,343	31,451	75,530	23,895	33,551	8,298		4,316,869
18,684	28,807	-	-	-44,282	-	-	-	-	9	-	386,307	407,711
344,547				157,685							-386,307	115,925
11,792,654	4,410,573	300,000	400,493	1,256,275	1,539,519	463,570	1,419,905	274,766	324,975	239,875	-	56,100,006

(3) Total GARDP donor contributions reached EUR 4,262,610 and were made up of: (1) UK Government (Unrestricted: EUR 1,539,519); Dutch MoH (Restricted: EUR 463,570); German MoH (Unrestricted/Restricted: EUR 1,419,905); Swiss FOPH (Restricted: EUR 274,766); Médecins Sans Frontières (Unrestricted: EUR 324,975), Grand Duchy of Luxembourg (Unrestricted EUR 100,000), and South African Medical Research Council (Restricted: EUR 139,875).

(4) Financial expenses include bank fees and services, and are allocated against donors (EUR 65,686); interest earned is allocated to unrestricted funds (EUR 44,282); the exchange rate resulted in a net loss in 2017 (EUR 386,307).

8. EXPENDITURE

a) R&D project-related expenditure

Recognized in (expressed in EUR)	2017	2016
IMPLEMENTATION PROJECT		
ASAQ Fixed-dose Artesunate - Amodiaquine (Malaria)	34,390	180,457
ASMQ Fixed-dose Artesunate - Mefloquine (Malaria)	13,989	34,175
NECT Nifurtimox - Eflornithine co-administration for stage 2 (HAT)	-	7,554
New VL treatments in Asia	401,884	340,465
Chagas disease - access	471,047	424,087
HIV-LIVING Study	2,178,810	1,701,790
Superboosting ritonavir for TB/HIV co-infected children	140,377	209,472
TOTAL IMPLEMENTATION PROJECTS	3,240,497	2,898,001
DEVELOPMENT PROJECTS (PHASE IIB/III, REGISTRATION)		
Fexinidazole (HAT)	5,270,280	5,392,577
Acoziborole (HAT) <i>(Development phase as of Nov 2016)</i>	2,886,610	-
New visceral leishmaniasis treatments in Latin America	145,100	94,726
New visceral leishmaniasis treatments in Africa	1,623,205	209,094
HIV/visceral leishmaniasis co-infection	309,021	594,485
Post Kala-Azar Dermal Leishmaniasis	524,684	341,054
Hepatitis C	1,721,537	890,530
Mycetoma	920,196	566,903
TOTAL DEVELOPMENT PROJECTS	13,400,633	8,089,369
TRANSLATION PROJECTS (PRE-CLINICAL, PHASE I, PHASE IIA/PROOF-OF-CONCEPT)		
Fexinidazole (Chagas)	785,537	292,977
Acoziborole (ex SCYX-7158) (HAT) <i>(Development phase as of Nov 2016)</i>	-	2,086,459
Combination Fexinidazole/Miltefosine (VL)	-	1,563,690
Anfoleish (CL)	-	255,492
CL Combination	505,339	418,665
CpG-D35 (CL)	547,225	721,524
New Combination including New Benz Regimen (Chagas)	2,227,190	1,599,290
Biomarkers (Chagas)	329,503	886,045
Paediatric HIV ("4 in 1" LPV/r based fixed-dosed combination)	950,779	990,532
Leishmaniasis candidates: DNDI-0690 + DNDI-6148 + GSK compounds	2,304,746	1,764,553
Emodepside Macrofilaricide and Coordination (Filaria)	2,708,971	1,458,439
Oxfendazole Macrofilaricide (Filaria)	74,853	23,702
TylAMac/ABBV-4083 Macrofilaricide (Filaria)	1,076,830	1,097,214
TOTAL TRANSLATION PROJECTS	11,510,972	13,158,583
RESEARCH PROJECTS (SCREENING, HIT-TO-LEAD, LEAD OPTIMIZATION)		
Lead Optimization Consortia	4,768,916	4,933,020
Screening Resources & Reference Screening Centres	1,321,962	1,697,768
Screening Filaria	920,801	949,444
TOTAL RESEARCH PROJECTS	7,011,679	7,580,231

Recognized in (expressed in EUR)	2017	2016
PROJECT-RELATED VARIABLE EXPENDITURE		
GARDP	3,242,228	887,256
Exploratory Activity	91,918	28,598
R&D Coordination & Supervision	5,001,608	4,691,590
TOTAL PROJECT-RELATED EXPENDITURE	43,499,534	37,333,628

Extracted from DND's '2017 Financial and Performance Report' audited by Deloitte. The full report is available on DND's website at: www.dndi.org/key-financial-figures

- (1) Medicines for Malaria Venture (MMV), Switzerland; Bertin Pharma, France / AEDES, Belgium / Zenufa Laboratories, Tanzania / Catalent, UK
- (2) Swiss Tropical and Public Health Institute (Swiss TPH), Switzerland / PNLTHA, DRC / INRB Kinshasa, DRC / Vanga CBCO Clinic, DRC / Jeffery Travels, DRC / La Référence Médicale, DRC / Login, DRC / Generalco, DRC / Institute of Tropical Medicine-Antwerp (ITM), Belgium / SGS, Belgium and France / Venn Life Sciences, France / RCTS, France / Phinc Development, France / Cardiabase, France / MSF-Logistique, France and Switzerland / Scinopsis, France / Bertin Pharma, France / Theradis Pharma, France / Sanofi, France / Amatsi Aquitaine, France / Creapharm, France / Institut de Recherche pour le Développement, France / Patheon Ltd, Great Britain / Aesica Pharmaceuticals Ltd, Great Britain / Aptuit, Italy / Avista Pharma Solutions Inc, United States / Foundation For Innovative New Diagnostics (FIND), Switzerland
- (3) Rajendra Memorial Research Institute of Medical Sciences (RMRI), India / GVK Biosciences, India / Ecron Acunova Limited, India / Indian Council of Medical Research (ICMR), India
- (4) Ministerio de Salud y Protección Social, Colombia / Instituto Nacional de Salud, Colombia / Center of Excellence for Chagas Disease at Olive View-UCLA Medical Center, USA / MSF, USA / Copa do Nordeste/Liga do Nordeste, Brazil / Fundação Oswaldo Cruz, Brazil / Universidade Federal do Ceará, Brazil / Universidade de São Paulo, Brazil / Ministry of Health, Brazil / MSF, Brazil / Chagas Coalition / International Federation of People Affected by Chagas (Findechagas) / Fundación Mundo Sano (Mundo Sano Foundation), Argentina / Laboratorio ELEA PHOENIX, Argentina
- (5) Cipla-Kotak, India / Kenya Paediatric Research Consortium, Kenya / Associated Medical Sciences, Thailand / Joint Clinical Research Centre, Uganda / Kenya Medical Research Institute (KEMRI), Kenya / Baylor College of Medicine, USA-Tanzania / Epicentre, Tanzania-France / Gertude Hospital Foundation, Kenya / Children of God Relief Institute, Kenya / University of Nairobi, Kenya / MOI-AMPATH, Kenya / NEPHAK, Kenya / Management and Development for Health (MDH), Tanzania / ITM, The Netherlands / LSHTM, UK / Clinton Health Access Initiative, Inc. (CHAI), USA
- (6) University of Stellenbosch, South Africa / Cipla, India / National Department of Health, South Africa
- (7) KEMRI, Kenya / Kacheliba Hospital, Kenya / Amudat Hospital, Uganda / Gondar Hospital, Ethiopia / MSF Logistique, France / MSF Supply, Belgium / Institute of Endemic Diseases (IEND) and University of Khartoum, Sudan / i+solutions, The Netherlands / IDA, The Netherlands / Makerere University, Uganda / LSHTM, UK / University of Oxford-IDDO, UK / Eurofins Optimed, France / Knight Therapeutics, Canada / Catalent, UK / FIND, Switzerland
- (8) Gondar University, Ethiopia / NLADF Research Foundation, The Netherlands / LSHTM, UK
- (9) ICDDR, Bangladesh / Hospital Universitario de Fuenlabrada (FCSAI), Spain / Knight Therapeutics, Canada / NLADF Research Foundation, The Netherlands / Sitaram Kala-Azar Medical Center, India / Lambda Therapeutic Research LTD, India / MSF Logistique, France / Shaheed Suhrawardy Medical College & Hospital, Bangladesh / Instituto De Salud Carlos III, Spain
- (10) Laboratorio ELEA PHOENIX, Argentina / Pharco Pharmaceuticals (PHARCO), Egypt / Doppel Farmaceutici, Italy / Clinical Research Malaysia (CRM), Malaysia / HC Pharma, Switzerland / South Centre, Switzerland / Associated Medical Sciences, Thailand / Zhejiang Ausun Pharmaceutical Co., Ltd, China / FIND, Switzerland
- (11) Cardiabase, France / Creapharm, France / Hippocrates Medical, Sudan / Soba Hospital, Sudan / Sysmex Europe, Germany / Erasmus, The Netherlands / SGS, Belgium / Eisai, Japan
- (12) SGS, Belgium / JSS, Canada / Scinopsis, France / Cardiabase, France / Venn Life Sciences, France / Sanofi, France / Creapharm, France
- (13) Universidad Peruana Cayetano Heredia, Peru / JSS, Canada / Cidepro, Colombia / Adipel SA, Switzerland
- (14) GeneDesign Inc., Japan / ITS Testing Services - Intertek, UK / CRADA, USA / Amatsi Aquitaine, France / Nagasaki University, Japan
- (15) Núcleo de Desenvolvimento Farmacêutico e Cosmético (NUDFAC), Brazil / CEADES, Bolivia / Activacro, S.A., Argentina / Jalasoft S.R.L., Bolivia / INC Licensing Research, USA / Eisai, Japan / Biotech Bolivia LTD, Bolivia / Genesis Clinical Laboratory LCC, Bolivia / Fundación Mundo Sano, Argentina / Laboratorio ELEA PHOENIX, Argentina / Chembio Diagnostic System Inc, USA / Cardiabase, France / Catalent, UK / F.I.P.E.C., Argentina
- (16) McGill University, Canada / University of Oxford-IDDO, UK / ISGlobal Barcelona Institute for Global Health, Spain / NEPACHA, Spain
- (17) Cipla, India / Accelera, Italy / AbbVie Logistics B.V, The Netherlands
- (18) Aptuit, UK / WuXi AppTech, China / Dundee University, UK / Accelera, Italy / Charles River (Ex Wil Research), France / Syngene International, India / Hypha Discovery Ltd, UK / Crystallise! Ag, Switzerland / Celgene Corporation, Research Centre - San Francisco, USA
- (19) Hammersmith Medicine, UK / Bayer, Germany / Creapharm, France / Swiss BioQuant, Switzerland / Amatsi Aquitaine, France / Eurofins, France / Bertin Pharma, France / University of Health and Allied Sciences, Ghana / Biotrial International Limited, UK / Cea Saclay, France / Erasmus Mc Rotterdam, The Netherlands / Imperial College London, UK
- (20) AbbVie, USA / WuXi AppTech, China
- (21) Epichem Pty Ltd, Australia / WuXi AppTech, China / Monash University, Australia / London School of Hygiene & Tropical Medicine, UK / Griffith University, Australia / Antwerp University, Belgium / Sandexis, UK / Wil Research, France / Selvita, Poland / Bioaster, France / Roche Diagnostics, Belgium / STA Pharmaceutical Hong Kong Limited, China / University of Sao Paulo, Brazil / Laboratory for Microbiology, Parasitology and Hygiene, Belgium / AbbVie, USA / Swiss TPH, Switzerland / FAPESP - Foundation to support research in the State of São Paulo, Brazil / UNICAMP - University of Campinas, Brazil / UNIFESP - Federal University of the State of São Paulo, Brazil
- (22) Swiss TPH, Switzerland / University of Antwerp, Belgium / GlaxoSmithKline (GSK-Tres Cantos), Spain / IPK, South Korea / Dundee University, UK / Bio Ascent, UK / Emolecules Inc, USA / Molport SIA, Lithuania / CHEMDIV Inc, USA / Tcg Lifesciences Ltd, India / WuXi AppTech, China / Phi Pharma SA, Switzerland / Eurofarma, Brazil / Takeda Pharmaceutical Company Limited, Japan / Cornell University, USA / TB Alliance - Global Alliance for TB Drug Development, USA / AstraZeneca, UK / AbbVie, USA / Sanofi, France / Daiichi Sankyo Co., Ltd., Japan / CSIR - Water Research Institute, Ghana / Shobhaben Pratapbhai Patel School of Technology Management (SVKMS - NMIMS), India / Broad Institute, UK
- (23) Northwick Park Institute for Medical Research (NPIMR), UK / National Museum of Natural History, France / University Hospital of Bonn, Germany / WuXi AppTech, China / University of Bari, Italy
- (24) WHO-TDR, Switzerland / Medical Research Council, South Africa / FIND, Switzerland / Genero Entregado, Laboratorio ERN, Spain / Analytical Services International Ltd (ASI), UK / Entasis Therapeutics Inc., USA / University of Oxford, UK / Fondazione PENTA, Italy / St George's Hospital Medical School, UK / Scheme Fund, AIIMS, India / Region Örebro län, Sweden / University of Antwerp, Belgium
- (25) Coordination for transversal activities (Assurances, QA, and PV) and partnership management: UBC United Biosource, Switzerland / Volt, UK / Apcer Life Science LTD, UK / Biomedicine, France / Sunnikan Consulting, France / WHO-TDR, Switzerland / Imperial College London, UK / Indian Council of Medical Research (ICMR), India / Aptuit, UK / FIND, Switzerland

b) Breakdown of R&D coordination expenditure per activities

(Expressed in EUR)	2017	2016
Coordination	2,947,147	2,655,753
Scientific Advisory Committee	141,308	157,580
Business Development	1,448,070	1,339,359
Japan Representation Office	438,327	399,035
Medical, Access	26,755	139,864
TOTAL	5,001,608	4,691,590

c) Presentation of DNDi expenditure per nature of expenses

(Expressed in EUR)	2017	2016
PERSONNEL		
Personnel at Headquarters	15,955,880	12,944,462
Personnel at Regional Offices	5,015,283	3,733,445
Consultants	2,528,714	2,252,485
Travel & accommodation	2,165,984	1,771,345
TOTAL PERSONNEL	25,665,861	20,701,737
OPERATIONAL R&D		
Purchase & logistics	1,831,555	1,834,116
Equipment	534,989	683,021
Discovery & lead optimization (partners & service)	5,541,580	6,288,518
Pre-clinical (partners & service)	3,091,094	2,609,816
Training for partners	70,410	145,256
Clinical & post-clinical (partners & service)	10,952,827	7,869,148
Product manufacturing & CMC (partners & service)	2,051,897	2,665,830
TOTAL OPERATIONAL R&D	24,074,351	22,095,704
OTHER		
Communications (tools, meetings, organization of documents)	1,267,393	1,939,796
Administration & IT (depreciation, furniture, service providers)	4,568,763	4,035,650
TOTAL OTHER	5,836,157	5,975,446
GRAND TOTAL	55,576,369	48,772,887

9. STRENGTHENING CAPACITIES EXPENDITURE

DNDi expenditure on strengthening existing capacities in developing countries aims to:

- Build networks around specific projects between researchers from developing and developed countries;
- Establish working partnerships, including technology transfers, with public and private institutions, and researchers from developing and developed countries; and
- Invest in sustainable capacity and leadership in developing countries at all stages of research and development.

	2017	2016
Regional Support Offices: Brazil, India, Kenya, Malaysia	2,239,142	1,817,657
Leishmaniasis East Africa Platform (LEAP) & RedeLeish Network (Latin America)	493,434	665,196
Human African Trypanosomiasis (HAT) Platform	177,413	357,279
Chagas Clinical Research Platform	89,347	228,567
Filarial Network	71,357	108,376
TOTAL	3,070,693	3,177,076

10. ADVOCACY, FUNDRAISING, AND GENERAL & ADMINISTRATION EXPENSES

	Advocacy		Fundraising		General & Administration	
(Expressed in EUR)	2017	2016	2017	2016	2017	2016
Human resources	1,941,843	1,658,545	1,717,113	1,494,788	3,232,487	2,895,756
Office charges	84,714	72,007	105,658	116,236	209,145	172,715
Travel expenses	113,363	113,446	79,949	84,309	179,944	225,358
Administration	74,508	118,337	94,739	88,507	326,374	166,677
IT & telecommunication	94,032	105,023	74,070	94,068	218,924	206,535
Communications	253,509	417,762	29,877	20,962	108,765	139,826
Depreciation	14,654	15,757	11,244	13,989	41,228	35,052
Exceptional expenses	0	0	0	-340	0	6,867
TOTAL	2,576,624	2,500,878	2,112,651	1,912,520	4,316,867	3,848,785

11. INDEMNITIES & REMUNERATIONS GIVEN TO BOARD MEMBERS AND DIRECTORS

All members of the Board are appointed on a voluntary basis. Board members did not receive any remuneration for their mandate in 2017, nor did they in 2016.

The top five salaries (including salaries, all benefits, and all social charges) at DNDi in 2017 amounted to a total of CHF 1,546,817, or EUR 1,394,684 (2016: CHF 1,564,403, or EUR 1,434,991).

12. ASSETS PLEDGED AS GUARANTEE FOR COMMITMENTS, BANK GUARANTEE DEPOSITS AND CREDIT LINES

a) Assets pledged: CHF 90,000 were pledged at a bank of the Foundation and correspond to a credit facility in the same amount which can be used by the Foundation to guarantee payments in favour of third parties.

b) Bank guarantee deposits: Guarantees are presented as non-current assets in the balance sheet. To date, six DNDi subsidiaries have guarantees: two rental deposits in Tokyo, one rental deposit in New Delhi, three deposits in Kuala Lumpur (rental deposit, internet and photocopier, and parking), five rental deposits in Geneva (three for offices, flat, and parking), three deposits in Kinshasa (for a travel agent, petrol station, and rental deposit for the office), and

deposits for two credit cards used in Nairobi. In addition, a letter of guarantee pertaining to the Geneva premises is still valid, and is recoverable, subject to prevailing contract terms, upon vacating the premises.

c) Credit line: In 2017, the Board of Directors approved DNDi to enter into a credit facility agreement with a bank in Geneva for CHF 2,000,000. Its purpose is to minimize the number of foreign currency operations. DNDi can benefit from this facility a maximum of twice per year. If the facility is used more than once per year, the approval of the Audit Committee is needed as a means to ensure internal controls.

13. COLLABORATIVE FUNDING AND IN-KIND CONTRIBUTIONS

a) 2017 collaborative funding

In collaboration with its R&D partners and vendors, DNDi secured funding from local donors to help offset R&D expenditures. These collaborative funds were directly given to our partners and vendors for DNDi R&D related initiatives.

Donor	Project	Currency	Amount in local currency	Amount in EUR
Ministry of Health Malaysia	Hepatitis C	MYR	1,091,196	226,054
National Science and Technology Development Agency (NSTDA), member of Ministry of Science and Technology of Thailand	Hepatitis C	THB	9,900,000	257,335
Brazilian Development Bank - BNDES	Chagas platform, RedeLEISH, Lead Optimization Consortium Latin America (LOLA)	BRL	1,156,431	322,775
TOTAL COLLABORATIVE FUNDING				806,164

b) 2017 in-kind contributions (see note 2.n)

Expressed in EUR	Scientific staff	Non-scientific staff	R&D Services	Office, furniture & admin.	TOTAL
Lead Optimization Consortia (Australia)	216,248	62,316		72,463	351,027
Lead Optimization Consortia (Latin America 'LOLA')	151,971	13,207	130,298	42,202	337,679
NTD - Drug Booster	179,915	1,500	410,581	-	591,995
Screening resources & reference screening centres	66,576	26,196	41,191	77,022	210,986
TylAMac/ABBV-4083 Macrofilaricide (Filaria)	3,122,522				3,122,522
Macrofilaricide and Coordination	258,641				258,641
Visceral leishmaniasis	48,942			36,519	85,461
Azole E1224 (Chagas disease)	529,023	33,282	226,841	6,693	795,838
Hepatitis C	10,512				10,512
Paediatric HIV ("4 in 1" LPV/r based fixed-dosed combination)	180,041		77,570		257,611
TOTAL	4,764,391	136,501	886,481	234,900	6,022,272

Main in-kind contributors: AbbVie, USA; Eisai Ltd, Japan; Institut Pasteur Korea, Korea; Takeda Pharmaceutical Company Limited, Japan; Cipla, India ; Epichem Pty Ltd, Australia; Universidade de São Paulo USP, Brazil; Monash University, Australia; Universidade Estadual de Campinas - UNICAMP, Brazil; Swiss TPH, Switzerland; Shionogi, Japan; Clinical Research Malaysia, Malaysia.

14. FINANCIAL INSTRUMENTS AND HEDGING ACTIVITIES

DNDi works in a multi-currency environment and is therefore exposed to the risk of foreign currency fluctuations. This risk is covered by natural hedging for income received in EUR and USD, which is almost entirely spent in these same currencies. However, DNDi needs to sell GBP, JPY, and NOK in order to buy CHF, as natural hedging for these four currencies does not entirely prevent net exchange loss. These exchange operations are done

at the spot rate or through limited orders which do not guarantee the conversion but limit the exposure to losses related to foreign currency fluctuations. DNDi also entered into Participating Forwards and Knock-into-Forwards instruments in 2017 (see table below). These strategies act as a protection against a decrease in the GBP/CHF exchange rate while leaving the option of benefiting from a slight rise.

Currency	Amount	Forward* type	Strike	Expiry Date
GBP	100,000	Sell GBP/Buy CHF	1.2405	17.01.2018
GBP	200,000	Sell GBP/Buy CHF	1.2405	17.01.2018
GBP	100,000	Sell GBP/Buy CHF	1.2480	17.01.2018
GBP	100,000	Sell GBP/Buy CHF	1.2830	16.02.2018
GBP	200,000	Sell GBP/Buy CHF	1.2830	16.02.2018
GBP	100,000	Sell GBP/Buy CHF	1.2480	17.01.2018
GBP	150,000	Sell GBP/Buy CHF	1.2970	18.04.2018
GBP	150,000	Sell GBP/Buy CHF	1.2970	16.03.2018
GBP	300,000	Sell GBP/Buy CHF	1.2970	16.03.2018
GBP	300,000	Sell GBP/Buy CHF	1.2970	18.04.2018

15. SWISS FRANC EQUIVALENT OF KEY FIGURES

The Foundation maintains its accounting records in EUR. The key figures below have been translated into CHF for information purposes only, using a closing rate of CHF/EUR 0.8558 (2016: 0.9302).

(Expressed in CHF)	2017	2016
Total assets	37,622,947	31,957,353
Organizational capital	12,591,166	11,459,465
Total income	65,552,706	52,719,052
Total social mission expenditure	57,427,946	46,262,253
Total non-social mission expenditure	7,512,891	6,193,620

16. AUDIT FEES

Audit services include statutory audits, project audits, and donors' audits. To date, Deloitte, the Foundation's Statutory Auditor, does not provide DNDi with other services such as tax or legal services. Audit fees increased in 2017 compared to 2016 due to two main factors: a) DNDi launched an Internal Control Initiative in 2017 mandating Ernst & Young for the development of an audit toolkit, and b) DNDi Africa performed three audits in 2017: a local statutory audit, a tax audit, and an ISO certification pre-audit.

(Expressed in EUR)	2017	2016
Total audit services	197,281	141,240

17. SUBSEQUENT EVENTS

There is no significant subsequent event to report.

REPORT OF THE STATUTORY AUDITOR



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Rue du Pré-de-la-Bichette 1
1202 Geneva
Switzerland

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Report of the Statutory Auditor

To the Board of
Drugs for Neglected Diseases initiative (DNDi), Geneva

Report of the Statutory Auditor on the Consolidated Financial Statements

As statutory auditor, we have audited the accompanying consolidated financial statements of Drugs for Neglected Diseases initiative (DNDi), which comprise the consolidated balance sheet as at 31 December 2017, the consolidated statement of operations, the consolidated funds flow statement, the consolidated statement of changes in capital and notes to the consolidated financial statements, presented on pages 14 to 34, for the year then ended.

Board's Responsibility

The Board is responsible for the preparation of these consolidated financial statements in accordance with Swiss GAAP FER, the requirements of Swiss law and the charter of the foundation. This responsibility includes designing, implementing and maintaining an internal control system relevant to the preparation of consolidated financial statements that are free from material misstatement, whether due to fraud or error. The Board is further responsible for selecting and applying appropriate accounting policies and making accounting estimates that are reasonable in the circumstances.

Auditor's Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audit. We conducted our audit in accordance with Swiss law and Swiss Auditing Standards. Those standards require that we plan and perform the audit to obtain reasonable assurance whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers the internal control system relevant to the entity's preparation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control system. An audit also includes evaluating the appropriateness of the accounting policies used and the reasonableness of accounting estimates made, as well as evaluating the overall presentation of the consolidated financial statements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.



Drugs for Neglected Diseases initiative (DNDi), Geneva
Report of the statutory auditor
For the year ended 31 December 2017

Opinion

In our opinion, the consolidated financial statements for the year ended 31 December 2017 give a true and fair view of the financial position, the results of operations and the cash flows in accordance with Swiss GAAP FER and comply with Swiss law and the charter of the foundation.

Report on Other Legal Requirements

We confirm that we meet the legal requirements on licensing according to the Auditor Oversight Act (AOA) and independence (article 83b Civil Code (CC) in connection with article 728 Code of Obligations (CO)) and that there are no circumstances incompatible with our independence.

In accordance with article 728a para. 1 item 3 CO and Swiss Auditing Standard 890, we confirm that an internal control system exists, which has been designed for the preparation of consolidated financial statements according to the instructions of the Board.

We recommend that the consolidated financial statements submitted to you be approved.

Deloitte SA

Annik Jatón Hüni
Licensed Audit Expert
Auditor in Charge

Sophie Durand

Geneva, 28 June 2018
AJH/SDU/mab

Enclosures

- Financial statements (balance sheet, income statement, cash flow statement and notes)

GOVERNANCE

DNDi BOARD OF DIRECTORS



Marie-Paule Kieny
Chair (since July 2017); Institut national de la santé et de la recherche médicale, France, formerly with WHO, Switzerland



Marcel Tanner
Chair (until July 2017); University of Basel, formerly with Swiss Tropical and Public Health Institute, Switzerland



Suerie Moon
Secretary (since July 2017); Harvard University, United States and The Graduate Institute of Research International & Development Studies, Switzerland



Els Torreele
Secretary (until May 2017); Open Society Institute, USA, then Médecins Sans Frontières, Switzerland



Derrick Wong
Treasurer; non-profit management advisor, France



Rashmi Arora
Indian Council of Medical Research, India



Jorge Bermudez
Fiocruz, Brazil



Christian Bréchet
Institut Pasteur, France



Abul Faiz
Patient representative; Sir Salimullah Medical College, Bangladesh



Noor Hisham Abdullah
Ministry of Health, Malaysia



Joanne Liu
Médecins Sans Frontières



Alwyn Mwinga
Patient representative; Zambart, Zambia



Bernhards Ogutu
Kenya Medical Research Institute, Kenya



Bennett Shapiro
PureTech Ventures, formerly with Merck & Co, USA



John Reeder
Permanent observer; WHO / TDR Special Programme for Research and Training in Tropical Diseases, Switzerland

DNDi SCIENTIFIC ADVISORY COMMITTEE



Nick White
Chair; Mahidol University, Thailand



Rashmi Barbhaiya
Advinus Therapeutics, India



Kirana Bhatt
University of Nairobi, Kenya



Pierre-Etienne Bost
formerly with Institut Pasteur, France



Pierre Buffet
Paris Descartes University and INTS, France



J. Carl Craft
formerly with Medicines for Malaria Venture, Switzerland



Simon Croft
London School of Hygiene and Tropical Medicine, UK



Andre Daher
Farmanguinhos/Fiocruz, Brazil



Lisa Frigati
Tygerberg Hospital, South Africa



Paul Herrtling
formerly with Novartis International AG, Switzerland



Dale Kempf
AbbVie, USA



Kiyoshi Kita
Nagasaki University, Japan



Nilima A. Kshirsagar
Indian Council of Medical Research, India



Shahnaz Murad
Ministry of Health, Malaysia



Koert Ritmeijer
Médecins Sans Frontières, The Netherlands



Nilanthi de Silva
University of Kelaniya, Sri Lanka



Faustino Torrico
Universidad Mayor de San Simon, Bolivia



Muriel Vray
Institut Pasteur, France



John Westwick
Imperial College, London University, UK

DNDi AUDIT COMMITTEE

Derrick Wong

Chair; Treasurer of DNDi Board of Directors, France

Barbara Kessler

formerly with Novartis, Switzerland

Statutory auditors: Deloitte

Bernard Pécoul

DNDi, Switzerland

Marie-Paule Kieny

Chair of DNDi Board of Directors (since July 2017), France

Marcel Tanner

Chair of DNDi Board of Directors (until July 2017), Switzerland

FRIENDS OF DNDi

Paulo Buss, Brazil

Yves Champey*, France

Carlos Nery Costa, Brazil

Abdallah Daar, Canada

Philippe Desjeux, France

Ahmed El Hassan, Sudan

Nirmal Ganguly, India

Rowan Gillies, Australia

Reinaldo Guimaraes, Brazil

Nila Heredia, Bolivia

Lalit Kant*, India

Unni Karunakara*, India

Stephen Lewis, Canada

Ismail Merican*, Malaysia

Sheba K. Meymandi, USA

Carlos Morel*, Brazil

Piero Olliaro, Switzerland

Ricardo Preve, Argentina

Mirta Roses Periago, Argentina

Morten Rostrup*, Norway

Eloa dos Santos, Brazil

José Gomes Temporão, Brazil

German Velasquez, Switzerland

Rafael Vilasanjuan, Spain

Dyann Wirth, USA

Yongyuth Yuthavong, Thailand

*Former DNDi Board or SAC member

REGIONAL BOARDS

DNDi North America Board of Directors

Bennett Shapiro, Chair; PureTech Ventures, formerly with Merck & Co, USA

Darin Portnoy, Secretary; Montefiore Medical Center and Family Health Center, USA

Joelle Tanguy, Treasurer; UN Women, Switzerland (until October 2017)

Meena Ahamed, Freelance Journalist, USA

Shing Chang, formerly with DNDi, USA

John Lawrence, Médecins Sans Frontières/Doctors Without Borders, USA

Bernard Pécoul, DNDi, Switzerland

Kristina Torgeson, Lifebox, USA

DNDi North America Audit Committee

Joelle Tanguy, UN Women, Switzerland (until October 2017)

George Tyler, formerly with the World Bank, USA

Derrick Wong, non-profit management consultant, DNDi Board and Audit Committee member, France

DNDi Latin America Board of Directors

Michel Lotrowska, Chair; Brazil

Vacant, Vice-president

Susana de Deus, Secretary; Médecins Sans Frontières, Brazil

DNDi Latin America Audit Committee

Nelson Faria de Oliveira, Lawyer, Brazil

Ricardo de Souza Assef, Manabi-Asgaard S.A., Brazil

DNDi Latin America Advisory Board

Jorge Bermudez, Fiocruz, Brazil

Pedro Carpenter Genescá, Lawyer, Brazil

Sergio Sosa Estani, DNDi Latin America

DNDi India Foundation Board of Directors

Unni Karunakara, Chair; formerly with Médecins Sans Frontières, India

Lalit Kant, formerly with Indian Council of Medical Research, India

Shyam Sundar, Banaras Hindu University, India

DNDi Japan Board of Directors

Haruki Yamada, Chair; Professor emeritus of Kitasato University, Japan

Bernard Pécoul, Vice Chair; DNDi, Switzerland

Laurence Vielfaure, Auditor; DNDi, Switzerland

Fumiko Hirabayashi, DNDi, Japan

DNDi LEADERSHIP

Executive Team

Bernard Pécoul, Executive Director

Jean-François Alesandrini, External Affairs Director

Manica Balasegaram, GARDP Director

Graeme Bilbe, Research & Development Director

Thomas Saugnac, Operations Director

Headquarters

François Bompert, Paediatric HIV/HCV Programmes Director (since January 2018)*

Eric Stobbaerts, International Development and Coordination Director*

Robert Don, Discovery & Pre-Clinical Director (until March 2017)

Jana Jauffret, Human Resources & Organization Director

Charles Mowbray, Discovery Director (since April 2017)

Jean-Pierre Paccaud, GARDP Business Development & Strategy Director

Serge Sagodira, Business Development and Legal Director

Nathalie Strub-Wourgaft, Medical Director

Laurence Vielfaure, Finance and Planning Director

* Also members of the Executive team since January 2018

Regional Offices

Rachel Cohen, Executive Director, DNDi North America (affiliate office)

Suman Rijal, Director, DNDi India

Joël Keravec, Director, DNDi Latin America

Monique Wasunna, Director, DNDi Africa

Chirac Bulanga Milemba, Head of DNDi Project Office, Democratic Republic of the Congo

Daisuke Imoto, Head of Office, DNDi Japan

Jean-Michel Piedagnel, Head of Office, DNDi South East Asia

Carol Ruffell, Head of Office, DNDi South Africa (since Nov. 2017)

DNDi TEAM WORLDWIDE

You can find more information on all DNDi staff, including programme, regional, and functional leaders, on DNDi's website: <https://www.dndi.org/about-dndi/our-people/leadership>.

A WORD OF THANKS

DNDi would like to thank all its donors worldwide for their loyal commitment and collaboration since 2003. To date, DNDi has delivered seven new treatments and aims to bring 16-18 treatments to patients living with neglected diseases by 2023. DNDi is grateful for the support received from all donors who contributed toward the advancement of its mission and goals. Listed are supporters who have given a cumulative contribution of more than USD or EUR 10,000, as well as collaborative funding partners.

PUBLIC INSTITUTIONAL SUPPORT

- **Australian Trade and Investment Commission (Austrade)**, Australia
- **Banco Nacional de Desenvolvimento Econômico e Social (BNDES)**, Brazil
- **Dutch Ministry of Foreign Affairs (DGIS)**, The Netherlands
- **Dutch Ministry of Health, Welfare and Sport (VWS)**, The Netherlands (GARDP)
- **European and Developing Countries Clinical Trials Partnership Association (EDCTP2 Programme)** supported by the European Union
- **European Union** – Framework Programmes 5, 6 and 7
- **Federal Ministry of Education and Research (BMBF) through KfW**, Germany
- **Federal Ministry of Health**, Germany (GARDP)
- **Federal Office of Public Health (FOPH)**, Switzerland (GARDP)
- **French Development Agency (AFD)**, France
- **Fundação Oswaldo Cruz (Fiocruz)**, Brazil
- **German International Cooperation (GIZ)** on behalf of the Government of the Federal Republic of Germany, Germany
- **Global Health Innovative Technology Fund (GHIT Fund)**, Japan
- **Grand Duchy of Luxembourg**, Luxembourg (GARDP)
- **International Development Research Centre (IDRC)**, Canada
- **Ministry of European and Foreign Affairs (MEAE)**, France
- **Ministry of Health**, Brazil
- **Ministry of Health**, Malaysia
- **National Institutes of Health (NIH), National Institute of Allergy and Infectious Diseases (NIAID)**, USA
- **National Science and Technology Development Agency (NSTDA), Ministry of Science and Technology**, Thailand
- **Norwegian Agency for Development Cooperation (Norad), Norwegian Ministry of Foreign Affairs**, Norway
- **Region of Tuscany**, Italy
- **Republic and Canton of Geneva, International Solidarity Office**, Switzerland
- **Ruta-N, City of Medellin**, Colombia
- **Science and Technology Innovation Agency (Finep)**, Brazil, through the Regional and National Finep Awards for Innovation in Social Technology
- **South African Medical Research Council (SAMRC)**, South Africa (GARDP)
- **Spanish Agency for International Development Cooperation (AECID)**, Spain
- **Swiss Agency for Development and Cooperation (SDC)**, Switzerland
- **The Global Fund to Fight AIDS, Tuberculosis and Malaria**
- **UK aid**, UK (DNDi and GARDP)
- **Unitaid**
- **US Agency for International Development (USAID)**, USA
- **US Agency for International Development (USAID), via the 4th Sector Health Project implemented by Abt Associates, Inc.**, USA
- **World Health Organization - Special Programme for Research and Training in Tropical Diseases (WHO-TDR)**

PRIVATE SUPPORT

- **Associação Bem-Te-Vi Diversidade**, Brazil
- **BBVA Foundation** (through the ‘Frontiers of Knowledge Award in Development Cooperation’), Spain
- **Bennett Shapiro and Fredericka Foster**, USA
- **Bill & Melinda Gates Foundation**, USA
- **Brian Mercer Charitable Trust**, UK
- **Carlos Slim Foundation** through the **Carlos Slim Health Award**, Mexico
- **Charina Endowment Fund**, USA
- **Clifford N. Burnstein & Sabra C. Turnbull**, USA
- **craigslist Charitable Fund**, USA
- **David and Lisa U’Prichard**, USA
- **Family of Richard Rockefeller**, USA
- **Fondation André & Cyprien**, Switzerland
- **Fondation ARPE**, Switzerland
- **Fondation de bienfaisance du groupe Pictet**, Switzerland
- **Fondation Pro Victimis**, Switzerland
- **George H. Stout**, USA
- **Goldman Sachs & Co.**, USA
- **Guy’s, King’s and St Thomas’, Giving Week**, UK
- **Harlan and Sally Weisman**, USA
- **Jeff Nelson**, USA
- **Leopold Bachmann Foundation**, Switzerland
- **Dr. Margaret Golden**, USA
- **Marsha Fanucci**, USA
- **Médecins Sans Frontières International (DNDi)**, and the **MSF sections** of Australia, France, Japan, and the US (GARDP)
- **Medicor Foundation**, Liechtenstein
- **Meena and Liaquat Ahamed**, USA
- **P B & K Family Foundation**, USA
- **Rockefeller Brothers Fund**, USA
- **Ronald L. Thatcher**, USA
- **Sandoz Family Foundation**, Switzerland
- **Sasakawa Peace Foundation**, Japan
- **Starr International Foundation**, Switzerland
- **Steve Rabin and Jonathan Winslow**, USA
- **The Broder Family Foundation**, USA
- **The Peter and Carmen Lucia Buck Foundation**, USA
- **The Robin O’Brien Fund**, USA
- **The Rockefeller Foundation** (through the ‘Next Century Innovators Award’), USA
- **The Stainman Family Foundation**, USA
- **UBS Optimus Foundation**, Switzerland
- **Wellcome Trust**, UK
- **Zegar Family Fund**, USA
- **Anonymous individuals and organizations**

The Drugs for Neglected Diseases *initiative* (DNDi) is a collaborative, patient-needs driven, not-for-profit research and development (R&D) organization that develops safe, effective, and affordable treatments for the millions of people across the world affected by neglected diseases, notably human African trypanosomiasis (sleeping sickness), leishmaniasis, Chagas disease, filarial infections, paediatric HIV, mycetoma, and hepatitis C.

In 2016, in collaboration with the World Health Organization, DNDi launched the Global Antibiotic Research and Development Partnership, a not-for-profit research and development organization that addresses global public health needs by developing and delivering new or improved antibiotic treatments while endeavouring to ensure sustainable access.

DNDi's primary objective:

> Deliver 16 to 18 new treatments by 2023 for targeted neglected diseases, ensure equitable access to these treatments, and establish a robust R&D portfolio of new drug candidates that addresses patients' treatment needs

In doing this, DNDi has two further objectives:

- > Use and strengthen capacities in disease-endemic countries via project implementation
- > Raise awareness about the need to develop new drugs for neglected diseases and advocate for increased public responsibility

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