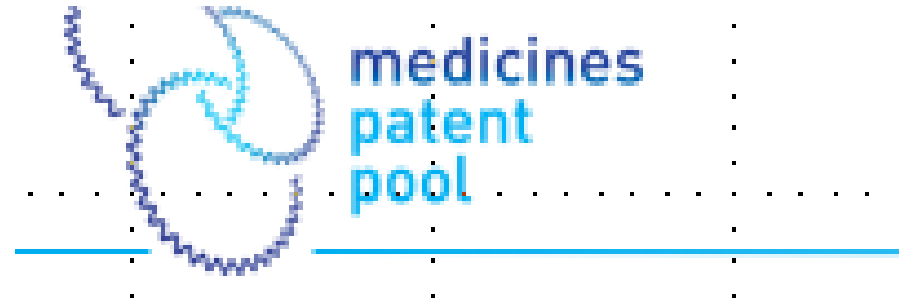




Drugs for Neglected Diseases *initiative*



Two remarkable initiatives to:

- Challenge the dominant R&D paradigm
- Innovate "differently"
- Ensure access to innovative medicines for resource-limited countries
  - > Reduce inequity in access to health care worldwide

Marie-Paule Kieny

**DNDi ORIGINS**

# BORN ON THE FRONTLINES OF MEDICAL ACTION



**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 that had never been developed at all.**

## **The root of the problem?**

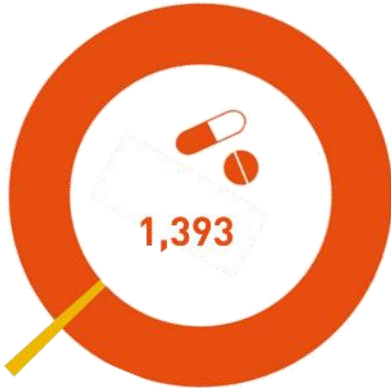
The prevailing profit-oriented model for medical research and development (R&D) leaves little incentive to develop drugs for the poorest and most vulnerable communities.



## WHY DNDI?

# For neglected diseases, a fatal imbalance remains

1975- 1999



**1.1%** of the 1,393 new drugs were for neglected diseases that represent **12%** of the global disease burden\*



**> 1 IN 5 PEOPLE**  
Worldwide are affected by diseases you may never have heard of

\* SOURCE: MSF & the DND Working Group, 2001. *Fatal Imbalance: The Crisis in R&D for Neglected Diseases*. Médecins Sans Frontières.

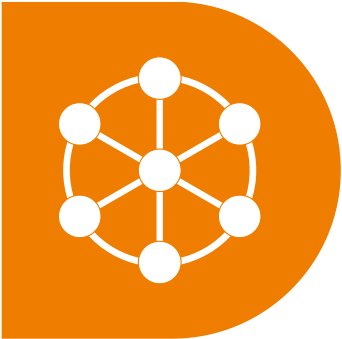


# The three pillars of our mission



## We innovate to save lives

We discover and develop urgently needed treatments for neglected patients, and work to ensure they are affordable, available, and adapted to the communities who need them



## We foster inclusive & sustainable solutions

We work hand in hand with partners in low- and middle-income countries to power our progress and strengthen innovation ecosystems that put people's needs first



## We advocate for change

We speak out for policy change to enable more effective and equitable R&D and access to the fruits of science for all people, no matter their income or where they live

# Creating value through partnership

## Academic and public health research institutes

We aim to develop long-term strategic alliances with at least five major public and/or academic partners to support the execution of our discovery and clinical activities.

## Major pharmaceutical partners

We aim to develop and maintain long-term strategic alliances with at least five major global pharmaceutical partners.



## Partners focused on diagnostics

We aim to work closely with partners such as FIND to ensure integrated approaches to the development and deployment of diagnostics and therapeutics, including concurrent testing of drugs and diagnostics in Phase III studies, with a view to enabling 'test-and-treat' strategies.

## Partnerships for access

We will strengthen and expand partnerships with governments to ensure appropriate health system policy and financing for diagnostics and treatments. We will also enhance collaboration with industry, communities, and civil society groups to overcome challenges to ensuring access to new health tools.

## Networks in LMICs

We will expand partnerships with pharmaceutical and biotechnology companies, mostly in LMICs. We will also grow our network of academic and public partners in LMICs to develop stronger links with the health ecosystems in the countries where we operate and continue to ensure proximity to patient needs.

# 9 NEW TREATMENTS DEVELOPED FOR 6 DEADLY DISEASES, SAVING MILLIONS OF LIVES

EASY-TO-USE ► AFFORDABLE ► FIELD-ADAPTED ► NON-PATENTED



2007

## ASAQ

A new combination to simplify **malaria** treatment  
>530 million treatments distributed



2009

## NECT

For **sleeping sickness**  
100% of stage-2 patients



2011

## Paediatric benznidazole

Simpler, safer treatment  
for children with **Chagas  
disease**



2016

## Superbooster therapy

More effective  
treatment for children  
with **HIV** who also have  
**tuberculosis**



2021

## Ravidasvir

Affordable, easy-to-use  
treatment for **hepatitis C**  
to increase access and  
minimize financial burden



2008

## ASMQ

For **malaria**  
Used in Africa and Asia



2010

## SSG+PM

**Visceral leishmaniasis**  
in East Africa  
Now first-line treatment  
in all countries



2011

## New VL treatment

In South Asia  
Supporting **visceral  
leishmaniasis**  
elimination efforts



2018

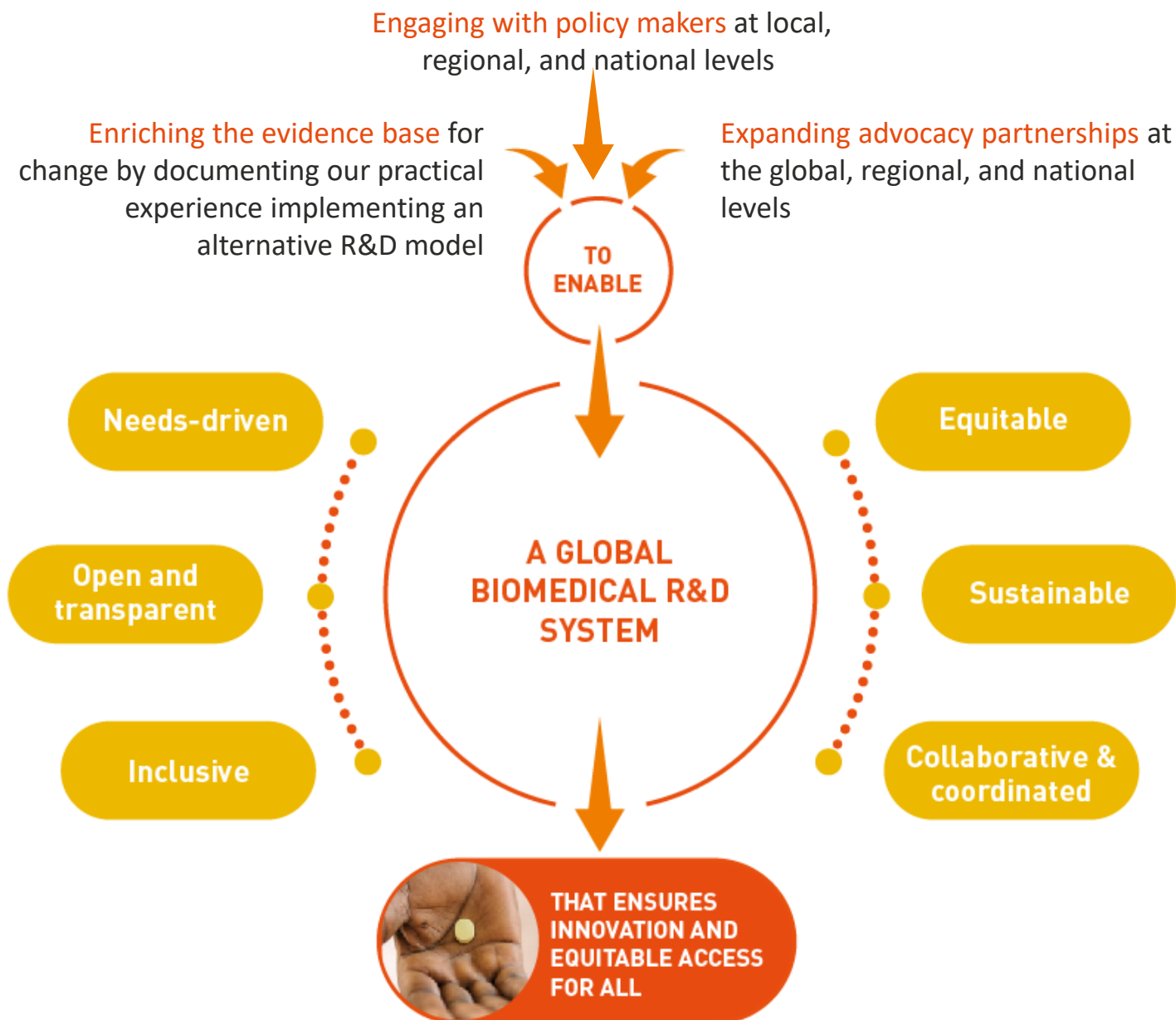
## Fexinidazole

A paradigm shift for  
**sleeping sickness**

# ADVOCATING FOR CHANGE

An essential part of DNDi's mission is to **promote public responsibility and advocate for public policies that will enable a more effective and equitable global biomedical R&D system** that delivers both innovation and access.

We will continue to stress the need for political leadership to drive R&D system change, informed by our practical experience implementing an alternative R&D model.







medicines  
patent  
pool



Increasing access to health technologies in LMIC



# THE MEDICINES PATENT POOL

MPP is a public health organization established in 2010 to accelerate **access to new HIV medicines** in LMICs

...and to facilitate the **development of new formulations needed in developing countries**

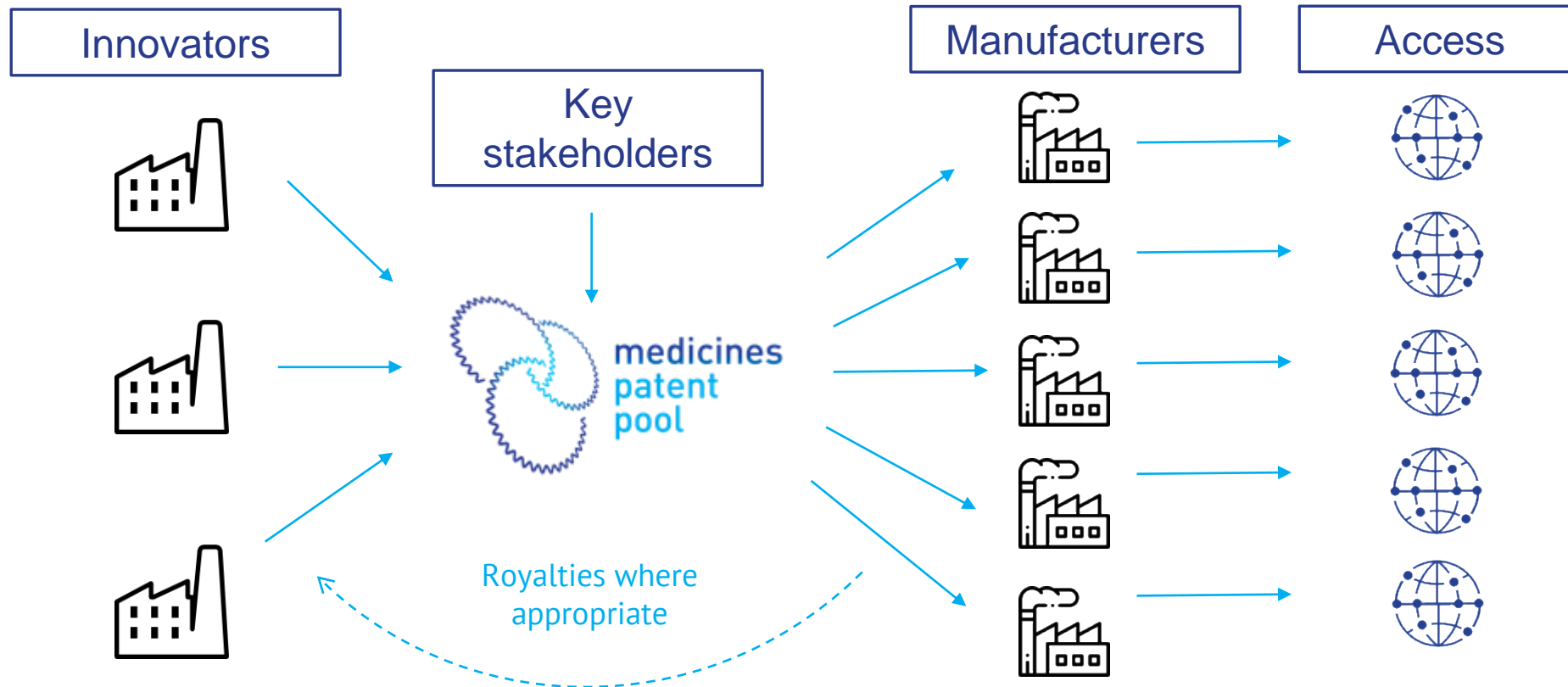
Operates through **voluntary licences** to facilitate early entry of **generic manufacturers** in LMICs

Expanded to work on **hepatitis C, Tuberculosis** (2016), other **patented essential medicines** (2018)....and **COVID-19** (2020)



The MPP is funded by:

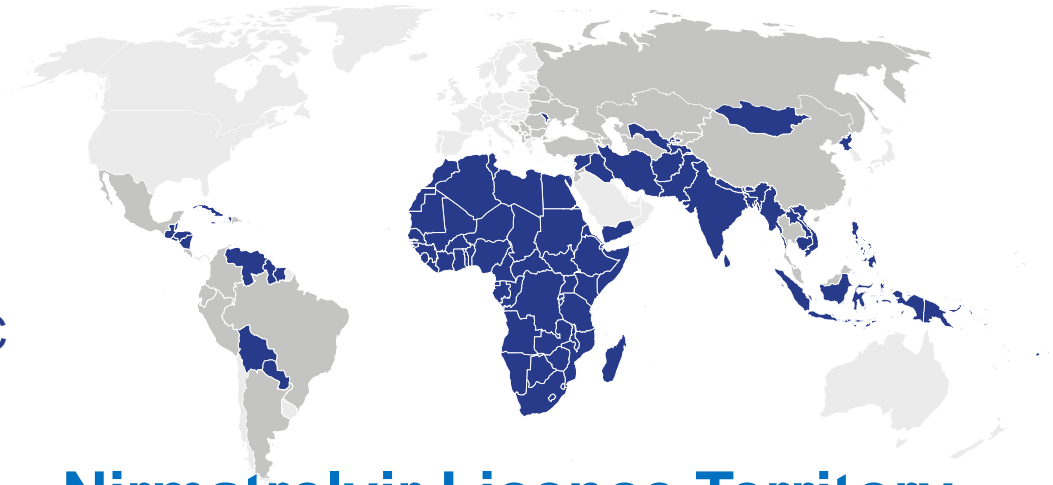




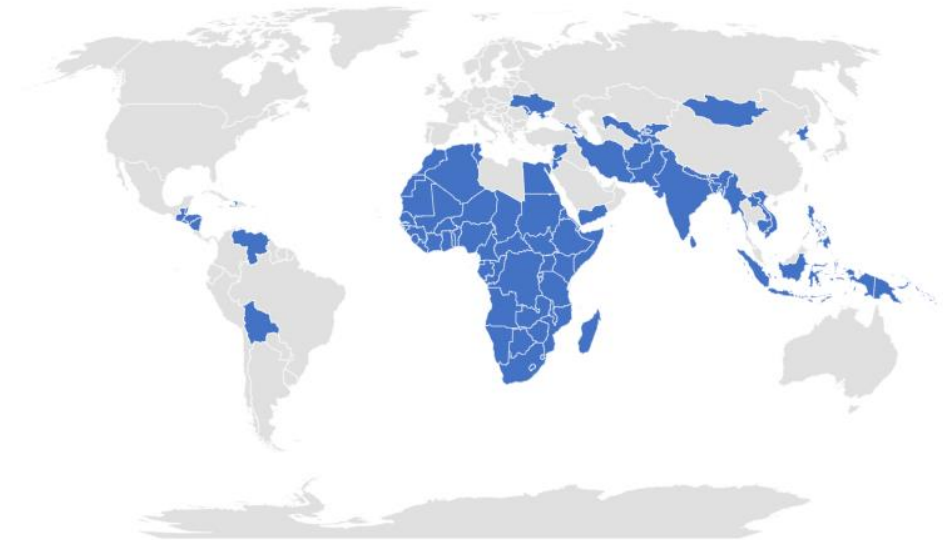
Guiding Principles		
<ul style="list-style-type: none"> <li>✓ Public health driven</li> <li>✓ Transparent</li> </ul>	<ul style="list-style-type: none"> <li>✓ Focus on accelerating access</li> <li>✓ Complementary</li> <li>✓ Non-exclusive</li> </ul>	<ul style="list-style-type: none"> <li>✓ Flexible</li> <li>✓ Voluntary</li> </ul>

## Molnupiravir Licence Territory

- Licences allow MPP to grant sub-licences
- Include confidential know-how
- Royalty-free during the WHO PHEIC
- Licensees can supply 105 or 95 countries respectively (approx. 4.1 billion people covered)
- Supply possible outside the territory if no patent infringement, including when a country issues a compulsory licence
- Require approval by WHO PQ or emergency use authorization
- Licences are fully transparent, available on MPP website



## Nirmatrelvir Licence Territory





## Licence on serological test with CSIC via WHO C-TAP

- Licence allows MPP to grant sub-licences to manufacturers anywhere in the world
- Licence includes **patents, biological material** and **know-how** necessary for manufacture of the diagnostic test
- Can be used to develop ELISA kits and lateral flow test for the detection of antibodies against COVID-19
- The territory is **worldwide**
- Royalty-free for LMICs; 15% for HICs
- Licence fully **transparent** on MPP website



NEWS & PRESS RELEASES » PRESS RELEASES

**WHO and MPP announce the first transparent, global, non-exclusive licence for a COVID-19 technology**

23 November 2021

**South African  
consortium set up  
to build tech  
transfer hub &  
spokes network  
with local/regional  
partners**

## The mRNA Technology Transfer Hub

