





Parlamentarisches Frühstück der PDP Koalition























BEST SCIENCE FOR THE MOST NEGLECTED



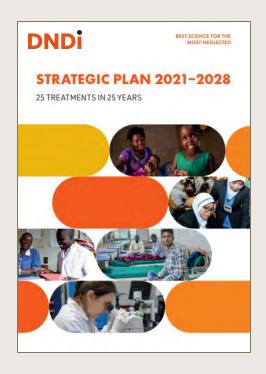
We discover, develop, and accelerate access

to urgently needed treatments for neglected patients

focusing on gaps for infectious diseases that fuel cycles of poverty and disease in resource-constrained settings



25 treatments in 25 years



Deliver 15 - 18 treatments from 2021 - 2028* for a total of **25 treatments in our first 25 years****



10 - 12 new treatments from current mature portfolio (2021-24)



5 - 7 new treatments from earlier-stage NCEs and portfolio expansion (2025-28)

*4 delivered so far

**12 delivered so far

OTHER STRATEGIC IMPERATIVES:



Place public health leaders and R&D actors in lowand middle-income countries at the center of DNDi collaborations for inclusive and sustainable solutions



Contribute to building a proactive agenda for child health and gender-responsive R&D



Champion open science and transparency



Leverage new technologies and new therapeutic modalities to accelerate R&D and access

INNOVATING TO SAVE LIVES



Sleeping sickness

Accelerate sustainable disease elimination



Dengue

Accelerate R&D to address the most prevalent mosquito-borne viral disease





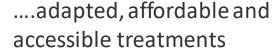
Leishmaniasis

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



HIV

Ensure access to life-saving treatment for children and people with advanced HIV





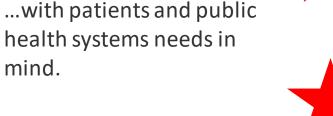
Chagas disease

Contribute to eliminating Chagas as a public health problem



Hepatitis C

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





Filaria (river blindness)

Advance progress toward breaking the cycle of transmission



COVID-19/ pandemic-prone diseases

Speed tools to save lives, especially in resource-limited settings



Mycetoma

Prevent devastating amputation and disability



New areas to be explored:

Schistosomiasis, snakebite, rabies





FACTS

About 240 million people at risk

19 million people infected

>1 million people with vision loss

RIVER BUNDNESS

DEVELOPING A RAPID CURE FOR MILLIONS AT RISK OF THE 2nd LEADING INFECTIOUS CAUSE OF BLINDNESS

CHALLENGES

Available drug reduces transmission but only kills juvenile worms, so must be administered every year for 10 years or more.

New tools needed to tackle **elimination challenges** and provide **drugs for individual care.**

OUR WORK

We have built a portfolio of four R&D projects and are advancing development of potential new drug candidates with our partners.

OUR GOALS

2021-2028: Advance progress toward breaking the cycle of transmission

- Conduct Phase II trials to identify one or a combination of new drug candidates
- Launch Phase III confirmatory trial that we hope will result in a new treatment
- Support the development of urgently needed diagnostic tools



MAIN PARTNERS: AbbVie, Bayer, Elanco, Erasmus Medical Center, Ifakara Health Inst., Imperial College, IRD - France, LSHTM, Mahidol Oxford Tropical Medicine Inst., Museum National d'Histoire Naturelle - Paris, REFOTDE - Cameroon, Swiss TPH, University Of Health And Allied Sciences Ghana, University Hospital Bonn, Washington University St Louis

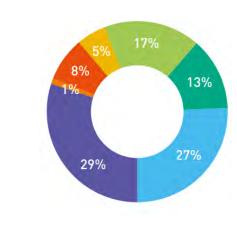


Collaboration is an essential part of DNDi's model



A WORLDWIDE FOOTPRINT,
WITH CLOSE TO 60% OF PARTNERS IN LMICS

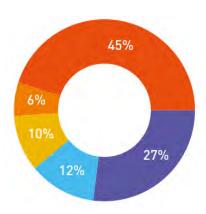
Partners by region



- East & Asia Pacific
- Europe & Central Asia
- Latin America & Caribbean
- Middle East & North Africa
- North America
- South Asia
- Sub-Saharan Africa

A DIVERSE RANGE OF ALLIANCES

Partners by type



- Industry partners
- Universities and research centres
- Ministries of health and governments
- Non-profit organizations, NGOs, and networks
- Healthcare providers









