

•Dengue will remain a major regional priority as we work with partners to expand treatment options across Asia•

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Although Neglected tropical diseases (NTDs), a diverse group of 21+ conditions, are largely preventable and treatable, these affect more than 1 billion people worldwide, causing painful disabilities, disfigurement, or death when left unaddressed. As of early 2026, 58 countries have successfully eliminated at least one NTD demonstrating significant progress towards the WHO's global target of 100 countries reaching elimination by 2030. However, deep cuts in global funding threaten to stall or reverse gains and negatively impact the goals achieved in this direction so far. Standing tall in its objective to develop new treatments for 8 NTDs: Chagas disease, dengue, cutaneous and visceral leishmaniasis, mycetoma, sleeping sickness, and parasitic worms which include lymphatic filariasis, onchocerciasis (river blindness), and schistosomiasis, Drugs for Neglected Diseases initiative (DNDi) is a key player in the global fight for NTDs. In a detailed conversation with BioSpectrum Asia, Sanjay Sarin, Continental Lead Asia and South Asia Director, DNDi shares more in this regard.



Please share details of the current R&D projects of DNDi in India. What challenges are these projects addressing?

Our current R&D efforts in India focus on priority diseases where significant treatment gaps remain including lymphatic filariasis, visceral leishmaniasis, dengue and mycetoma, alongside efforts to strengthen pandemic preparedness response. Working closely with government institutions, academia, and industry partners, we are advancing research across the discovery, clinical development and implementation continuum to address unmet patient needs while generating evidence that can inform treatment policies in India and other disease-endemic countries. These programmes span the full R&D spectrum,

from early-stage discovery and clinical development to implementation research, while also building clinical research capacity and fostering long-term collaborations that strengthen health systems beyond individual projects.

Are we expecting new product launches in India this year, such as new drugs, devices or vaccines?

Developing new treatments is a complex process that takes time, requiring rigorous clinical evaluation and regulatory review before products can reach patients. Our current R&D efforts are at different stages of the development pipeline. For lymphatic filariasis, we are supporting an Indian Council of Medical Research-led Phase IIa clinical trial evaluating oxfendazole as a potential treatment. In visceral leishmaniasis, LXE408, is currently in clinical development as a promising oral treatment candidate.

Through the Dengue Alliance and our collaboration with the Serum Institute of India, we are working to develop treatment options for a disease that continues to place a growing burden on health systems across Asia.

For mycetoma, we are conducting studies with partners to better understand the disease burden, distribution and management, with the evidence generated helping to inform research and support the development of improved treatment options. We are also supporting early-stage drug discovery under the Pandemic Antiviral Discovery (PAD) project to strengthen preparedness for future pandemic threats.

How is DNDi supporting industry-academia partnerships through its work in India?

Globally, we have built a broad network of collaborations that bring together more than 200 partners across industry, academia, public research institutions and governments to address unmet medical needs.

In India alone, DNDi collaborates with more than 20 partners spanning academic institutions, research organisations, hospitals, public health agencies and the pharmaceutical industry. These partnerships contribute across the entire innovation continuum, from early-stage drug discovery and translational research to clinical development and access.

Compounds discovered by global pharmaceutical companies are being evaluated through clinical trials conducted at leading research institutions in India. Conversely, drug candidates undergoing clinical development at public research institutions may ultimately be commercialised through partnerships with one or more pharmaceutical companies in India and abroad. Our collaboration with the Translational Health Science and Technology Institute (THSTI) under the PAD project is an example of how academia and industry can combine complementary expertise to advance discovery research. Our collaboration with Viatris in India on an improved formulation of flucytosine builds on successful clinical research conducted at hospitals in Africa and supports the potential commercialisation of this treatment.

Similarly, through the Dengue Alliance, we are working with academic institutions and research partners across India, Southeast Asia and Brazil, alongside the Serum Institute of India.

How is DNDi strengthening innovations in India for the treatment of NTDs? What are the major expectations from the government regarding regulatory support and funding for these innovations?

We are strengthening innovation by supporting the development of new treatment options while generating the evidence needed to bring them to patients. One example is LXE408, a promising oral drug candidate for visceral leishmaniasis currently being evaluated in Phase II clinical studies in India, highlighting the country's growing role in developing innovative solutions for neglected diseases.

In collaboration with our partners, DNDi has contributed to strengthening clinical research capacity in India, including support for Phase II/III clinical trial centres in leishmaniasis-endemic areas of Bihar.

At the discovery stage, the PAD project is helping strengthen India's drug discovery capacity while supporting the development of potential broad-spectrum antivirals for future pandemic threats.

To further strengthen this ecosystem, continued government support will be critical. For NTDs, regulatory pathways should recognise the unique challenges of product development, including limited patient populations and low commercial incentives. Measures such as expedited scientific advice, priority regulatory review, streamlined multicentre trial approvals, and acceptance of global clinical data, where appropriate, can help reduce development timelines while maintaining high standards of patient safety and scientific rigour.

Continued public investment in neglected disease research, translational science and collaborative R&D will also be essential to bridge the innovation gap and ensure that promising treatments reach patients faster.

How do you view the NTDs landscape in the Asia region? Please share details of your R&D partners and projects in Asia?

Asia bears a disproportionate burden of neglected tropical diseases. According to WHO, 16 of the 21 globally prioritised NTDs continue to be a public health challenge across the 11 member states of the WHO South East Asia Region. At the same time, the region is increasingly affected by climate-sensitive infectious diseases such as dengue. Rapid urbanisation, climate change, population mobility and changing ecosystems are reshaping disease patterns, creating new public health challenges while reinforcing the need for sustained investment in research and development.

Asia has many of the ingredients needed to lead the next generation of health innovation. The region is home to strong scientific institutions, established pharmaceutical and biotechnology capabilities, experienced clinical research centres and governments that increasingly recognise the value of investing in health R&D. The opportunity now lies in connecting these strengths through greater regional collaboration, enabling knowledge, expertise and innovation to flow more effectively across borders.

What are DNDi's plans for the next 5 years for Asia, particularly India?

Over the next five years, DNDi's focus in Asia will be on strengthening regional collaboration to accelerate the development of health solutions for diseases that disproportionately affect its populations. This means continuing to invest in innovation while building the partnerships and research networks, promoting greater sharing of clinical trial capacity, discovery and translational research capabilities across countries, and translating scientific advances into affordable, accessible treatments.

We will continue supporting countries in sustaining progress towards the elimination of visceral leishmaniasis and lymphatic filariasis. Dengue will remain a major regional priority as we work with partners to expand treatment options for patients across Asia.

Looking ahead, we also see an increasing need to address neglected fungal and viral infections while improving regional preparedness for future pandemics.

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