DNDi

Best Science
for the Most Neglected

A REVOLUTION IN MEDICINE STARTS HERE

EQUITY AT THE HEART OF MEDICAL INNOVATION

The Drugs for Neglected Diseases initiative (DNDi) was created in response to the frustration of clinicians and the desperation of patients faced with medicines that were ineffective, unsafe, unavailable, unaffordable, or simply never developed at all.

The root of the problem? The prevailing model for medical research and development leaves little incentive to develop drugs for diseases that primarily impact poor and marginalized communities.

Since 2003, DNDi has used the power of innovation, open science, partnerships, and advocacy to find solutions to this great injustice.

WE'VE DELIVERED 13 FIELD-ADAPTED AND AFFORDABLE TREATMENTS FOR SIX DEADLY DISEASES THAT HAVE SAVED MILLIONS OF LIVES – AND WE'VE USED LESSONS FROM OUR NON-PROFIT MODEL TO CHALLENGE GLOBAL HEALTH INEQUITIES AND CREATE LASTING CHANGE.

And this is just the beginning.

Over

HALF A BILLION

of our life-saving treatments have been distributed in the last 20 years

- Simpler, safer, more effective treatments
- Lives saved and burdens lifted
- More resilient communities
- Stronger health systems
- Direct pathways to disease elimination

INNOVATING TO SAVE LIVES

We discover, develop, and accelerate access to urgently needed treatments for neglected tropical diseases and viral diseases that fuel cycles of poverty and disease in resource-constrained settings.

Sleeping sickness
Accelerate sustainable disease elimination

Parasitic worms
incl. filariasis & schistosomiasis
Advance new treatments that can break the cycle of transmission

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

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

Mycetoma
Prevent devastating amputation and disability

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

Chagas disease
Contribute to eliminating Chagas as a public health problem

Dengue
Accelerate R&D against a rapidly spreading climate-sensitive disease

Pandemic preparedness
Advance new tools to save lives – before the next pandemic strikes

PARTNERING FOR SYSTEMIC CHANGE

We join with countries hit hardest by neglected diseases to shape new innovation ecosystems powered by solidarity and driven by patients' unmet needs. We speak out globally for equitable innovation and access to life-saving health tools – and for action to end the neglect.

Leveraging our global footprint and sharing expertise

Across Africa, Asia, and Latin America, our teams harness our proximity to neglected patients to forge alliances in end-to-end medical R&D.

Through more than two decades of collaboration with health ministries, regulatory authorities, patient advocates, scientists, and clinicians, we have helped to prove that world-class research can be conducted in even the most remote and hard-to-reach settings.

As countries confront urgent public health challenges with growing leadership and resolve, DNDi shares its know-how and capacity to help ensure success at every stage of the R&D process – from laboratory bench to patient bedside. This includes support to strengthen clinical trial and regulatory capacity, expand research infrastructure, apply cutting-edge technologies, foster alliances for manufacturing and affordable access, and much more.

Advocating for equitable innovation and access

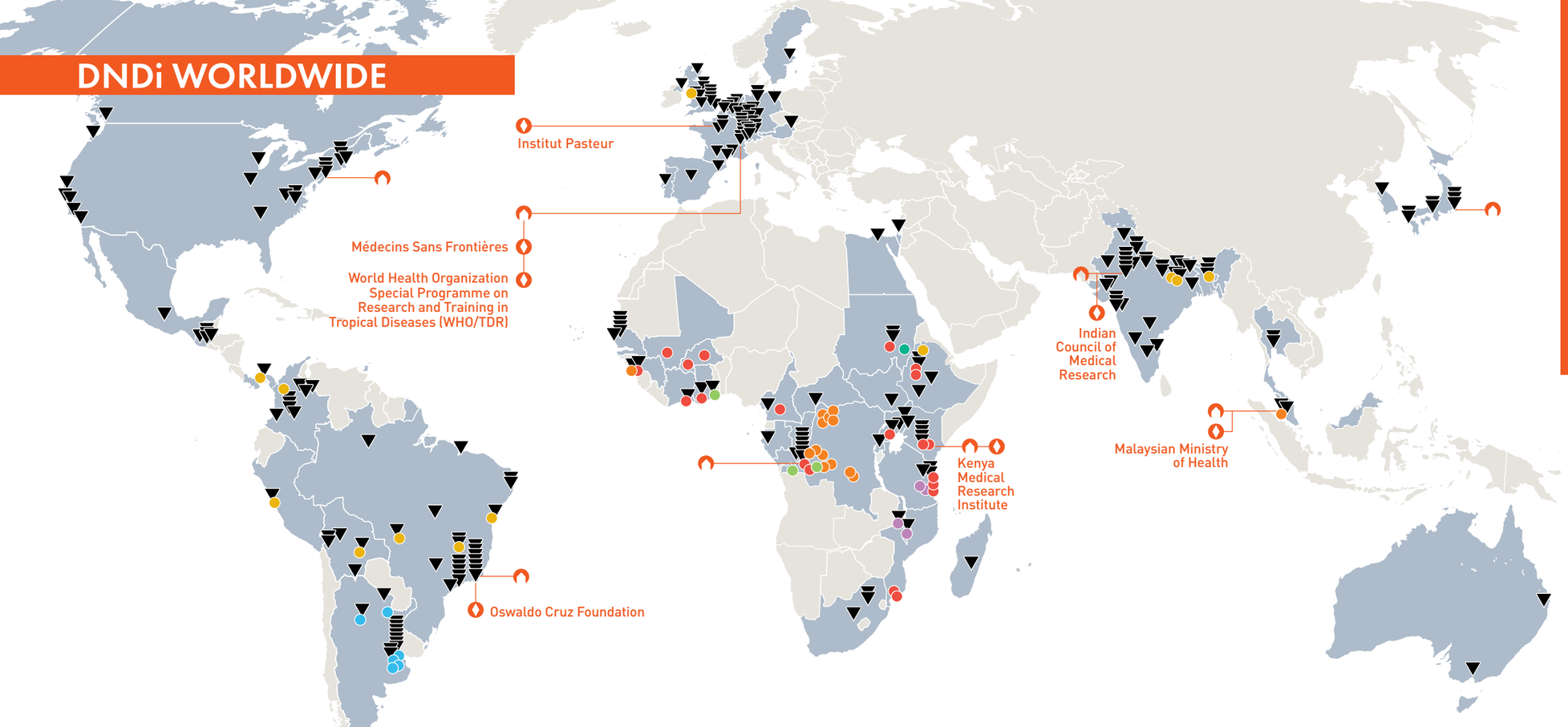
Drawing on lessons from our collaborative, not-for-profit model, DNDi advocates for global, regional, and national action for biomedical R&D that puts patients first.

From urging governments to leverage their power to ensure affordable treatment access to advocating for R&D cost transparency and investment in research against climate-sensitive diseases, we work to drive public leadership and accountability for sustainable, equitable, and inclusive innovation to address priority public health needs.

'DNDi sets out to challenge a system that has long ignored illnesses simply because they do not turn a profit. What we're doing isn't charity; we are helping to build durable alliances that make equity a guiding principle in medical innovation.'

Dr Luis Pizarro, DNDi Executive Director

DNDi WORLDWIDE



Putting patients first through alliances that span the globe

221
R&D and access partners in 49 countries

8
offices on 5 continents

60
clinical sites in 23 countries, active in 7 disease areas

7
founding partners

Clinical sites

- Sleeping sickness
- Leishmaniasis
- Chagas disease
- Parasitic worms
- Mycetoma
- HIV
- Pandemic preparedness

- R&D and access partners
- DNDi offices
- Founding partners
- Countries with DNDi activities

As of Dec 2024

CONFRONTING THE DOUBLE NEGLECT OF WOMEN AND CHILDREN

When it comes to the availability of safe, appropriate, and effective treatments for neglected diseases, women and children face twice the neglect.

Children have unique treatment needs that change as they grow. However, developing medicines for children can be expensive and difficult, requiring specialized studies for drugs that will ultimately be ordered only in small quantities. So, child-friendly medicines tend to come late or not at all, placing children at risk of premature death and deep and long-lasting harms to their physical and mental well-being.

Women are often excluded from the clinical trials that would provide essential data on sex-specific physiological differences and on medicine safety and efficacy during pregnancy or breastfeeding. As a result, safe treatment options for women affected by neglected diseases can be limited. In some cases, women may have to delay treatment until they are no longer pregnant or breastfeeding.

DNDi IS TACKLING THESE HARMFUL INEQUITIES BY ACCELERATING THE DEVELOPMENT OF NEW CHILD-FRIENDLY TREATMENTS AND PRIORITIZING THE INCLUSION OF WOMEN IN CLINICAL TRIALS.

Since 2003, we have developed four affordable treatments for malaria, Chagas disease, and HIV for children, as well as two treatments for sleeping sickness and leishmaniasis that are suitable for both kids and adults. We are now working to develop new child-appropriate treatments for at least six neglected diseases. Our teams and partners are also working to ensure that clinical study protocols explicitly include women, or justify any exclusion, and to report fully disaggregated data and results to uncover differences between the sexes at every stage of research.

‘She was so young back then. If there was a simpler treatment instead of injections, that would have made the experience much better – but I know that day is coming.’

Selena (right) chats with her daughter, **Tegla**, and grandchildren at their home in the village of Lopedot in Amudat District, Uganda. Tegla was diagnosed with visceral leishmaniasis at a very young age. After unsuccessful treatment, Selena took Tegla to Amudat Hospital, where she received the right medication and was cured. Selena hopes that treatment will become easier – especially for children.

‘It would be best if patients didn’t have to go to hospital and could take their medicine at home. I hope that with ASHAs’ hard work, one day visceral leishmaniasis will be eliminated.’

Shishu Kumari is an Accredited Social Health Activist (ASHA) facilitator in the Saran district of Bihar, India. She has been working as an ASHA for 14 years and has seen how visceral leishmaniasis treatment has evolved. While the earlier treatment lasted for a full month, the current treatment is given in just one day, bringing hope for sustainable elimination of visceral leishmaniasis in South Asia.

BRINGING DISEASE ELIMINATION WITHIN REACH

In 1827, a surgeon in what is today Bangladesh published a detailed account of a disease that was causing patients to come to hospital with grossly enlarged spleens, anaemia, and fever.

This would become one of the first recorded outbreaks of visceral leishmaniasis. In 2023, 200 years later, Bangladesh made history by becoming the **first country ever to receive official validation from the World Health Organization (WHO) for eliminating the disease as a public health problem.**

The remarkable triumph against a deadly parasitic disease was achieved thanks to a host of factors: successful control of sandflies that transmit leishmaniasis, vigilant disease surveillance, a network of assiduous community health workers, and **the decisive impact of introducing new, efficacious, and safe treatments for the deadly disease.** We were proud to be part of these huge steps forward for neglected diseases.

For decades in Africa, people with sleeping sickness faced toxic, ineffective, and potentially fatal treatments. Today, patients have access to fexinidazole, the first safe, simple, all-oral treatment for the disease developed by DNDi, Sanofi, and African national control programmes.

But sustainable elimination needs its own new dose of medical innovation.

As cases get fewer and rarer, meeting the WHO’s 2030 targets for sleeping sickness and visceral leishmaniasis elimination will require therapeutic options that are not just safe and effective, but also specifically designed to take us across the elimination finishing line. The imperative? Continued innovation for treatments that are as short in duration and as simple as possible, with low probability of drug resistance or interaction with drugs for other common diseases.

RECENT VICTORIES IN DISEASE ELIMINATION ARE PROOF THAT INVESTING IN MEDICAL INNOVATION TO GO THE LAST MILE CAN PAY OFF, BREAKING VICIOUS CYCLES OF ILLNESS AND POVERTY FOR GENERATIONS TO COME.

RESPONDING TO THE CLIMATE CRISIS

Growing outbreaks of dengue fever have overwhelmed hospitals from Brazil to Bangladesh. No specific treatment for the disease exists – putting millions of people at risk of developing severe, life-threatening complications.

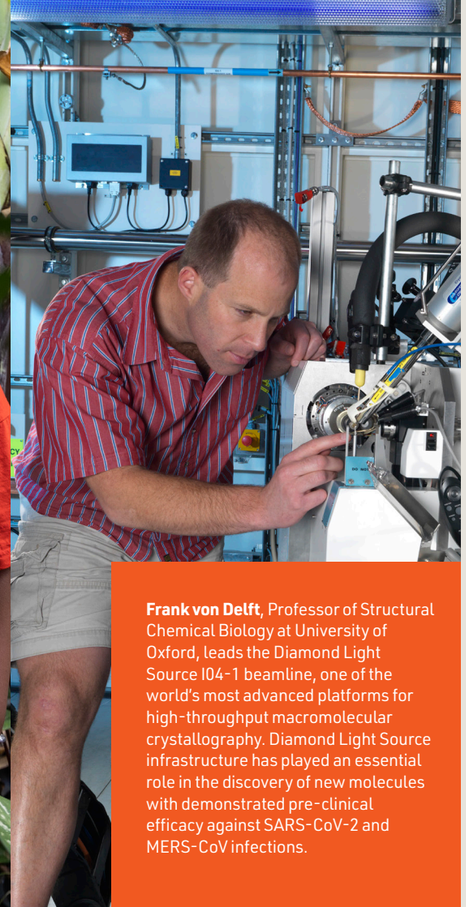
The dengue virus is carried by mosquitos. As the climate warms, their range has been expanding, and the number of people they infect is increasing – dramatically.

Dengue is just one of many life-threatening vector-borne diseases that are on the rise due to climate change:

- **Chagas disease** is emerging in previously unaffected areas – including North America.
- Changing weather patterns threaten to undo decades of progress against **visceral leishmaniasis**.
- Modelling suggests that millions more people will be at risk of the most acute form of **sleeping sickness** by the end of the century.

Our teams and partners are confronting the climate crisis and its disproportionate impact on the poorest and most vulnerable communities head on by advancing R&D for new and better treatments and promoting equitable access to medical care for these and other climate-sensitive infectious diseases. DNDi is also committed to cutting our carbon footprint in half by 2030.

11-year-old **Nawanan** lives with her mother in a one-room home on the outskirts of Bangkok. She developed severe dengue fever and was admitted to hospital in critical condition. Nawanan recovered after more than a week of round-the-clock monitoring and supportive care, but her mother's lost wages put serious strain on their single-parent household.



Frank von Delft, Professor of Structural Chemical Biology at University of Oxford, leads the Diamond Light Source I04-1 beamline, one of the world's most advanced platforms for high-throughput macromolecular crystallography. Diamond Light Source infrastructure has played an essential role in the discovery of new molecules with demonstrated pre-clinical efficacy against SARS-CoV-2 and MERS-CoV infections.

PREPARING FOR FUTURE PANDEMICS

COVID-19 threw longstanding global health injustices into stark relief. Wealthy countries had access to advanced vaccines and treatments as soon as they were approved. Elsewhere, hospitals and communities were left grasping for the most basic supplies.

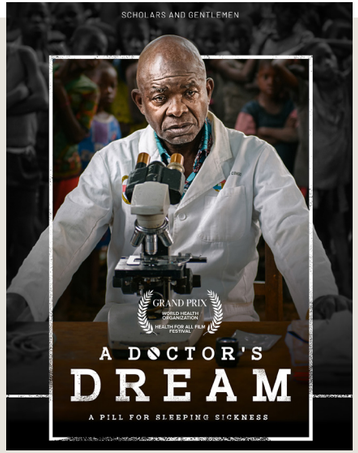
When the next pandemic hits, will the world have the testing, treatment, and vaccine solutions it needs to respond? Will the poorest and most vulnerable communities have access, too? We're working with our partners to help make sure that the answer to both questions is yes.

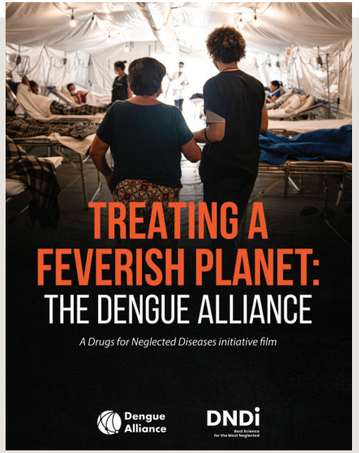
Leveraging our two decades of experience driving not-for-profit R&D for the most neglected, DNDi is working with our allies to help operationalize equity in pandemic preparedness and response – including through the application of cutting-edge technologies.

In the complex field of drug discovery for diseases of pandemic potential, our teams and partners are united by a common goal: placing on humanity's shelf a collection of potential broad-spectrum antiviral drugs that will be ready for clinical evaluation when the next pandemic strikes, and which could be developed quickly into affordable, globally accessible treatments.

We are also advocating for the policies and commitments needed to ensure all people have access to the life-saving medical tools they need – speaking out for change that can help shift the status quo.

LEARN MORE ABOUT HOW WE ARE INNOVATING TO END THE NEGLECT





JOIN US IN MAKING MEDICAL HISTORY

Collaboration and solidarity in science power our progress for neglected patients. We cannot deliver life-saving medical innovations for people who need them most without you.

DNDi set out to challenge the status quo more than 20 years ago. Thanks to our partners and supporters, we have been advancing and strengthening our experiment in innovation for neglected patients ever since.

Our impact and shared success have proven that open science and collaborative R&D delivers.

Today, we are redoubling our resolve against new and unprecedented headwinds.

Drastic cuts to global health programmes threaten access to life-saving health tools and services for millions of the world's poorest people. New assaults on scientific integrity and needs-driven collaboration threaten the very cornerstones of our action for neglected patients.

Our commitment to the transformational power of medical innovation will not waver. We believe that a future free of neglect is ours to help shape – hand in hand with the communities we serve.

Please join us.

HELP US PUT EQUITY AT THE HEART OF MEDICAL INNOVATION

Become a partner:
dndi.org/partnerships

Support our work:
dndi.org/donate

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