Drugs for Neglected Diseases

Partnership in Research & Development
“today, a growing injustice confronts us. More than 90% of all
death and suffering from infectious diseases occurs in the
developing world.

Some of the reasons that people die from diseases like
HIV/AIDS, TB, sleeping sickness, and other tropical
diseases is that life saving essential medicines are either
too expensive, are not available because they are not seen
as financially viable, or because there is virtually no new
research and development for tropical diseases.

`This market failure is our next challenge”

_Noble Lecture delivered by Dr. James Orbinski after MSF
was awarded the Nobel Peace Prize in 1999_
Patients' need driven Partnership

DNDi was founded in 2003 by 7 organizations from around the world to establish DNDi: 5 public sector institutions & 2 organizations:

- Médecins sans Frontières (MSF);
- The Oswaldo Cruz Foundation from Brazil
- The Indian Council for Medical Research
- The Kenya Medical Research Institute
- The Ministry of Health of Malaysia
- France's Pasteur Institute

And the UNDP/World Bank/WHO's Special Programme for Research and Training in Tropical Diseases (TDR), as a permanent observer to the initiative.
Core Diseases

- **Human African Trypanosomiasis (Sleeping Sickness):** Endemic in 36 African Countries
- **Chagas Disease:** Endemic in 21 countries in South America
- **Peadiatric HIV:** 3.4 million children under 15 living with HIV in 2011
- **Leishmaniasis:** occurs in 98 countries with 350 million people living at risk.
- **Malaria:** 219 million new cases, 660,000 deaths* (World Malaria Report 2012)
- **Helminth Infection (River Blindness):** 120 million infected, 40 million symptomatic
Neglected Disease Control Challenges

- Populations live in poor, remote, sometimes politically unstable areas
- Health system capacity
- Inappropriate or nonexistent diagnostic tools
- No effective vaccines
- Existing drugs toxic, difficult to administer, long course, expensive
DNDi Objectives

- Primary Objective:
  - To deliver 11-13 new treatments by 2018 for sleeping sickness, Chagas, leishmaniasis, & malaria & a robust pipeline for future needs

- Secondary Objectives:
  - Use and strengthen existing capacity in endemic countries
  - Raise awareness about the need to develop new drugs for neglected diseases
  - and advocate for increased public responsibility
Six Treatments Delivered so far.....

Examples:

2007

ASAQ (Malaria)
Fixed-Dose
Artesunate/
Amodiaquine

Partnership with sanofi-aventis
(France)

2008

ASMQ (Malaria)
Fixed-Dose
Artesunate/
Mefloquine

Farmanguinhos
(Brazil)

Cipla
(India)

2009

NECT
Sleeping Sickness

National Control Programs
MSF
WHO

• Easy to Use
• Affordable
• Field-Adapted
• Non-Patented
Multi Drug Resistant-TB

Access to effective DR-TB treatment

81% of people with DR-TB don't get effective treatment

19% of the 81% that do, only half are cured.

We need better treatment now.
Our Patients & Medical Staff Call For:

- For better treatment regimens: the TB research community, including research institutes and drug companies, must urgently deliver effective, more tolerable, shorter and affordable DR-TB drug regimens.

- For more financial support to increase DR-TB treatment, and a commitment to support research into developing not only effective and safe new drugs, but also easy-to-use, accurate and affordable diagnostics.
Thank You