# **THEORY OF CHANGE**

## **DNDi IMPLEMENTS THE FOLLOWING ACTIVITIES**

- **A1.** Partner with patients and communities to understand their needs and realities (1, 2, 4)
- A2. Discover and develop drug candidates and drugs with partners using the best science (1, 2, 3, 4)
- A3. Produce data and evidence through drug R&D and implementation science to support registration, inform treatment guideline revisions, and guide treatment use (1, 2, 4)
- A4. Partner with science, academic, R&D, and industry stakeholders supporting their capacity to conduct end-to-end drug development (2, 3, 4, 5, 6)
- A5. Establish and maintain partnerships and collaborative platforms with science, academic, R&D, industry, government, and civil society actors to drive research and access outcomes forward (1, 2, 3, 4, 6)
- A6. Engage national/regional, finance, and industry stakeholders for sustainable and timely supply of affordable and accessible treatments and diagnostics for neglected patients (4, 5, 6)
- **A7. Strengthen clinical trial capacity** in countries where we have activities (1, 2, 3, 4)
- A8. Strengthen regulatory systems in countries where we have activities (1, 2, 3, 4)
- **A9. Develop a dynamic portfolio of new diseases** and new programmes along with governments to meet evolving public health needs (1, 2)
- A10. Partner with organizations that strengthen human resource capabilities and infrastructure for drug R&D and treatment registration in areas where they are lacking (2, 3, 4)
- A11. Advocate for systemic policy change for sustainable, equitable, and inclusive R&D (2, 3, 4, 5, 6, 7)

### TO DELIVER THESE OUTPUTS

- O1. An R&D portfolio of therapeutic compounds is managed to meet the needs of neglected patients, communities, and health programmes (A, C)
- O2. Researchers, patients, communities, and authorities in countries collaborate in active, equitable partnerships that advance the drug development process (A, B, C)
- O3. Capabilities and infrastructure to conduct drug R&D and registration in endemic regions are enhanced (A, C)
- **O4. Health system actors, including communities,** are engaged to provide treatment and diagnostics (A, C)
- O5. Manufacturers have incentives for sustainable supply at affordable prices (A, C)
- O6. Increase geographically diverse leadership (governments, researchers, and communities) in global R&D decisionmaking, priority setting, and resource allocation (C)
- **07.** International and national **R&D norms, standards, laws, and policies** are in place to enable needs-driven, open, transparent, collaborative R&D processes, with equitable access embedded end-to-end (B, C)

#### TO ACHIEVE THESE OUTCOMES



New treatments adapted to the needs of patients and communities, including women and children, are developed, registered, and used



Knowledge, data, and expertise are shared following principles of open science and transparency, particularly with actors working on neglected disease in neglected disease endemic countries



Policy makers are mobilized and accountable to enable and sustain equitable and inclusive R&D ecosystems for priority public health needs

Improved health for neglected patients and communities to reduce suffering, illness, and death and expanded Universal Health Coverage to reach the SDGs

Accelerated elimination and control of neglected and climate-sensitive diseases aligned with the WHO NTD Roadmap

More sustainable, equitable, and inclusive **R&D ecosystem** 





LEADING TO THESE IMPACTS

