

Shared objectives

- Develop treatments or vaccines primarily dedicated to patients from endemic countries with no or poor access to the best effective and safe treatment, or to prophylaxis options
- For some as DNDi, the mission goes beyond, i.e strenghtening existing research capacities and up to ensuring that implementation takes place

DNDi

A patient-needs driven & innovative R&D model

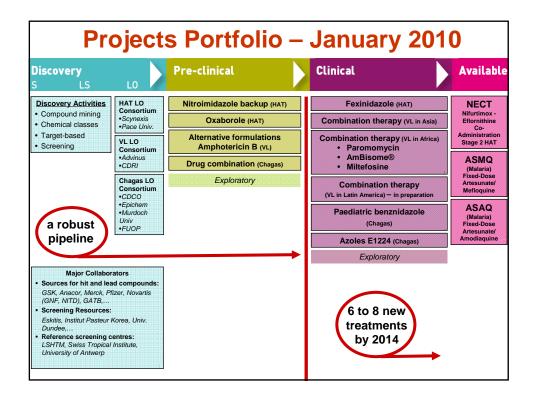
- Deliver 6 8 new treatments by 2014 for sleeping sickness, Chagas disease, leishmaniasis and malaria
- Establish a robust pipeline for future needs
- Use and strengthen existing capacity in disease-endemic countries

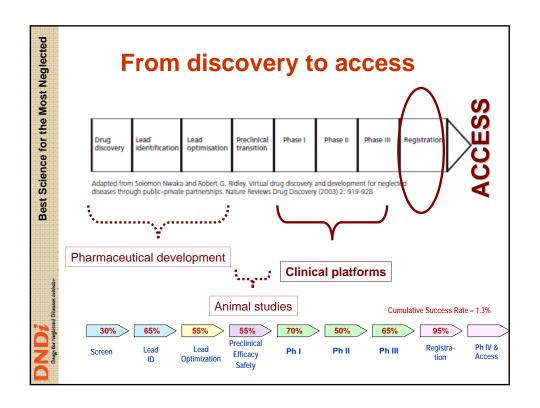
7 Founding Partners

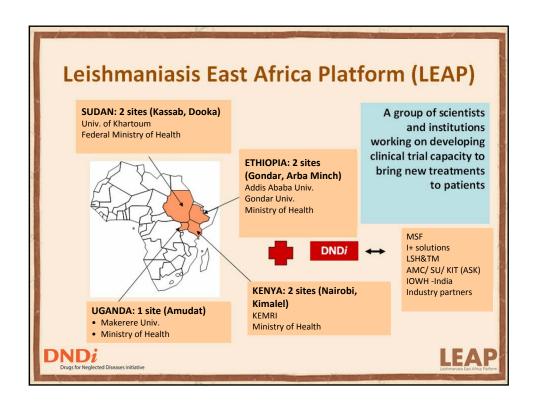
- Indian Council for Medical Research (ICMR)
- Kenya Medical Research Institute (KEMRI)
- Malaysian MOH
- Oswaldo Cruz Foundation Brazil
- Medecins Sans Frontieres (MSF)
- Institut Pasteur France
- WHO/TDR (permanent observer)

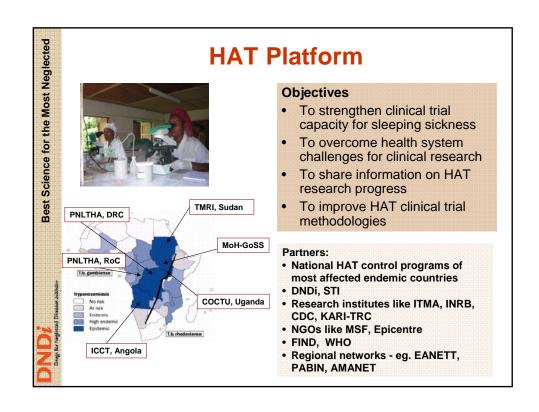


Best Science for the Most Neglected









2 examples of successful registration







NECT

Best Science for the Most Neglected

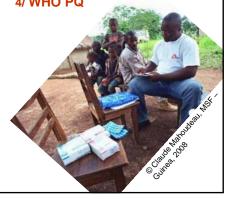
ASAQ Registered & manufactured in Africa

Innovative partnership with sanofi-aventis

- A FDC of artesunate-amodiaquine
- Not patented, at cost in public market
- · Manufactured in Marocco
- 2008: Prequalified by WHO
- Registered in 25 African countries
- 25 million distributed in 2009
- Ambitious field monitoring program (Pharmacovigilance)
- Technology transfer on going to an African manufacturer

Registration Model:

- 1/ Scientific Opinion UK MHRA
- 2/ Morocoo registration
- 3/ Geographical extension 4/ WHO PQ



in a

NECT

An improved option therapy developed in Africa & implemented in 4 endemic countries

NECT (nifurtimox-eflornithine combination therapy):
A simplified, safe & effective treatment for stage 2 HAT

- Pivotal Phase III trial in DRC NECT included into WHO Essential Medicines List (May 2009)
- NECT-FIELD study initiated in 6 clinical sites in DRC
- Implementation with WHO and national programmes

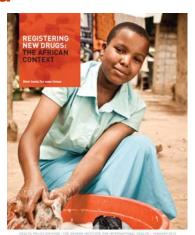
Registration Model:
1/ EML for combination
2/ Access via National programs/WHO

But the landscape is evolving ...

- Up to now, the majority of treatments submitted for approval in Africa, were already approved drugs (EU, USA) or generic drugs
- <u>New Chemical Entities</u> (NCEs), vaccines, combination treatments now being developed to respond to the specific needs in developing countries
- African regulatory agencies will have to perfor regulatory assessment of new treatments never evaluated before
- How can this be achieved the most efficiently?

Need for new pathways for registering innovative drugs for Africa

- Increased participation of endemic countries within existing mechanisms
- Regional centres of excellence to support strengthening of African regulatory agencies



DNDi



By working in a creative way, we CAN bring together innovation to neglected patients!

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