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news

Neglected diseases: getting less neglected?

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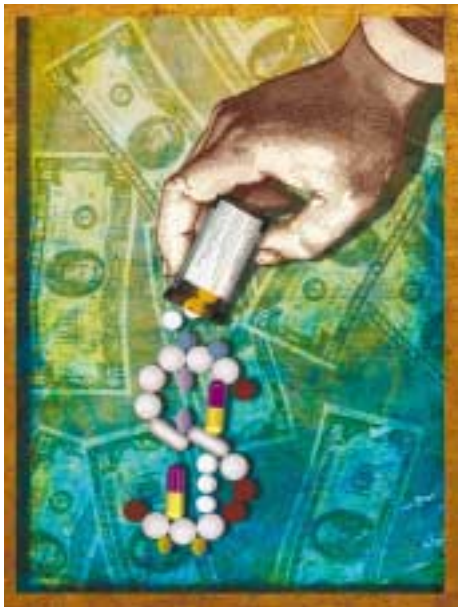
In the past six years or so, several ventures to pump extra funding and effort into developing new drugs to treat infectious diseases in the developing world have started to have an impact. GlaxoSmithKline's (GSK) Drugs for the Developing World Centre in Tres Cantos, Madrid, Spain, is currently proof of the collaboration between pharmaceutical companies, philanthropists and governments to tackle problems such as malaria, leishmaniasis, Chagas' disease, tuberculosis (TB), trypanosomiasis and schistosomiasis, all major killers in developing countries.



New organisations

Organisations such as the Drugs for Neglected Diseases Initiative (DDNi) and the TB Alliance are helping to set up new projects to skew drug development a little more in favour of tropical diseases. 'The new organisations will hopefully make an impact, but DNDi has made a little impact over the TB Alliance, probably because the countries like India have one of the best DOTS programmes. What is urgently required is budget allocation for the HIV–TB co-infection patient subgroup, (a major concern in India)' comments Sarman Singh (Department of Laboratory Medicine, All India Institute of Medical Sciences, New Delhi, India).

> 'The new organisations will hopefully make an impact'

Renewed efforts in Tres Cantos

This month, a project by Medicines for Malaria Venture (MMV) resulted in an agreement with Sanofi-Aventis to produce an affordable new combination malaria therapy with DNDi, after years of cooperation with companies such as GSK, Novartis, Roche and Ranbaxy, of India, forging links between them and academic institutions. The Bill and Melinda Gates Foundation has made a big difference to funding issues, allowing beneficiaries to approach pharmaceutical groups with money and ideas instead of simply pleas for funding. Two such recipients, MMV and the TB Alliance, jointly fund half of Tres Cantos's 100 scientists, with GSK paying the rest.

Is more needed?

But do these new initiatives go far enough? That can probably never be the case, as Singh points out. 'There are some more diseases that can be included in these programmes including waterborne diseases such as hepatitis E virus infection, which has an almost 100% fatality rate in poor pregnant women. All types of viral infection also continue to pose a big problem', he says.

The research going on at the moment will take a while to lead to drugs that are ready for Phase III trials and the clinic. Some reorganisation might be required to focus priorities in the near future. 'I think that anti-TB drug development, for example, should be aimed at HIV-TB co-infection treatment' stresses Singh. He also mentions that a potent oral anti-leishmanial drug has been licensed in India and other countries. However, its high cost and limitations in pregnant patients is a major concern and new drugs are urgently required.

'Miltefosine is another highly vulnerable drug for drug resistance. In India indigenous liposomal Amphotericin B has undergone all trial stages but its cost is still unaffordable', adds Singh. 'Another formulation undergoing an animal trial [in our lab] seems to have great potential and should be extremely cost effective. 'This formulation should reach the market within the next two years or so', he reports.

1359-6446/05/$ – see front matter PII: S1359-6446(05)03518-X