DNDi
Best Science
for the Most Neglected

DNDi submission to Vendepunkt

This submission is made by the Drugs for Neglected Diseases initiative (DNDi), a not-for-profit R&D organization that discovers, develops, and delivers new treatments for neglected patients and neglected diseases. DNDi also advocates for public responsibility and public policies required to support needs-driven equitable R&D ecosystems at global, regional and national fora.

DNDi was established in 2003 by public research institutions in Brazil, France, India, Kenya, the Ministry of Health in Malaysia, Médecins Sans Frontières and with the participation of the World Health Organization Special Programme on Research and Training in Tropical Diseases. Using an alternative, collaborative, open science, research and development model, DNDi has developed 14 new and improved treatments for six deadly diseases, that have reached millions of people.

DNDi thanks the Government of Norway for the opportunity to input into Vendepunkt and a new development policy. Norway is an important actor in an era where development aid is changing, and is a key stakeholder in global health, both politically and financially. Norway has contributed NOK 72 million over seven years to support DNDi's successful development and delivery of new treatments, including two new treatments for Sleeping sickness: fexinidazole and acoziborole.

We have worked closely with Norwegian delegations in global health multilateral fora, including throughout the Pandemic Agreement negotiations where we engaged on R&D-related issues and discussions. Our work in R&D and policy give us a practical perspective on how the global health architecture in general, and for neglected infectious and pandemic-prone disease R&D in particular, has evolved. Drawing on this experience, we offer recommendations for how Norway can respond to these shifts through its new development policy.

Below are our comments:

Define the principles guiding Norway's continued global health leadership

- Norway's sustained commitment to a 1% ODA/GNI ratio is vital as global ODA faces its sharpest contraction on record. Vendepunkt offers a timely **opportunity to define how Norway's continued commitment can deliver maximum impact with benefits for neglected populations that needs it the most**.
- As the global health architecture is redesigned, Norway can help **ensure that the development of health tools as global public goods, scientific innovation, equity and country ownership remain central**.
- We will not be able to address and support elimination of existing and future health challenges without new health tools and need to harness the best science from all regions to develop them.
- The forward-leading approach from Norway in the development and follow-up of the Lusaka Agenda should be continued within its development policy. Norway's choice in development objectives and mechanisms for deploying development aid should seek to **rebalance power dynamics** toward country ownership.

Norway should continue country-led, catalytic investments to strengthen global health outcomes and reaffirm health cooperation and multilateral solidarity.

Drugs for Neglected Diseases initiative
15 Ch. Camille-Vidart ·1202 Geneva · Switzerland
Tel: +41 (22) 906 9230 · Fax: +41 (22) 906 9231
dndi.org

DNDi
Best Science
for the Most Neglected

Prioritise public-interest R&D for global health innovation and equitable access as a global public good

- Public investments and ODA should prioritise areas where market incentives are insufficient and **collective action is essential**. Innovation in health tools for neglected populations is one such area. Millions of people continue to lack access to appropriate, effective, affordable health technologies because commercial market incentives do not adequately address innovation for infectious diseases that primarily affect populations who are marginalised or in vulnerable situations, such as neglected tropical diseases (NTDs), climate-sensitive diseases, and poverty-related diseases.
- Norway, as a founding country or major donor of several global health institutions such as WHO, CEPI, Unitaid, Gavi and the Global Fund, has long recognised that **certain health outcomes require collective investment beyond what markets will provide**.
- All of these global health institutions depend on **sustained R&D to keep delivering next-generation results**. The majority of these global health institutions rely on existing products developed by others, apart from CEPI which focuses on new vaccines. There is a glaring **gap in the R&D pipeline for new treatments**. As the private pharmaceutical sector draws away from most infectious disease research due to commercial pressures, R&D pipelines for developing global public goods are drying up. **Product Development Partnerships (PDPs) are a crucial part of running that engine.**
- Over the past two decades, not-for profit PDPs have played a critical role in addressing market failures in pharmaceutical R&D. By **aligning public and private incentives and interests and leveraging in-kind industry contributions**, PDPs bring together industry, academia, research institutes, and affected communities to develop health tools, such as vaccines, treatments, and diagnostics. This development is guided by public health needs, with affordability, accessibility, and equitable access built in from the outset.
- Continued and expanded support for **not-for-profit R&D models is essential to ensure that innovation reaches those most in need**. The decline in global ODA has made it harder to **develop and deploy adapted, accessible tools**, particularly for NTDs. Public and philanthropic investment remains indispensable to ensure that innovation responds to unmet medical needs rather than market size alone.
- **Climate change** further **reinforces the need for collective investment in health innovation** as shifting temperatures, rainfall patterns, and extreme weather alter the distribution and transmission of infectious diseases. Dengue illustrates this acutely: it now affects over 100 countries, partly driven by shifting climatic conditions, yet still there is no specific treatment. DNDi is working to develop these missing health tools.

DNDi welcomes the opportunity for Norway, through Vendepunkt, to recognise non-profit, public-interest R&D models, including PDPs, as platforms for producing global health innovation and tangible global public goods.

Strengthen research and innovation capacity in LMICs

- A future-oriented development policy should move beyond viewing LMICs solely as recipients of technologies. **Long-term resilience** depends on local research, development, regulatory, and manufacturing capabilities, and on **the conditions that make innovation sustainable, equitable, and accessible**.
- Consistent with the Lusaka Agenda and reaffirmed in the Accra Reset and other discussions on Global Health reform, stronger health and research infrastructure and

Drugs for Neglected Diseases initiative
15 Ch. Camille-Vidart ·1202 Geneva · Switzerland
Tel: +41 (22) 906 9230 · Fax: +41 (22) 906 9231
dndi.org

networks in LMICs are essential to address health challenges and enable endemic countries to **respond to their own research needs**. R&D partnerships support this through clinical research infrastructure, trial sites, networks, workforce training, and locally-generated evidence.

- **Equitable participation in innovation is both a development objective and a prerequisite for future preparedness.** Norway could convene donors and countries with active R&D ecosystems to align financing, governance and access conditions for publicly funded R&D. This could help ensure more coherence in development funding as well as more equitable access to innovation and stronger, more inclusive R&D partnerships.
- DNDi's model has long centred partnerships with Global South institutions, ensuring that **R&D priorities are shaped by affected communities and grounded in local leadership**. As an example, the Dengue Coalition, led by institutions from dengue-endemic countries, is advancing pre-clinical research, testing repurposed and new drug candidates, and implementing clinical trials through shared expertise. It shows how countries directly affected by disease burdens can lead solutions and shape a new generation of cooperation partnerships.
- Through these integrative partnerships, DNDi strengthens the collective ability to **accelerate access to breakthrough treatments**, ensuring that advances in health innovation are equitably **shared and sustained across continents**. Through these joint efforts, the innovation ecosystem centred on public health needs and threats are fostered long term. These collaborations **boost the resilience of health structures in countries** and their positioning in international R&D- and expert- networks, particularly in the field of clinical research for climate sensitive and pandemic prone diseases.

Norway should increase support for country-led R&D partnerships and research agendas driven by Global South institutions, consistent with the Lusaka Agenda and the Accra Reset for a rebalanced global R&D ecosystem.

Embed equity as a condition of R&D investment, recognising that equitable innovation is itself a foundation of global health security

- Norway has long linked global health preparedness and development cooperation, framing both as serving global needs and Norway's own interests. Norway played a central role under the ACT-A leadership with South Africa and thereafter Johannesburg process with South Africa. Vendepunkt and the forthcoming Norwegian Global Health Security Strategy should build on this work and further advance this approach. DNDi would encourage Norway to develop a **broader Global Health Strategy** that bridges development and health security policy.
- As COVID and the ongoing Ebola outbreak so starkly remind us, infectious diseases do not respect borders, and that **tools to prevent, detect and treat them are a form of global security infrastructure.** The therapeutics pipeline for pandemic-prone and neglected pathogens remains **alarmingly insufficient**, particularly for broad-spectrum antivirals. Addressing this gap requires sustained public investment particularly in early-stage discovery and public-private R&D partnerships. That also build in access from the beginning. DNDi is contributing to the creation of the Therapeutics Development Coalition to address this gap.
- Similar to Norway's commitment to CEPI to develop Phase-2 ready vaccine candidates, Norway could support the Therapeutics Development Coalition and investments in

development of antivirals ready for Phase-2 clinical assessment, for preparedness and response.

- **Norway has been a consistent champion of equity in global health**, including in pandemic preparedness and response. Article 9.5 of the Pandemic Agreement, adopted at the World Health Assembly in May 2025, establishes a critical principle: when public funding supports R&D, it should include conditions to ensure access, affordability, transparency and knowledge sharing. Norway was a proponent and champion of Article 9, dedicated to research and development, with broad Member State support. Norway can now help translate this principle into practice supporting and leading the alignment with other funders on high-level, access principles.

Norway's development policy can reinforce this commitment by making equitable access a condition of the R&D partnerships it supports.

Summary

DNDi recommends that Norway make R&D for global health innovation and equitable access to medical technologies a strategic priority within its future development policy. Health innovation, when structured around public health needs and access conditions, is a high-value investment: it delivers tools for patients, strengthens scientific capacity in the countries most affected, and ensures that public funding creates public value. Norway has the frameworks, relationships, and track record to lead. DNDi stands ready to work with Norway to translate this commitment into practice through Vendepunkt and the forthcoming Global Health Security Strategy.

Drugs for Neglected Diseases initiative
15 Ch. Camille-Vidart ·1202 Geneva · Switzerland
Tel: +41 (22) 906 9230 · Fax: +41 (22) 906 9231
dndi.org