DNDi STRATEGIC PLAN 2021-2028

2024 Mid-Term Review

DNDi
Best Science
for the Most Neglected

EXECUTIVE SUMMARY

Throughout 2024 – the halfway point of the 2021-2028 Strategic Plan – the Drugs for Neglected Diseases initiative (DNDi) conducted a comprehensive mid-term review to take stock of our progress in the context of a rapidly evolving external environment and to evaluate the strategic and organizational changes required to ensure DNDi's sustainability, effectiveness, and impact.

In keeping with DNDi's collaborative model and the essential role our partners play in driving treatment innovation and access, the review included consultations with a wide array of essential partners and external stakeholders to refresh and guide the delivery of DNDi's mission over the next four years.

To help DNDi stand back from daily operations and identify key trends in the evolving public health and R&D landscape, we convened a **Global Health Policy Advisory Group** to advise on essential challenges and opportunities in relation to changing international power dynamics, an evolving global health architecture, and a changing innovation landscape.

Since the launch of its 2021-2028 Strategic Plan, DNDi and our partners have maintained steadfast commitment to our mission for neglected patients, delivering five new life-saving treatments for *T.b. rhodesiense* sleeping sickness, visceral leishmaniasis (VL)/HIV coinfection, VL in Latin America, paediatric HIV, and hepatitis C. We have made notable progress in delivering on our cross-cutting strategic commitments, including in addressing the neglected treatment needs of children and women, and completed the integration of three new disease areas – dengue, schistosomiasis, and pandemic preparedness – into our research and development (R&D) portfolio.

The mid-term review also provided the opportunity to evaluate and revise **DNDi's *theory of change***, a roadmap that defines the actions we undertake with partners to realize our strategic goals, in close proximity to neglected patients and their needs. Our revised theory of change sets out the activities that underpin and enable our influence in three primary domains: delivering new treatments adapted to the needs of patients and health systems, sharing knowledge and expertise, and fostering public leadership and accountability for more equitable and inclusive R&D systems.

At a detailed programmatic and scientific level, DNDi engaged with our teams and industry and academic partners to assess **progress and challenges across DNDi's R&D portfolio,** measuring our progress against our 2021 commitments. Adapting our ambitions according to evolving opportunities and challenges in the research landscape, we refreshed our scientific and cross-cutting strategic commitments, reaffirmed our role in ensuring access to the treatments we deliver, and evaluated opportunities to sustain and bolster the partnerships that drive DNDi's collaborative model.

DNDi examined its **economic model** in the context of growing challenges in the financing landscape for global health, developing a systematic tool for resource allocation and prioritization adapted to reductions in core (unrestricted) versus earmarked (project-related) funding and the need to reduce the fixed costs of our operations to ensure organizational sustainability.

In January 2025, DNDi expanded its executive team to help achieve the objectives of its revised theory of change, with five new members selected to bolster DNDi's ability to deliver innovative, accessible treatments for neglected diseases with a sharper focus on regional capacity strengthening, collaborative partnerships, and systemic policy change.

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I. EXAMINING THE EXTERNAL LANDSCAPE

DNDi established a Global Health Policy Advisory Group to stand back from daily operational issues and focus on identifying and examining key trends and questions arising from the evolving external landscape that DNDi should take into account at the mid-point of the 2021-2028 Strategic Plan.

Several challenges and opportunities to accelerate delivery of DNDi's mission against multiple rapidly evolving external factors were prioritized for consideration:

CHANGING POWER DYNAMICS, INCLUDING:

- shifting geopolitical dynamics in an increasingly multipolar global health system, including challenges to multilateralism, increased regionalism, and continued North-South power imbalances, all of which have implications that must continue to be explored in relation to DNDi's priorities, governance structure, partner selection, and office locations;
- changing funding patterns, notably (i) the risk of widening funding gaps for NTDs research, (ii) the decrease in overseas development aid flows with implications for DNDi's financial sustainability, and (iii) the need to identify funding opportunities alternative to traditional official development assistance; and
- needs and opportunities concerning growing investment in innovation, regulatory, and manufacturing capacity in the Global South, which confirm and reinforce the need for DNDi to continue to foster geographically diverse partnerships and activities.

AN EVOLVING GLOBAL HEALTH ARCHITECTURE, INCLUDING:

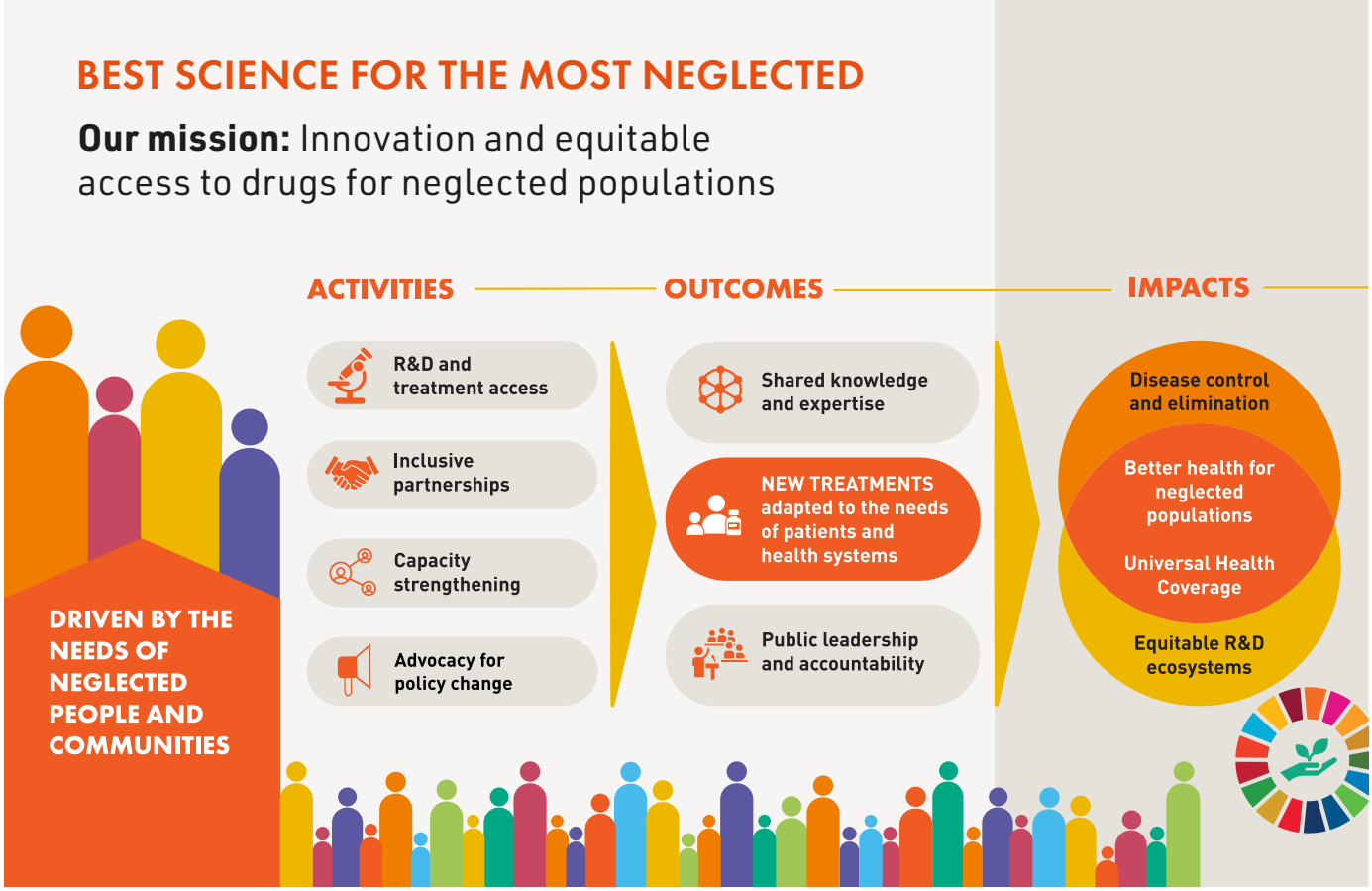
- criticism of the donor- and Geneva-centric decision-making of global health initiatives and lack of space for country decision-making, which confirm the need for DNDi to leverage and expand its geographically diverse partnership, governance, and leadership models;
- the need to increase involvement of affected communities in decision-making at different stages of the R&D process; and
- the potential contribution of private actors to the public-sector agenda in a context of continuously decreasing funding for NTDs.

A CHANGING INNOVATION LANDSCAPE, INCLUDING:

- increased pressure on profit margins for all R&D actors, increased outsourcing by the bigger pharmaceutical industry players, and a reduced focus on infectious diseases, as well as on therapeutics and small molecules versus vaccines and biologics, all of which have implications for DNDi's virtual, partnership-based model;
- the need to interact with the full range of R&D actors and geographies, including small and medium-sized enterprises and biotechs, including for geographies and indications that are commercially unattractive for larger industry players;
- the promise of applying technological advancements for neglected diseases and neglected populations, such as artificial intelligence to speed up the R&D lifecycle and new treatment modalities (e.g., monoclonal antibodies), even if their current high production cost raises concern over access and affordability;
- the need to highlight both the benefits and challenges of these technologies and advocate for models and policies (e.g., open science, pro-access intellectual property policies, and funding to address data gaps) to address potential bias and inequity in data utilization and inequitable application for neglected diseases and populations; and
- the opportunities presented by growing investment in regional manufacturing in high-burden regions, notably on the African continent, and the need to continue assessing geopolitical and country-specific developments in pharmaceutical R&D advancements when developing its partnership strategies, including in Latin America and Asia.

II. A REVISED THEORY OF CHANGE AND IMPACT FRAMEWORK

In 2024, DNDi launched a consultative process to revise its theory of change* – a roadmap to clarify the organization's strategic goals, reflect the current context and priorities, help DNDi align internally, and facilitate dialogue with donors and other external partners.



Neglected patients and communities – people and communities who are disproportionately affected by neglected diseases, and who have limited access to effective treatments and healthcare services, due to poverty, marginalization, and other social determinants of health – are at the centre of DNDi's work.

DNDi's mission is to bring equitable access to life-saving treatments for neglected populations, driven by a vision of healthier communities, and expanding universal health coverage (UHC) to the most vulnerable communities. In the same vein, the organization aims to contribute to more sustainable, equitable, and inclusive R&D ecosystems and to support the goal of elimination and control of neglected and climate-sensitive diseases.

* A theory of change is a graphic or written description of the strategies, activities or actions, conditions, and resources that facilitate change and achieve outcomes. Its purpose is to make explicit and help document how a given intervention will work, who it will benefit, and in what way, and what may be the conditions required for success.

DNDi FOCUSES ON THREE KEY OUTCOMES:

- First and foremost, with **a portfolio of R&D projects** managed from discovery to implementation, DNDi works throughout the innovation lifecycle to ensure treatments are developed and registered according to the unique needs of patients and communities. We prioritize specific efforts to meet the neglected needs of children and women, who are often overlooked and excluded in medical R&D.
- Second, DNDi contributes to the **sharing of knowledge and expertise** gained from developing treatments for neglected patients, adhering to principles of open science and transparency.
- Third, DNDi works to mobilize and hold policymakers accountable, ensuring they shape policies that foster **equitable and inclusive R&D systems.**

DNDi's work is driven by the power of inclusive partnerships, collaborating with more than 200 partners active at all stages of the DNDi portfolio. Disease-specific research platforms that include scientists, academics, governments, and civil society actors from endemic countries play a vital role in delivering research outcomes and ensuring DNDi's proximity to the needs of affected patients and communities. In addition to our drug development efforts, DNDi works with partners to supply and provide access to treatments through public health systems.

Our detailed theory of change, particularly its outputs and outcomes, provides a new framework for prioritization and identification of **indicators for monitoring and evaluation.** This will allow DNDi to track progress and help highlight its contribution to global health and equitable R&D systems, which is critical to attracting donor investment in DNDi's unique operating model. The global indicators linked to the Strategic Plan have been reviewed to identify potential gaps and a refresh of the indicators will be delivered in the course of 2025.

III. RENEWING OUR COMMITMENT TO THE MOST URGENT NEEDS – AND MOST PROMISING SCIENTIFIC OPPORTUNITIES

At the midpoint of this DNDi's 2021-2028 Strategic Plan, a comprehensive review was conducted to assess progress, refine approaches, leverage new opportunities, and address challenges. Internal and external consultations were held with partners from industry and academia, and donors.

DNDi has delivered five new treatments since the launch of the strategic plan, including for *T.b. rhodesiense* sleeping sickness, VL/HIV co-infection, VL in Latin America, paediatric HIV, and hepatitis C. With R&D programmes advancing for pandemic preparedness, dengue, and schistosomiasis, we have also completed the integration of three new disease areas into the R&D portfolio. In keeping with the portfolio's dynamic nature, we have completed our efforts in paediatric HIV and COVID-19, and are nearing completion of our commitments in hepatitis C.

With the Dengue Alliance, a coalition of leading research institutes in dengue-endemic countries, DNDi is advancing pre-clinical testing to progress novel dengue treatment candidates to clinical trials. In pandemic preparedness, we have incubated PANTHER, an African-led 'ready-to-use' clinical trial platform to respond to emerging infections established out of DNDi and partners' ANTICOV clinical trial coalition. We have also made significant progress in drug discovery for diseases of pandemic potential.

With the recent addition of schistosomiasis to our portfolio, we are expanding our collaborations and taking advantage of new scientific opportunities given the likelihood that new compounds in development for onchocerciasis could also prove effective against other neglected parasitic helminth diseases. We also continue to explore DNDi's potential value in addressing other areas of unmet need in neglected diseases.

Our teams have advanced in our efforts to integrate new technologies and therapeutic modalities such as host-directed therapies into our R&D programmes – with key achievements during the first half of the strategic period including evaluation of AI-based drug discovery opportunities and collaboration with BenevolentAI to repurpose host-directed compounds for dengue and other diseases in the DNDi portfolio.

DNDi has also made notable progress delivering on our cross-cutting strategic priorities – particularly in developing a proactive agenda for children's health. A dedicated paediatric R&D team has been established, and paediatric considerations integrated across DNDi disease strategies. We are also advancing in our efforts to implement best practices in gender-responsive R&D, working to ensure the inclusion of women in clinical trials, including, when safe, pregnant and breastfeeding women.

Ensuring access to the treatments we deliver has been central to DNDi's mission since our inception, enabled through continuous engagement with patients, communities, and a broad spectrum of stakeholders and partners at all stages of the R&D process. For example, consulting with patients and communities at the earliest stages of developing target product profiles ensures that their voices are heard and that the treatments DNDi delivers are adapted to their specific needs. DNDi also ensures that pro-access IP and licensing terms are built into our collaboration agreements to ensure knowledge sharing to speed the innovation process and guarantee equitable and affordable access to resulting innovations. A wide array of access-enabling activities such as these are directly linked to, and often run in parallel with, our R&D programmes.

The mid-term review solidified DNDi's commitment to more systematically plan, implement, and evaluate its access-oriented activities, including implementation research to generate the data and learning needed to facilitate development and adoption of pro-access practices and policies by external stakeholders and public health authorities.

Partnership is the engine of DNDi's collaborative model: we cannot carry out our work without partners from across the government, industry, academic, healthcare, and non-profit sectors. Our review of the evolution of our partnerships and alliance management efforts shows

that DNDi has made significant progress at the halfway point of the 2021-2028 strategic plan – sustaining alliances with large pharmaceutical industry partners, forging new partnerships for drug discovery and development utilizing emerging technologies such as AI, and advancing new and expanded ties with academic and public research institutes. Over the remainder of the strategic period, our aims include deepening our engagement with industry partners in Africa, Asia, and Latin America, enhancing the shared value of our alliances with science partners, and deepening our strategic collaboration with DNDi's founding partners.

	2021 STRATEGIC OBJECTIVE	PROGRESS (2021-2024) & REAFFIRMED AMBITIONS (2025-2028)
SLEEPING SICKNESS 	**Accelerate sustainable disease elimination** ▶ Breakthrough single-dose oral treatment ▶ New treatment for children ▶ New treatment for a less common but more acute form of the disease *(T.b. rhodesiense)* ▶ Boost access to simplified testing and treatment	In late 2023, the European Medicines Agency (EMA) gave a positive scientific opinion for fexinidazole for the *T.b. rhodesiense* strain of sleeping sickness, DNDi's 13th treatment delivered since 2003. **BY 2028, WE AIM TO:** ▶ Complete development of acoziborole for *T.b. gambiense*, incl. EMA approval and guidelines adoption at country ▶ Complete development of paediatric acoziborole. Complete access activities for fexinidazole; initiate access activities for acoziborole ▶ Support elimination of *T.b. gambiense* HAT in line with WHO targets
LEISHMANIASIS 	**Deliver safer, simpler treatments to save lives and reduce social stigma** ▶ Five new short-course treatments for: VL and HIV co-infection, VL in East Africa and Latin America, PKDL, and CL ▶ Children included in leishmaniasis clinical trials for paediatric indications ▶ Two oral regimens based on new chemical entities advanced to Phase III; an immunomodulator for complicated CL forms advanced to clinical development ▶ Support early diagnosis and affordable access to new treatments and treatment	Short-term strategies have either been delivered successfully – with new VL treatments included in Latin American guidelines and new treatments for VL/HIV included in WHO and Ethiopian guidelines (both in 2022) – or are expected to be delivered in early 2025, notably for new treatments for PKDL in East Africa and South Asia and for VL in East Africa. While working with partners to improve access to optimal leishmaniasis treatments, we have also advanced six new chemical entities in our portfolio. The frontrunner, LXE408, is now in Phase II trials for VL in Ethiopia and India. **BY 2028, WE AIM TO:** ▶ Advance two regimens based on new chemical entities to Phase III trials ▶ Evaluate LXE408 for CL ▶ Plan for the acceleration of inclusion of children in clinical trials ▶ Continue work advancing improved access to optimal treatments

	2021 STRATEGIC OBJECTIVE	PROGRESS (2021-2024) & REAFFIRMED AMBITIONS (2025-2028)
CHAGAS DISEASE 	**Contribute to eliminating Chagas as a public health problem** ▶ Safer and shorter benznidazole-based treatment ▶ New chemical entities entering clinical trials, with at least one advanced to Phase III ▶ Support development of validated early test of cure to accelerate clinical trials and regulatory approval ▶ Reduce mother-to-child transmission and accelerate roll-out of test-and-treat strategies	The development of improved benznidazole-based treatments has faced some delay but remains on track for delivery by 2028. The new chemical entity DNDI-6148 has reached Phase I evaluation, and LXE408 – under study for leishmaniasis – is expected to enter Phase II clinical evaluation in asymptomatic patients with chronic indeterminate Chagas disease. Validation of biomarkers for a test of cure for Chagas disease is on track. Diagnostic algorithms have been improved to support diagnosis of pregnant women. Pilot test-and-treat projects have proven successful at limited scale but require broader commitment for wide-scale implementation **BY 2028, WE AIM TO:** ▶ Complete development of improved benznidazole-based treatments ▶ Advance two regimens based on new chemical entities to Phase III trials ▶ Continue support for the roll-out of test-and-treat programmes
PARASITIC WORMS incl. filariasis and schisto-somiasis 	**Advance progress toward breaking the cycle of transmission** ▶ Phase II trials to identify new drug candidates that can permanently sterilize or kill adult filarial worms, with one drug or drug combination entering Phase III ▶ Children included in clinical trials for paediatric indication	Progress is on track, with two Phase II trials of novel drug candidates oxfendazole and emodepside underway. An evolution in partnership and scientific opportunities has resulted in a significant recent shift in DNDi strategy, given the likelihood that new compounds in development could prove effective against other parasitic diseases caused by filarials. DNDi has also added schistosomiasis to our R&D portfolio. **BY 2028, WE AIM TO:** ▶ Advance at least one drug or drug combination to Phase III trials ▶ Continue evaluation of the pre-clinical candidate DNDI-6166 ▶ Collaborate with partners on the development of a paediatric formulation of ivermectin ▶ Advance development of treatments to improve management of female genital schistosomiasis morbidity and new larvicidal pre-clinical candidates for schistosomiasis
MYCETOMA 	**Prevent devastating amputation and disability** ▶ New treatment for mycetoma ▶ Support treatment access for all people in need	Results from the world's first double-blind, randomized clinical trial for eumycetoma showed fosravuconazole was not superior to itraconazole but showed no new safety concerns. Its lower pill burden (requiring only 8 vs. 120 tablets per month of treatment) and reduced risk of drug interactions make it a viable alternative for treatment of eumycetoma. The ongoing conflict in Sudan has delayed submission of the registration dossier of fosravuconazole in this high-burden country, which is now targeted for 2025. **BY 2028, WE AIM TO:** ▶ Complete registration of fosravuconazole in Sudan and implement a multi-country study with a strategy for geographic expansion, including WHO prequalification ▶ Support the development of a pre-clinical translational model to conduct pre-clinical studies of new compounds for mycetoma ▶ Expand access to itraconazole and fosravuconazole

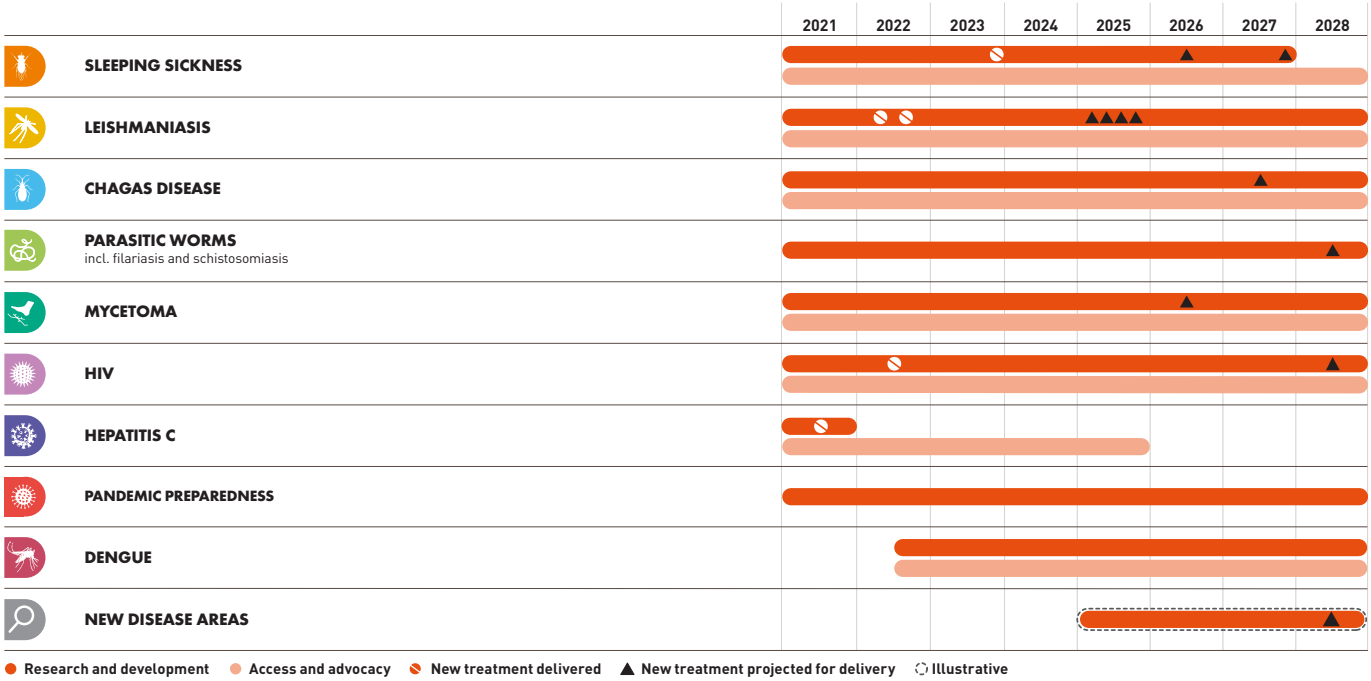
	2021 STRATEGIC OBJECTIVE	PROGRESS (2021-2024) & REAFFIRMED AMBITIONS (2025-2028)
DENGUE 	**Investigate areas of neglect and assess whether and how DNDi should engage** ▶ Assess feasibility and select priorities for the development of treatments among new disease candidates for possible entry into DNDi's portfolio	Dengue was integrated in the DNDi portfolio early in the strategic plan period with the launch of the Dengue Alliance, a global partnership led by institutions from dengue-endemic countries to advance pre-clinical research, test the efficacy of repurposed drug candidates, and implement clinical trials of potential dengue treatments. DNDi and Alliance partners have conducted pre-clinical profiling of existing direct-acting antivirals and host-directed therapies and advanced preparations for clinical trials. Our teams and partners also worked to determine dengue's prevalence in Africa in a first-of-its-kind seroprevalence study in Senegal, Ghana, and the Democratic Republic of the Congo. **BY 2028, WE AIM TO:** ▶ Advance at least two drugs or drug combinations to Phase II and III trials (antivirals and host-directed therapies) ▶ Pursue efforts to understand the status of dengue and the severity of the disease in various African regions
HIV 	**Ensure access to lifesaving treatment for children and people with advanced HIV** ▶ Easy-to-administer, child-friendly '4-in-1' treatment formulation ▶ Promote access to new paediatric formulations (both DNDi treatment and others) ▶ Improved treatment for cryptococcal meningitis, a leading killer of people with advanced HIV ▶ Define DNDi role in addressing neglected R&D needs for serious HIV-related opportunistic infections (advanced HIV) and HIV treatments for neonates, children, and adolescents	DNDi's 4-in-1 treatment has been registered in six African countries; registration by the US FDA has been delayed. New evidence and developments in the paediatric ARV landscape have led to the prioritization of paediatric dolutegravir over protease inhibitor-based regimens such as the 4-in-1. Phase 1 studies of DNDi's sustained-release flucytosine (SR 5FC) formulation for cryptococcal meningitis have been completed. **BY 2028, WE AIM TO:** ▶ Complete development of SR 5FC for cryptococcal meningitis ▶ Maintain focus on AHD, continuing exploration of alternative treatment options for cryptococcal meningitis and other co-infections, focusing on neglected fungal infections
HEPATITIS C 	**Help make treatment a reality for millions of people waiting for a cure** ▶ Simple-to-use, affordable treatment for hepatitis C ▶ Promote access to treatment for hepatitis C (both DNDi treatment and others) ▶ Define DNDi role in addressing neglected R&D needs in hepatitis B and E	The result of successful South-South collaboration, ravidasvir was granted conditional registration by the National Pharmaceutical Regulatory Agency of Malaysia in 2021 and added to WHO's Essential Medicines List and the Malaysian MoH Medicines Formulary and National Essential Medicines List (NEML) in 2023. **BY 2028, WE AIM TO:** ▶ Complete evaluation of ravidasvir's pan-genotypic profile by assessing the efficacy of the standard regimen in genotypes 2 and 5 ▶ Work with national programmes to evaluate shorter regimens (8 vs 12 weeks) in patients with uncomplicated HCV ▶ Evaluate standard regimen for people with hard-to-treat infections ▶ Support registration of ravidasvir in Argentina, Brazil, and Thailand

2021 STRATEGIC OBJECTIVE		PROGRESS (2021-2024) & REAFFIRMED AMBITIONS (2025-2028)
PANDEMIC PREPARED-NESS	**Speed tools for testing and treatment to save lives in resource-limited settings** ▶ Study treatments for mild-to-moderate COVID-19 ▶ Define DNDi role in discovery and clinical research to support pandemic preparedness and response	Building on the ANTICOV consortium clinical trial for COVID-19 therapeutics, DNDi incubated the Pandemic Preparedness Platform for Health and Emerging Infections Response (PANTHER), an African-led 'ready-to-use' clinical trial platform to respond to emerging infections. DNDi teams and partners have also made significant progress in drug discovery for viral diseases of pandemic potential, including through COVID Moonshot and the AViDD ASAP Consortium. **BY 2028, WE AIM TO:** ▶ Contribute to the discovery of broad-spectrum antivirals for prioritized virus families through participation in drug discovery consortia such as Moonshot, ASAP, and other novel partnerships engaging and building global capacity for antiviral R&D ▶ Support the creation of a Therapeutics Development Coalition for Pandemic Preparedness, working with public and private sector stakeholders including WHO, Unitaid, READDI, IPPS, and Intrepid Alliance ▶ Share and publish scientific and policy lessons learned from DNDi's engagement in the response to COVID-19 including conducting the ANTICOV trial and contributing to the work of WHO ACT-A

PORTFOLIO EVOLUTION

- DNDi has completed the integration of three new disease areas into the R&D portfolio, with programmes now advancing for **pandemic preparedness, dengue, and schistosomiasis.**
- In keeping with the dynamic nature of the portfolio, we have completed our efforts in **paediatric HIV** and **COVID-19**, and are nearing completion of our commitments in **hepatitis C**.
- Following a thorough feasibility assessment, DNDi has chosen not to integrate rabies into its portfolio.
- DNDi's supportive strategy for **snakebite envenoming** is ongoing.
- An exploratory assessment of DNDi's potential contribution on neglected fungal infections will be conducted.

TREATMENTS DELIVERED (2021-2024) AND PROJECTED FOR DELIVERY (2025-2028)



IV. A FIT-FOR-FUTURE DNDi

NEW ECONOMIC MODEL

In examining its economic model as a part of the Strategic Plan Review, the overarching goal for DNDi is to stimulate the relationship between our mission and impact ambitions for neglected populations, on the one hand, and various elements of our organizational and partnership strategy and cost and funding structures, on the other. The ambition is to facilitate management decision-making, identify potential trade-offs, and enable better alignment of activities to achieve our mission and objectives. This is particularly critical work to ensure sustainability in the context of difficulties in the funding environment.

Two challenges need to be actively considered: first, the relative shrinking of core (unrestricted) funding versus earmarked (project-related) funding; and second, the imperative to contain fixed costs.

DNDi has developed a systematic tool for resource allocation and prioritization, notably for projects and activities reliant on core funding; a methodology for more precise evaluation of resource needs prior to launching any new project; and a proactive fixed-cost management strategy facilitated by restructuring, externalization, and office cost reductions. We have also initiated the development of a financial forecast for the coming years, integrating the planned evolutions of the portfolio with a clear view of costs by project within each disease portfolio.

In a difficult financing landscape for global health and product development partnerships in particular, these tools will equip DNDi with the methodology and internal intelligence to navigate effectively.

NEW GOVERNANCE AND LEADERSHIP STRUCTURE

Robust governance has ensured DNDi's effectiveness and organizational impact since our founding, thanks to the commitment of DNDi's Executive Board and Scientific Advisory Committee, which provides independent and exclusively evidence-driven recommendations to the Executive Board on matters related to research and development and selection of projects.

In the area of governance, the mid-term review focused on two main areas: the role of DNDi Board Members, particularly those representing DNDi's Founding Partners, and interactions between the DNDi Global Board and the Boards of DNDi's independently registered regional entities.

Although DNDi's bylaws specify Founding Partners and how their representatives are nominated to the Board, it does not detail Founding Partner Board member's specific roles. Following the review, DNDi's Nominations, Remuneration, and Safeguarding Committee (NRSC) is establishing Board Members' terms of reference to clarify the roles of all Board Members, with particular attention to Founding Partners' recommendations for catalyzing broader, more strategic collaboration, greater reciprocity, and increased coordination.

Outcomes of the review are also being used to inform the establishment of enhanced collaboration between DNDi's Global Board and the Boards of DNDi regional entities, including through cross-membership of Global Board Members on regional Boards, increased communication and information sharing, and regional Board Member participation in annual Executive Committee meetings.

Our newly revised theory of change reflects DNDi's ambition to bolster our ability to deliver innovative, accessible treatments for neglected diseases with a sharper focus on regional capacity strengthening, collaborative partnerships, and systemic policy change.

IN JANUARY 2025, DNDi EXPANDED ITS EXECUTIVE TEAM TO HELP ACHIEVE THESE OBJECTIVES:

- Three new members will strengthen DNDi's footprint and reinforce the organization's enduring partnerships with its founding partner institutions in South Asia, Eastern Africa, and Latin America and bring a greater diversity of perspective and regional expertise to DNDi's decision-making platform;
- Two new members will lead DNDi's external relations and advance DNDi's mission of policy change as an integral pillar of its mandate for neglected patients; and
- One new member will lead DNDi's Executive Team as Chief of Staff, including in the areas of institutional governance and internal communication.

DNDi

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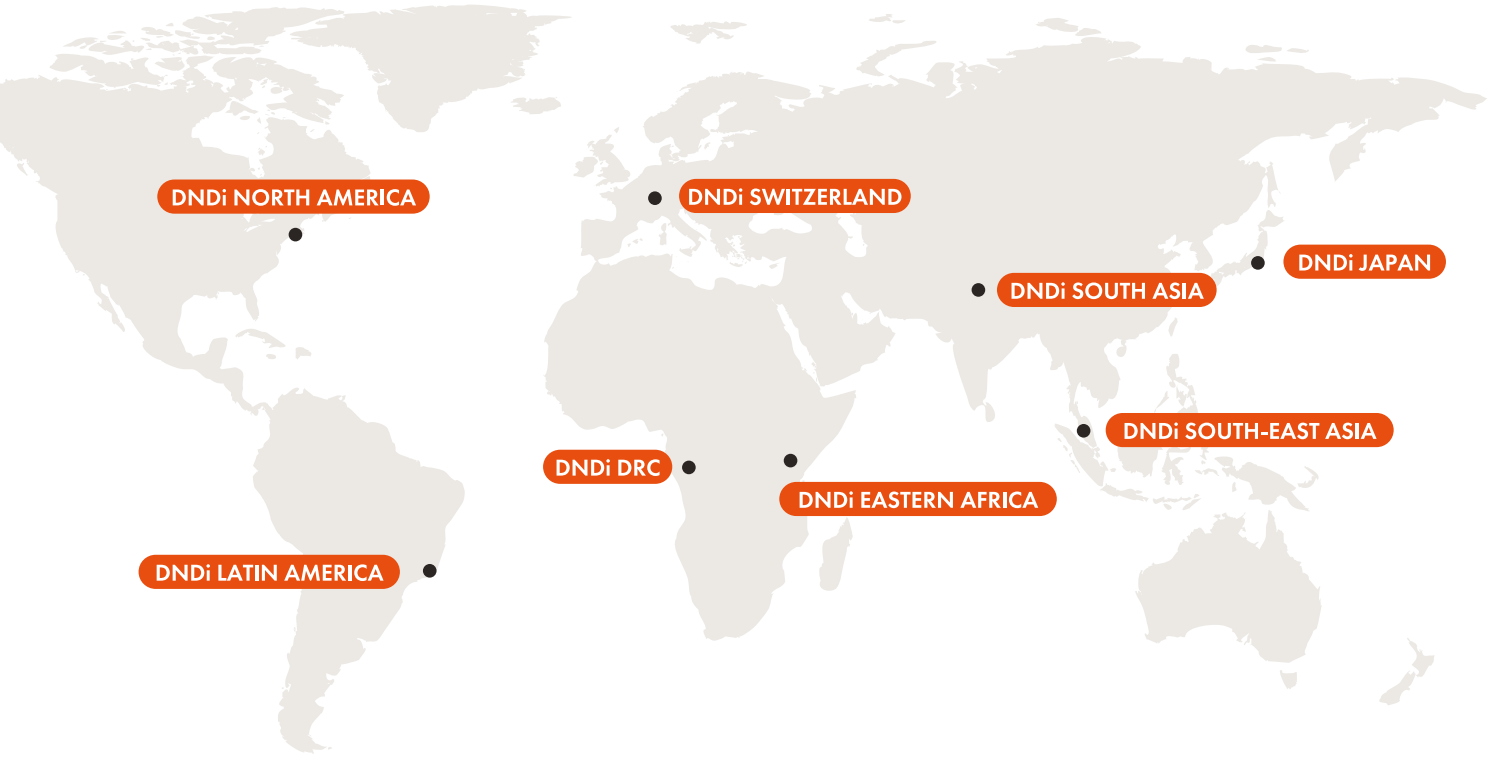

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