



FACTS

» Unknown

burden hinders
global response

Current
treatments last up to
**» 12
months**

with many side
effects

Delayed
treatment can
lead to

» amputation

● DISEASE FACTSHEET

MYCETOMA

Expanding treatment access and closing evidence gaps for one of the world's most neglected diseases

Mycetoma is a slow growing infection that destroys skin, muscle, and bone. Primarily affecting the feet and legs, it most likely begins after a cut or thorn prick allows fungi or bacteria from the soil to enter the body. Occurring across five continents in multiple countries across the so-called 'mycetoma belt' between the latitudes of 15° S and 30° N, the fungal form of the disease, eumycetoma, is particularly devastating. **Often characterized as the most neglected of neglected diseases, eumycetoma can cause severe disfigurement and disability and result in stigma, social isolation, and mental health difficulties.**

» THE PUSH FOR PROGRESS

Following advocacy from DNDi, the Mycetoma Research Center (MRC), and other partners, mycetoma was added to the World Health Organization (WHO) list of neglected tropical diseases (NTDs) in 2016. **The following year, DNDi partnered with the MRC, a WHO collaborating centre in Khartoum, Sudan, and pharmaceutical company Eisai Co., Ltd., to conduct the first-ever randomized controlled trial for eumycetoma treatment.** Completed in 2021, the trial showed that the drugs fosravuconazole and itraconazole, combined with surgery, are both effective, with fosravuconazole offering practical advantages, including once-weekly dosing and no need to administer the drug with food. **New treatments that are shorter and have the potential to cure the disease without surgery are still urgently needed to prevent amputation and devastating disability.**

OUR GOAL IS NOW to continue advancing research to identify new potential treatments while working with partners to register fosravuconazole in Sudan and expand access to existing – but often unavailable – drugs in mycetoma-endemic countries.

DELIVERING CARE AMID CONFLICT

Disrupted access to healthcare is one of many devastating consequences of the war in Sudan. In 2024, the MRC in Khartoum was destroyed, threatening to bring an end to the critical role it has long played in advancing R&D and delivering treatment for people across the region. **Although conflict continues to take a terrible toll in the country, there are signs of recovery for the MRC – and hope for the patients who rely on it.** In early 2026, donor support enabled the centre to be rebuilt and reopened, enabling patients in Sudan to access specialized diagnosis and treatment for eumycetoma once again.

DNDi teams continued working with the MRC, Eisai Co., Ltd., and other partners to facilitate registration of fosravuconazole and enable access to the treatment. Long delayed by the conflict, a fosravuconazole early-access protocol was launched in August 2025 with an initial cohort of 40 patients. A collaboration between DNDi, Eisai Co., Ltd., Médecins Sans Frontières (MSF), and local partners enabled successful delivery of the treatment, which required extraordinary logistical efforts, including security escort over a final 600-kilometre desert journey.

A photograph of a man sitting in front of a wall made of dried sticks and branches. He is wearing a colorful patterned shirt, a striped headband, and a beaded bracelet. He is holding a long wooden staff in his right hand. The background is a textured wall made of dried sticks and branches.

You are only useful to people when you have something to offer. When you have nothing, you are nobody.

EROT is a 49-year-old mycetoma patient from Katong'un village in Turkana County, Kenya. Once a pastoralist, he is now unable to work or provide for his family and has been alienated by most of his friends and relatives.

Photo credit: Lameck Ododo-DNDi

Together with WHO, DNDi teams made progress advancing a global regulatory plan for the registration of fosravuconazole in mycetoma-endemic countries.

To expand the evidence base required to support registration, DNDi and partners will conduct a Phase III multi-country clinical trial to assess the safety and efficacy of fosravuconazole on a larger scale.

Recruitment is expected to begin in late 2026 at trial sites in India, Kenya, and Senegal.

CLOSING KNOWLEDGE GAPS TO STRENGTHEN CARE

The burden of mycetoma outside of Sudan is very poorly characterized, hindering efforts to develop treatments and ensure they reach all who need them. **To bridge the evidence gap, DNDi teams joined with partners in India, Senegal, and Ethiopia to collect much-needed epidemiological data.**

In collaboration with the Fungal Infections Study Forum (FISF) in India and Cheikh Anta Diop University in Senegal, DNDi conducted a retrospective review of hospital records, identifying more than 1,400 cases of mycetoma and generating data on disease burden, distribution, clinical presentation, and management.

In Ethiopia, one of the first large-scale community-based initiatives for mycetoma screened over 100,000 people across more than 25,000 households. Led with Arba Minch University, this effort identified over 100 suspected cases and referred them for laboratory confirmation.

In addition to raising awareness, strengthening community engagement, and piloting a model for future surveys, the study provided the first population-level insight into the burden of mycetoma in the country.

In Kenya, DNDi partnered with the African Institute for Health and Development (AIHD), Kenya Medical Research Institute (KEMRI), Turkana County Hospital, Surgery in Turkana Foundation, and the US CDC to conduct a cross-sectional study of the social, behavioural, and economic factors influencing the prevention and management of mycetoma in Turkana. By engaging directly with affected communities, the study seeks to identify healthcare gaps and better understand the needs of affected populations to inform the development of culturally appropriate interventions, policy recommendations, and practical tools such as training manuals and standard operating procedures.

SETTING A FIRM FOUNDATION FOR CONTINUED R&D

In earlier-stage research, DNDi teams continued working with partners Erasmus University Medical Center and the University of Antwerp to develop a new *in vivo* model to assess antifungal efficacy. Expected to become the first validated pre-clinical model for eumycetoma, the achievement would signify a major advance in efforts to identify new treatments for the disease. DNDi teams also advanced work with Uppsala University to develop pharmacokinetic models to support dosing and treatment optimization.