



Raising the Profile of Neglected Tropical Diseases by Bernard Pécoul

What is the problem?

Despite the phenomenal changes in medicine over the past half-century, with therapeutic advances saving many millions of lives, adequate drugs are not available for many diseases affecting poor, neglected populations in the developing world.

While much attention in the past decade has focused on combating the 'Big Three' neglected diseases (HIV/AIDS, malaria, and tuberculosis), many other tropical diseases have failed to attract adequate resources. Neglected tropical diseases (NTDs) kill millions of people each year and aggravate poverty in the developing world. The world's sixth leading cause of disability-adjusted life years (DALYs), NTDs exact a worldwide cost that is greater than road traffic accidents or tuberculosis.¹

For NTDs that can be effectively diagnosed and treated with existing tools, enormous challenges must be overcome with regard to access – getting treatments to those who need it. Additional challenges stand in the way of combating NTDs for which the drugs being used often date back to colonial period and are simply inadequate by today's standards.

For example, deadly parasitic diseases such as sleeping sickness, leishmaniasis, and Chagas disease cause substantial morbidity and mortality worldwide; yet, because of a combination of market and public policy failures, no adequate tools exist to diagnose and treat these fatal conditions. In 2007, less than 5% of USD 2.5 billion in total funding for neglected diseases R&D went to these deadly diseases.¹



DNDi is one such PDP that is currently developing new treatments against sleeping sickness, leishmaniasis, Chagas disease, and malaria. DNDi's objective is to deliver six to eight new treatments by 2014 for these diseases and to establish a robust R&D pipeline for additional new medicines. In doing so, DNDi also works to use and strengthen existing capacities in disease-endemic countries, and to raise awareness and advocate for the need to develop new treatments for the most neglected diseases.

Established in 2003 by Doctors Without Borders/Médecins Sans Frontières and Institut Pasteur along with four publicly-funded research organizations in neglected disease-endemic countries – the Indian Council for Medical Research (ICMR), the Kenya Medical Research Institute (KEMRI), the Oswaldo Cruz Foundation (Fiocruz) in Brazil, and Malaysian Ministry of Health – DNDi works in partnership with industry, academia, other PDPs, NGOs, and governments to advance on its objectives.

DNDi's delivered products represent examples of needs-driven innovation that provides patients in resource-poor settings with important improvements in treatment options. However, PDPs alone cannot meet the urgent needs of neglected patients.

What else needs to be done?

The changes seen in the past decade offer a new landscape in which to collaborate and to advance essential health, but greater investments (complemented with new and adapted funding mechanisms) are needed from both governments and the private sector to ensure that these efforts are sustained and strengthened.

For example, DNDi requires a total of USD 350 million in order to achieve its objectives of building a robust