

# DND*i* and country decision making

A patient and country-needs driven *initiative*

PDP Access meeting

Divonne-les-Bains

27 July 2010

# DNDi objectives: A patient & country-needs driven *initiative*

To develop and deliver 6-8 new treatments for NTD, based upon needs identified by endemic country stakeholders.

With country stakeholders, to support recommendation and implementation of these new treatments to facilitate equitable access.



# Founding partners play a key role to assess needs & support adoption

Non-profit drug R&D organization founded in 2003 to address the needs of the most neglected patients.

7 Founding partners: centers of excellence in NTD research & care, on Board of Directors along with 2 patients representatives.

- Medecins Sans Frontieres (MSF)
- Indian Council for Medical Research (ICMR)
- Kenya Medical Research Institute (KEMRI)
- Malaysian MOH
- Oswaldo Cruz Foundation Brazil
- Institut Pasteur France
- WHO/TDR (permanent observer)



# With founding partners ⇒ TPP

## *The Blueprint of the blue ASMQ Tablet*

- Quality components (AS, MQ, Excipients)
- Smallest possible size
- Good aspect (Coating)
- Paediatric strengths; rapid disintegration in water
- Easy to use (1 or 2 tablets for 3 days)
- Stable (Process and Tropical conditions)
- Adequate biopharmaceutical properties
- Affordable
- Available as public good, non-patented



ASMQ = 1<sup>st</sup> FDC of Artesunate + Mefloquine

Developed in response to patients' need

1<sup>st</sup> line ACT recom by WHO for uncomplicated falc. malaria in Asia & LA

FDC → both drugs taken together in correct proportions

Simple '1-2-3' Regimen for Children and Adults

3-year shelf life

Public Good Available At Cost, Available Now in Brazil & 2010-11 in Asia

Proven high efficacy of AS+MQ – used in the field for 16 years – in MDR areas

# RD Platforms / Networks

## Involved in development from the start

**Aim:** To strengthen clinical research capacity & Assist GCP clinical development for specific diseases in endemic areas, i.e. HAT in Central Africa, VL in East Africa, Chagas in LA, FACT.

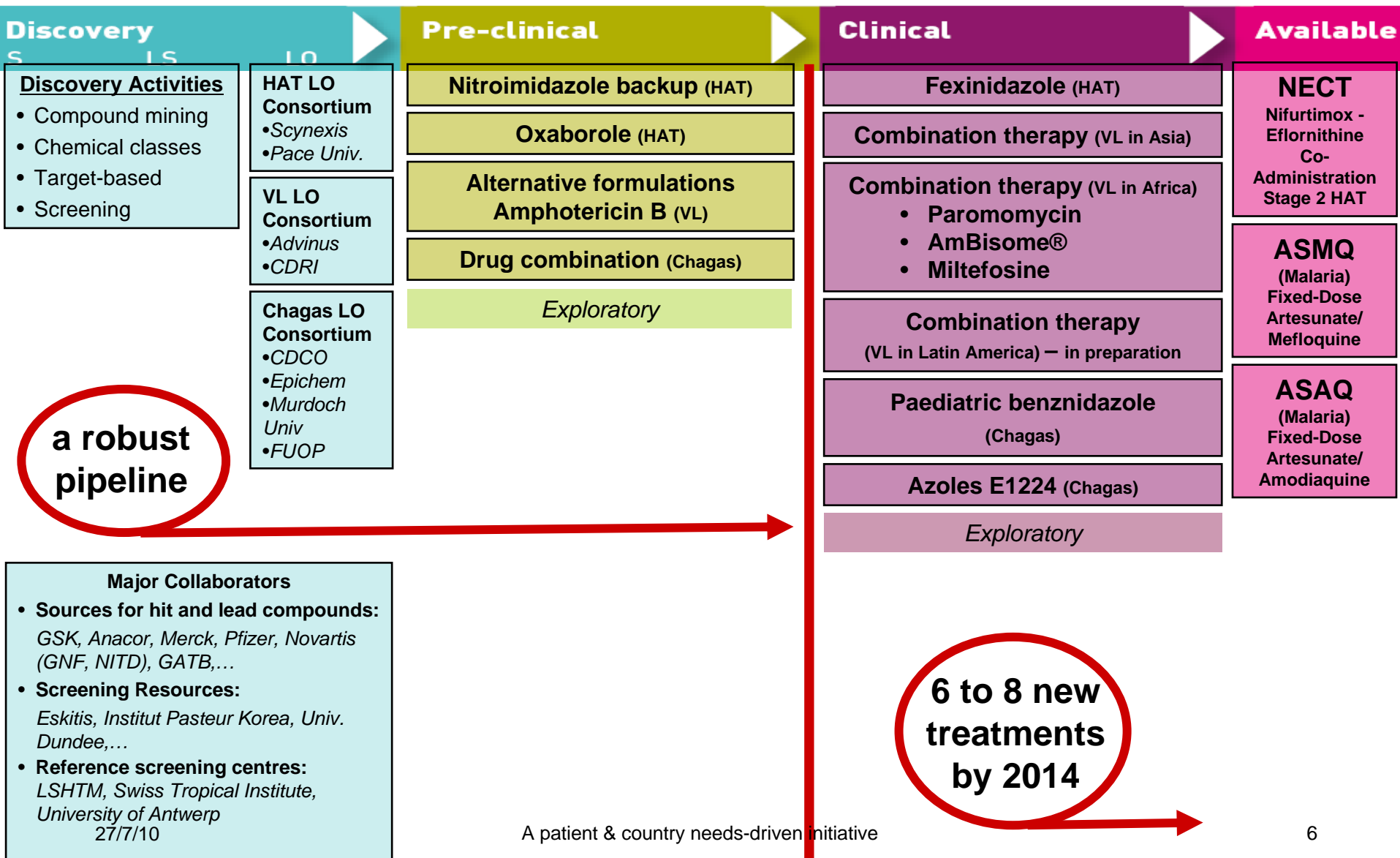
**Include:** Endemic region academics, NCP / MOH, regulatory officials, NGOs / MSF, WHO / Coordinated by DNDi.

**Mandate:** To evaluate, validate and facilitate registration & adoption of new treatments.

**Natural partner for country decision making**

# Projects Portfolio:

## 3 treatments available + 3 in 2010



**a robust pipeline**

**6 to 8 new treatments by 2014**

**Major Collaborators**

- Sources for hit and lead compounds:** GSK, Anacor, Merck, Pfizer, Novartis (GNF, NITD), GATB,...
- Screening Resources:** Eskitis, Institut Pasteur Korea, Univ. Dundee,...
- Reference screening centres:** LSHTM, Swiss Tropical Institute, University of Antwerp

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# DNDi “facilitates” patients access to treatment

Driven by goals to :

1. **Facilitate** equitable access to new treatments
2. **Transition** new treatments to **natural implementers**,  
i.e. M of H, NCP, WHO, NGOs

**Access strategy is project specific  
Pragmatic**

**Focused on most pressing “actionable” access barriers**

**Within DNDi expertise / mandate**

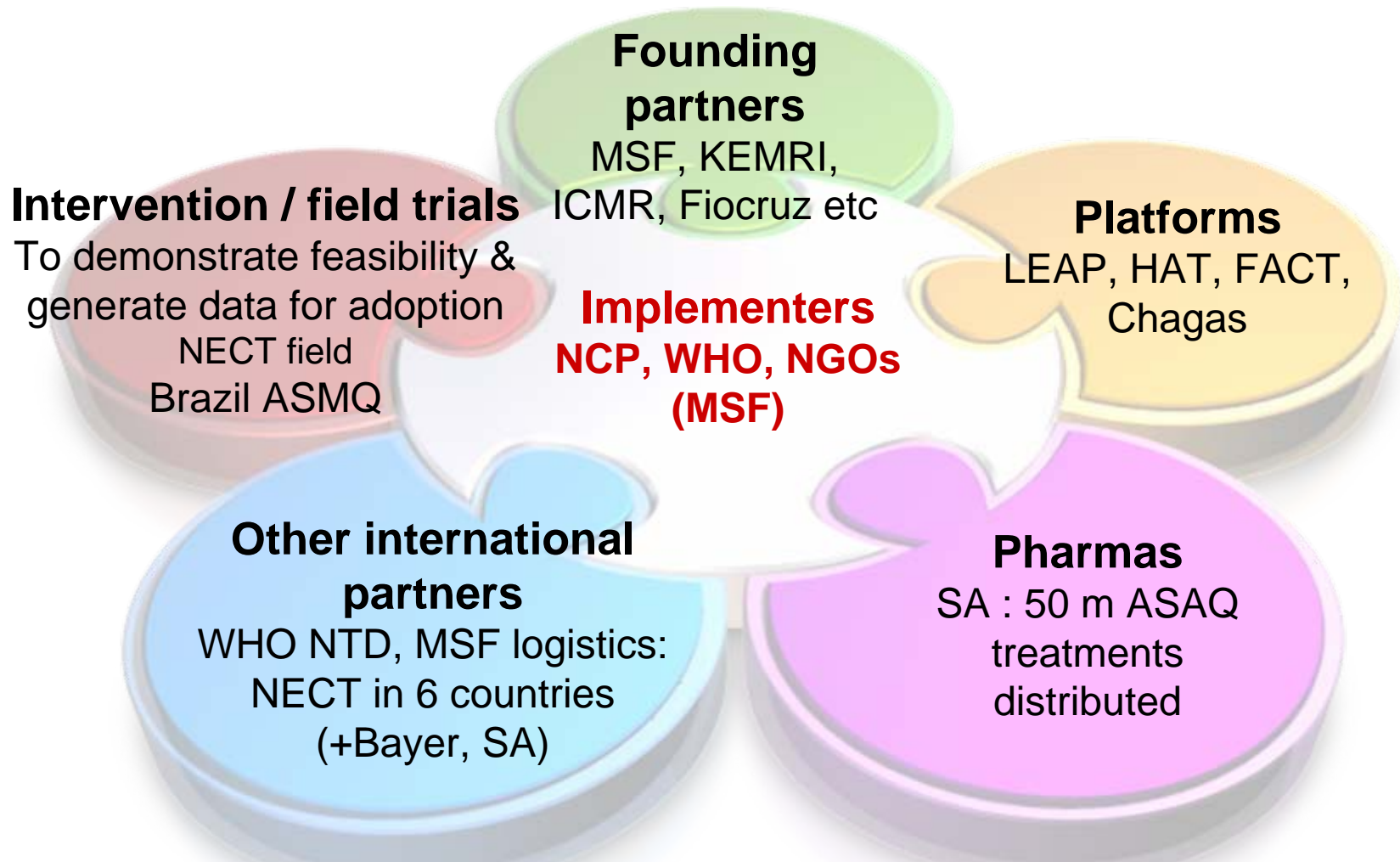
**To facilitate rapid implementation and relevant use**

**For max health impact**

**Always supported by advocacy**



# DNDi engages country stakeholders via 5 main mechanisms



**Supporting advocacy to international audiences & endemic countries**



**Patient & country-needs driven *initiative*,  
endemic countries involved from the start**



27/7/10

Shoklo Malaria Research Unit

[www.dndi.org](http://www.dndi.org)

**DNDi**

Drugs for Neglected Diseases *initiative*