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# The role of PDPs to bring innovation for the most neglected

*Joelle Tanguy, Director External Affairs,  
 Berlin, January 23<sup>rd</sup> 2023*



# Greetings



## Joelle Tanguy, MBA

Drugs for Neglected Diseases initiative [www.dndi.org](http://www.dndi.org)

Director, External Relations (Policy, Strategic Partnerships, Advocacy & Communication,)

Chair Steering Committee on Gender Responsive R&D

Executive Sponsor of DNDi's Climate initiative

Former GAVI managing Director, MSF executive director, TB Alliance founding director, IFRC Under Secretary Geneva.

Board member of the Access to Medicine Foundation publisher of the Access to Medicine Index.

<https://accesstomedicinefoundation.org/>

WHY DNDi, WHY PDPs?

# A fatal imbalance in medical innovation

Scientific progress is inequitably applied in medicine. Only a small fraction of the drugs developed meet the needs of 1 in 5 people. Private pharmaceutical investments only serve the needs of the wealthy.



**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 neglected diseases of poverty

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



A DRUGS FOR NEGLECTED DISEASES  
INITIATIVE FILM  
DIRECTED BY  
SCHOLARS AND GENTLEMEN

A DOCTOR'S  
**DREAM**

A PILL FOR SLEEPING SICKNESS



# Keeping the Promise



The PDP model, history, impact, and future potential in 10 bullets

**PDP products and innovation have improved health and saved lives by addressing unmet needs:**

- 1** PDPs are the global leaders in developing new health technologies where lack of traditional market incentives have stalled progress.
- 2** PDP pipelines are robust and poised to deliver a significant number of innovative technologies in the near-term.
- 3** PDPs achieve impact by developing products appropriate for the people and contexts in which they will be used.

**Investing in PDPs is a cost-effective way to drive global development and public health preparedness:**

- 4** PDPs save money and are a cost-effective way to save lives and grow economies.
- 5** PDPs build local capacity to perform research and strengthen health systems.
- 6** The products that PDPs develop are essential to achieve universal health coverage and the United Nations 2030 Sustainable Development Goals.
- 7** PDPs are equipped to help prevent and respond to urgent emerging and future health threats.

**Increased investment and political will is needed to realize the full promise of PDPs:**

- 8** PDPs need sustained, diverse, and flexible funding to increase their impact on global health and development.
- 9** Regulatory harmonization is needed to accelerate the global availability of PDP-developed products.
- 10** Increased investment and cross-sector collaboration are needed to ensure the widespread adoption, delivery, and implementation of new health technologies.

# Keeping the Promise

PDPs are the global leaders in developing new health technologies where lack of traditional market incentives have stalled progress



- Between 2010 and January 2021, twelve PDPs have delivered **66 new health technologies** - treatments, vaccines, diagnostics, vector controls, and devices
- Products have reached more than 2.4 billion people, mostly in LMICs
- Advances are concentrated in diseases of poverty where investment and innovation have long been stagnant;
- Example: DNDi delivered 12 new treatments since its creation in 2003:

 <p><b>ASAQ</b> <span>2007</span></p> <p>A simpler combination treatment for <b>malaria</b> &gt;530 million treatments distributed</p>	 <p><b>ASMQ</b> <span>2008</span></p> <p>Easy-to-use treatment for uncomplicated <b>malaria</b> in Asia, Africa, and Latin America</p>	 <p><b>NECT</b> <span>2009</span></p> <p>Safer treatment for <b>sleeping sickness</b> to replace a complex and toxic arsenic-based drug</p>	 <p><b>SSG + PM</b> <span>2010</span></p> <p>Now first-line treatment for <b>visceral leishmaniasis</b> in all East African countries</p>
 <p><b>PAEDIATRIC BENZNIDAZOLE</b> <span>2011</span></p> <p>Simpler, safer treatment for children with <b>Chagas disease</b></p>	 <p><b>NEW VL TREATMENT</b> <span>2011</span></p> <p>Treatment for <b>visceral leishmaniasis</b>, supporting elimination efforts in South Asia</p>	 <p><b>SUPERBOOSTER THERAPY</b> <span>2016</span></p> <p>More effective treatment for children with <b>HIV</b> who also have <b>tuberculosis</b></p>	 <p><b>FEXINIDAZOLE</b> <span>2018</span></p> <p>New paradigm-shifting, all-oral treatment for <b>sleeping sickness</b></p>
 <p><b>RAVIDASVIR</b> <span>2021</span></p> <p>Affordable, easy-to-use treatment for <b>hepatitis C</b> delivered through South-South collaboration</p>	 <p><b>4-IN-1</b> <span>2022</span></p> <p>Easy-to-administer, strawberry-flavoured treatment for children with <b>HIV</b></p>	 <p><b>VL/HIV</b> <span>2022</span></p> <p>More effective combination <b>visceral leishmaniasis</b> treatment for people also living with <b>HIV</b></p>	 <p><b>NEW VL TREATMENT</b> <span>2022</span></p> <p>Safer treatment for <b>visceral leishmaniasis</b> in Latin America</p>

# 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.

# The acute innovation challenge for low resource settings

**Climate Change**

**Vector-borne (and water borne) infectious diseases**

e.g., NTDs

**New Emerging Diseases**

e.g., Zoonotic diseases

**Climate-related migration**

exposes new (& non-immune) populations and unequipped health systems



**Impacts of climate change disproportionately burden low- & middle-income countries**

**The global biomedical innovation system is not responsive to the needs of low-resource settings**



**Looming crisis of innovation and access**





## 2 The Unfunded Mandate of PDPs: Ensuring Access

# Ensuring equitable and affordable access

## Securing affordable and sustainable production and supply

We work with industry and non-industry partners to secure medical products of the highest quality standard at the lowest sustainable price, and to secure long-term supply agreements based on the principles of transparency, equity, and fairness.



## Facilitating introduction and uptake of new treatments

We work to make sure new products are introduced and adopted at the national and regional levels.

## Improving market dynamics

We work to influence the practices of manufacturers, buyers, suppliers, governments, donors, healthcare providers, and consumers to improve how treatment is produced, procured, distributed, and delivered.

At each stage of the R&D process, critical decisions are made that can either facilitate or hinder availability, affordability, and access.

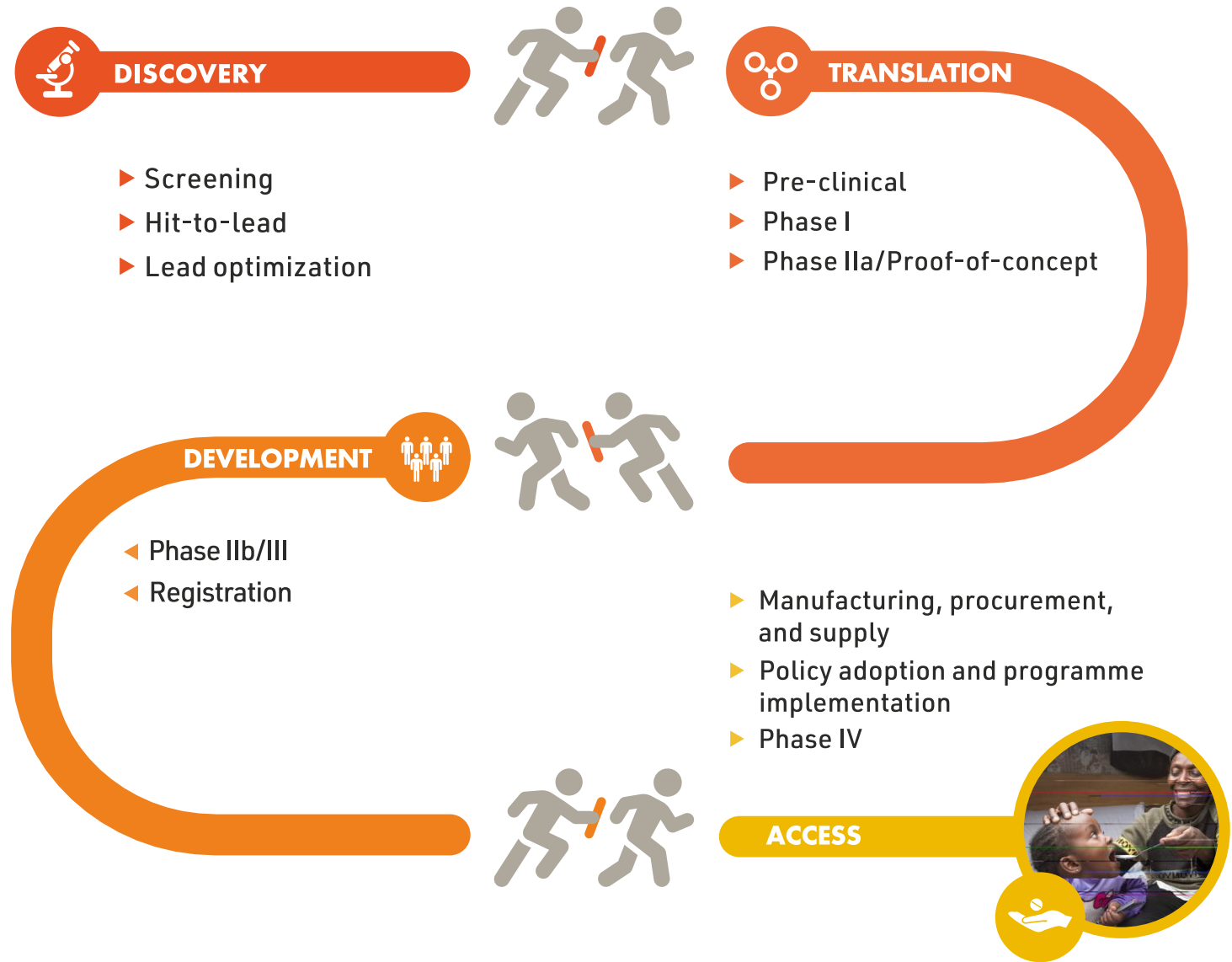
Embedding access in all stages is key.

Underpinned by collaboration agreements with partners based on a shared vision.

DNDi has a public IP Policy

Key principles:

- Equitable access and affordability of end-product
- Make results of DNDi research available to the wider research community
- Develop drugs as public good when possible





# 3 Take away messages

## ADVOCATING FOR CHANGE

# The lessons from COVID-19 echo the experience with NTDs.

- Participation by LMICs in setting the research agenda
- Open sharing of research knowledge and data
- Health tools free of intellectual property restrictions
- Ensure sufficient production, equitable allocation, and affordable pricing
- Full transparency on R&D funding

COVID-19 POLICY REPORT  
AUGUST 2021

## ANOTHER TRIUMPH OF SCIENCE, BUT DEFEAT FOR ACCESS?



Ensuring innovation and equitable access  
for COVID-19 treatments, other infectious  
diseases, and future pandemics

**DNDi**  
Drugs for Neglected Diseases Initiative

## Take away

- **PDP model** has proven to be successful
- **Long-term, unrestricted financing** of R&D for neglected populations is key
- **Germany** is among the leaders and a great partner, but could strengthen its financial support for R&D for poverty-related and neglected populations
- **Access** is embedded as part of the PDPs mandate .....  
.....but it is an unfunded-mandate and requires support and international collaboration!



**Thank you!**

**DNDi**  
Best Science  
for the Most Neglected

20 years

# 3

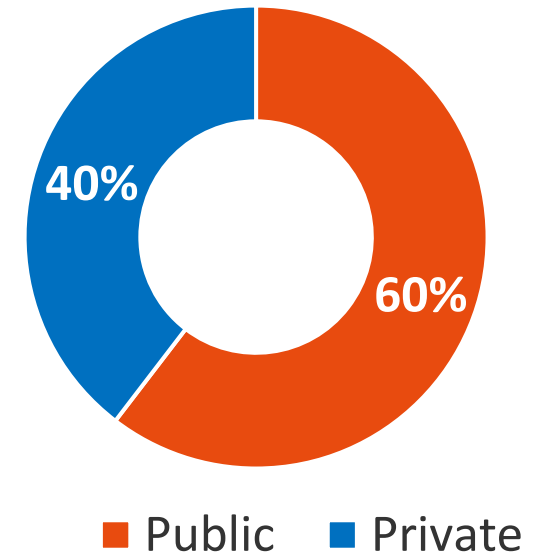
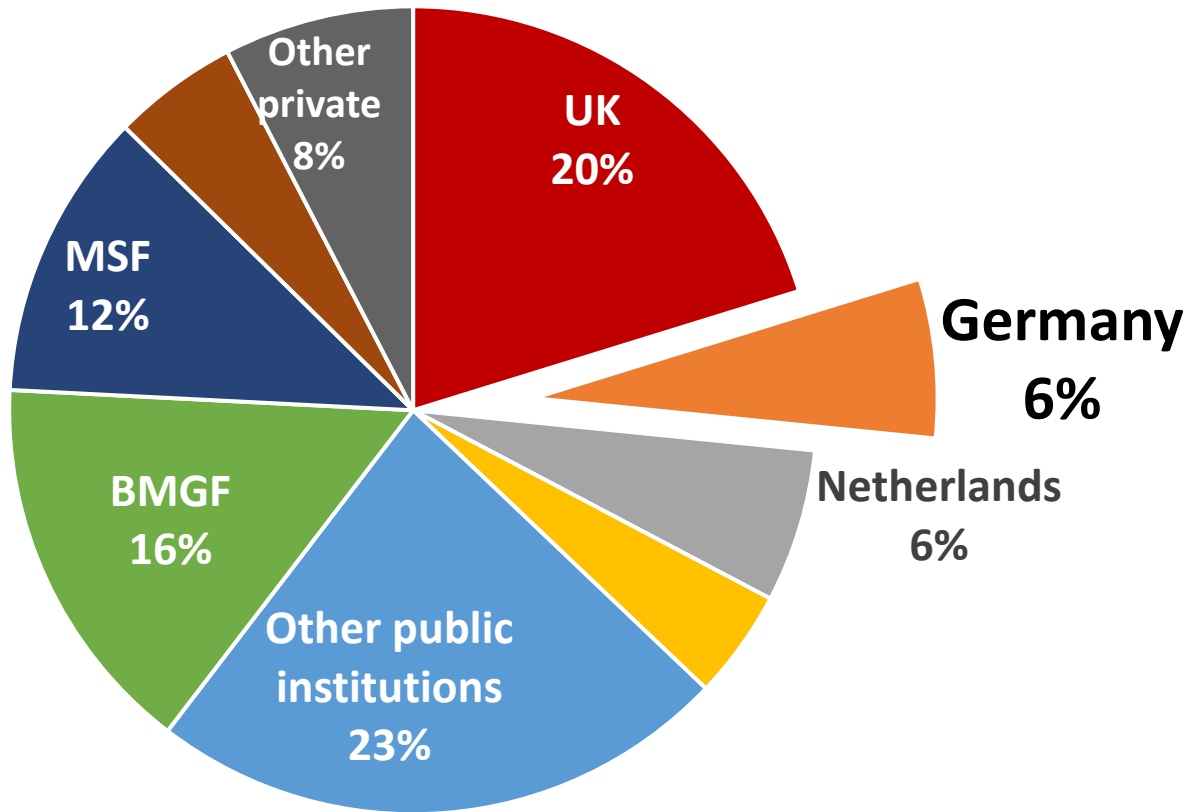
## Backup - Funding of DNDi



# A collaborative approach to resourcing DNDi's innovation agenda

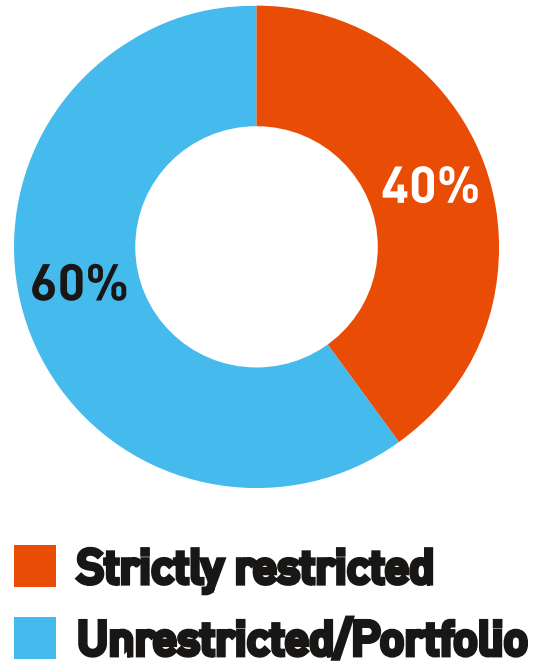
Target: €1.16b by 2028 (since 2023)

Secured\*: €818.7m

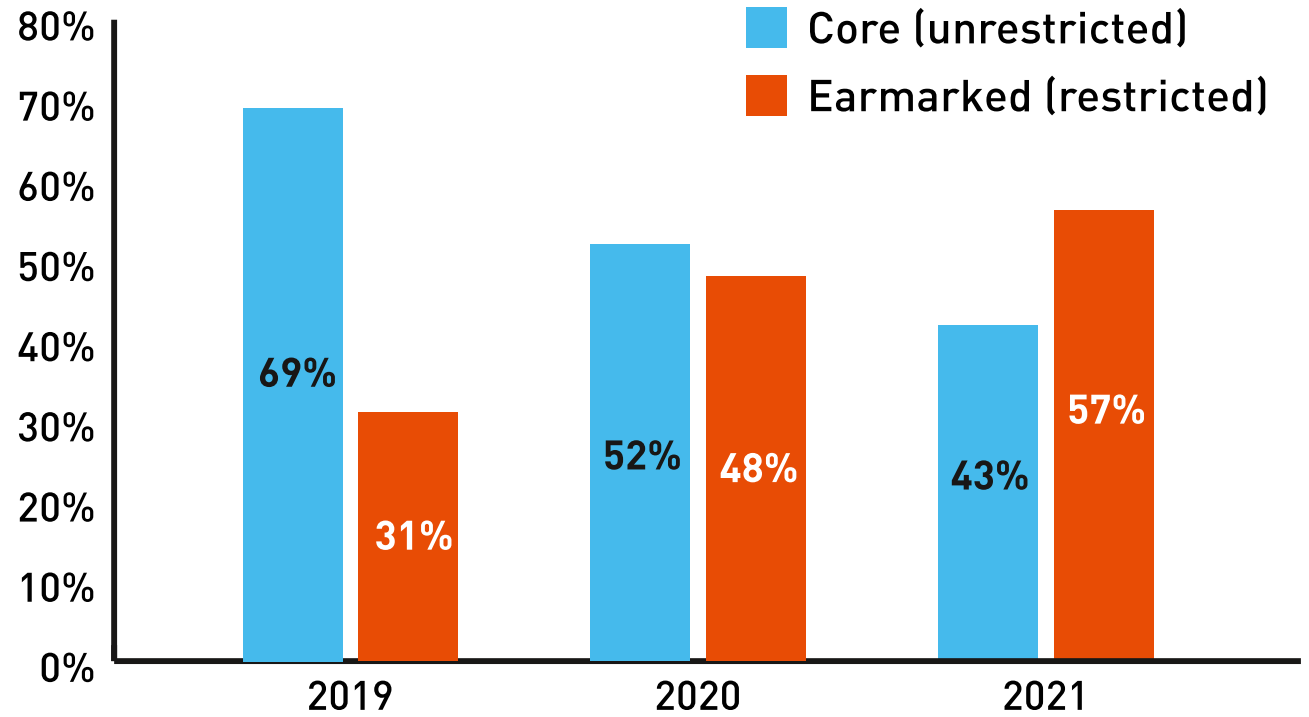


# Donor restrictions on funding

2003-2021



2019-2021



# Overview on Germany's support

- DNDi is funded by BMBF via KfW
- **Second BMBF PDP funding round:** DNDi receives 10 Mio. (2016 -2021) for R&D for NTDs
- Supplemental funding of 4.5 Mio Euro for **NTD research ends in June 2023**
- Additionally:
  - 10 Mio Euro for DNDi's work on **COVID-19** (2021-2023) and
  - 2.4 Mio Euro seed funding for the PANdemic preparedness platform for Health and Emerging infections' Response (PANTHER).
- **Third Funding Round** of BMBF was announced in summer '22: 5 PDPs were selected – also DNDi.
- DNDi will be financed over 5 years with 10 Mio Euro for NTD research as of summer 2023.

