GHIT Fund

Global Health Innovative Technology Fund

Annual Report 2024

Annual Report 2024

GHIT Fund

Global Health Innovative Technology Fund

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Special Thanks to: Côte d’Ivoire’s Ministry of Health and Shota Koyano

Osamu Kunii

CEO & Executive Director

Message from CEO & Chair

From Promise to Progress: Delivering on the Power of Partnership

Advancing Our Strategic Vision

FY2024 milestones have deepened our convictions about the transformative power of partnerships. The dedication and creativity of our partners have been essential to the meaningful advancement of each of our GHIT 3.0 Strategic Plan's pillars: our product development acceleration helped launch the first GHIT-supported treatment to patients through arpraziquantel's deployment in Uganda and Côte d'Ivoire in an implementation science setting; our portfolio optimization was strengthened through new institutional frameworks; and our network of collaborators expanded through landmark agreements with two new partners. As we look ahead, these achievements signal the beginning of an even more promising chapter in our work to address neglected infectious diseases through innovation and collaboration.

Most significantly, FY2024 saw the first GHIT-supported innovation reach patients in need since our 2013 establishment. The new pediatric treatment option for schistosomiasis, developed by the GHIT-funded Pediatric Praziquantel Consortium, was successfully administered to preschool-aged children in Uganda and Côte d'Ivoire in March 2025. This breakthrough followed WHO prequalification in May 2024, building on the European Medicines Agency's positive scientific opinion in December 2023. This achievement demonstrates the power of sustained global collaboration in transforming laboratory findings into a life-saving treatment for 50 million children. In 2025, arpraziquantel is expected to be included in WHO's Essential Medicines List, and we will continue working with our partners to expand access to treatment.

Strengthening Global Partnerships

In 2024, we welcomed two significant partnerships. Open Philanthropy joined as a sponsor, providing crucial support for expanding our capacity to secure resources and forge new partnerships. We also formalized our collaboration with the World Health Organization (WHO) through a memorandum of understanding, strengthening our commitment to WHO's road map for neglected tropical diseases 2021–2030.

December 2024 marked another milestone as we reconvened our R&D Forum in Tokyo. This gathering brought together over 120 participants from the private sector, academia, research institutions, and NGOs/NPOs from around the world, reinforcing the GHIT Fund's position as a global health R&D hub. The forum provided a vital platform for experts to share insights on healthcare needs, technologies, and product development.

Building an Inclusive Future

This year saw the advance of our diversity, equity, and inclusion journey with the launch of our Diversity Steering Committee. Our management team and Board have committed to advancing gender equality and inclusive representation organization-wide, supported by data collection initiatives to measure progress, ensure transparency of activities, and identify actions needed for improvement. We have dedicated a new website section to sharing our DE&I ethos, updates, and policies.

Looking ahead to 2025, we remain committed to GHIT 3.0's ambitious goals while adapting to evolving global health challenges. We continue strengthening our framework, by optimizing the portfolio and resources, and accelerating product development.

The dedicated support of our partners, sponsors, and team members made these achievements possible. Your commitment to our shared vision drives our work forward. Together, we will continue breaking new ground in global health R&D.

Thank you for your continued support and partnership.

中谷 比呂樹

Hiroki Nakatani

Chair & Representative Director

GHIT R&D Forum 2024

Event Report

The GHIT R&D Forum reconvened in person in Japan on December 5, 2024, uniting global health stakeholders across sectors to explore innovations, technology development, and regional healthcare integration. The Forum fostered cross-sector collaboration, reinforcing GHIT's mission to build bridges between Japanese and global partners in health R&D.

Moderator Reflections

Having navigated the COVID era, we were grateful to see many people from Japan and abroad attending the R&D Forum, engaging in passionate discussions. Our next mission is to further catalyze partnerships to combat neglected infectious diseases, identify on-the-ground needs, and support collaborative efforts with our partners to address global health issues.

Eriko Koyama
Investment for Impact, GHIT Fund

Keynote Speech

People-centered innovation: connecting the dots on innovation, access and delivery

Dr. Mandeep Dhaliwal
United Nations Development Programme (UNDP)

Mandeep Dhaliwal, UNDP's HIV and Health Group Director, discussed the 10-year partnership between UNDP and GHIT. She highlighted Japan's role in human security and universal health coverage, showcased efforts to improve health technology access in developing countries, and presented findings from the Access & Delivery Partnership's Uniting Efforts initiative regarding access policies and healthcare system strengthening.

Session 1:

Needs on TB — From innovation in health technologies to reaching the last mile —

Dr. Jacob Creswell
Stop TB Partnership

Mr. Hirotaka Michiba
FUJIFILM Corporation

Dr. Elana Van Brakel
IAVI

This dialogue on TB control strategies examined critical diagnostic gaps causing 2.5-3 million missed cases annually. Discussions explored AI-enhanced X-rays and novel testing methods, while evaluating MTBVAC vaccine trials and Fujifilm's portable screening successes in Ethiopia. Participants emphasized early regulatory planning and partnerships as crucial for scaling innovations.


GHIT
R&D
Forum
2024
Fund
TOKYO

Session 2:

Linking NTD innovations with health systems for pandemic preparedness

Dr. Masahiro Kajihara
Hokkaido University

Dr. Charles Mowbray
Drugs for Neglected Diseases initiative (DNDi)

Dr. Nobuo Saito
Nagasaki University

Dr. Aya Yajima
WHO South-East Asia Region (SEARO)
[Video Presentation]

The speakers presented the successes and challenges of NTDs elimination in Southeast Asia, focusing on VL and Dengue. The discussion then shifted to key success factors for product implementation and to pandemic preparedness. This included highlighting studies on rabies control in the Philippines and identifying viruses of pandemic potential in Zambia.

Session 3:

Needs on malaria — Approaches to address geographic variations —

Prof. Arjen Dondorp
Mahidol-Oxford Tropical Medicine Research Unit (MORU)

Prof. Osamu Kaneko
Nagasaki University

Prof. Eizo Takashima
Ehime University

Dr. Paul Willis
Medicines for Malaria Venture (MMV)

Experts examined four approaches to malaria control: MMV's development of combination therapies and long-acting injectables; Mahidol-Oxford's work on triple artemisinin-based combination therapy to combat drug resistance; Ehime University's vaccine development using wheat germ cell-free systems; and Nagasaki University's research on zoonotic malaria in Southeast Asia. Together, they demonstrate how different scientific approaches are necessary in the fight against malaria.

Networking Session

The highlight of the R&D Forum was networking. To encourage engaging interactions among participants from various sectors, a "Name Bingo" activity was organized. Participants had the opportunity to introduce themselves while discussing topics such as their areas of expertise and the LMICs they had visited. As the venue buzzed with energy, a call of "Bingo!" echoed through the room.

Session 4:

Technologies on the ground — Adapting new technologies in the context of LMICs —

Dr. Jeremy Burrows
Medicines for Malaria Venture (MMV)

Ms. Mariko Kitahama
NEC Corporation

Dr. Keita Wagatsuma
Niigata University

Dr. Peter Warner
Gates Foundation

The session explored the introduction of novel technologies in low- and middle-income countries and key initiatives to boost adoption globally. The panel debated the role of AI and new technologies in drug discovery and exchanged views on innovations in TB and malaria. Talks also covered practical ways to set up personal identification systems in the field and the impact of climate change on infectious disease control.

Session 5:

From R&D to access and delivery — Connecting for an end-to-end ecosystem —

Dr. Ashley Birkett
PATH

Dr. Timothy Endy
CEPI

Dr. Loice Kikwai
MARKET ACCESS AFRICA

Dr. Oumar Ndiaye
Institut Pasteur de Dakar

Participants delved into the complex challenge of translating R&D into equitable access, examining how Product Development Partnerships drive vaccine innovation. Discussions explored the 100-day pandemic preparedness initiative alongside African manufacturing opportunities, with particular focus on successful local diagnostic production through initiatives like Diotropix. Strategic partnerships and regulatory frameworks emerged as key enablers.

Diseases "Neglected" by the World

Infectious diseases like malaria, tuberculosis (TB), and neglected tropical diseases (NTDs) affect over 1.7 billion people globally, but research and development for treatment and prevention remain insufficient due to lack of funding and trained personnel for effective control. There are an estimated 260 million cases of malaria alone each year, and TB causes more than 1.2 million deaths annually. These diseases disproportionately impact the world's poorest populations, resulting in illness, disability, and stigma, which decrease productivity and perpetuate cycles of poverty.

Malaria

Cases in 2023
263 million

Deaths in 2023
597,000

Malaria parasites, spread by female Anopheles mosquitoes, destroy red blood cells causing fever, chills, and severe anemia. The disease can rapidly overwhelm vital organs, becoming deadly within days. It claims hundreds of thousands of lives yearly despite being entirely preventable. Of the five parasite species affecting humans, *Plasmodium falciparum* and *Plasmodium vivax* are the most dangerous.

Achievements & challenges

While 44 countries and 1 territory achieved official malaria-free certification from WHO, malaria remains endemic in over 80 countries. In some, the number of malaria cases is increasing due to factors such as climate change and migration.

Tuberculosis (TB)

Cases in 2023
10.8 million

Deaths in 2023
1.25 million

TB, the world's deadliest infectious disease (surpassing COVID-19 as of late 2024), spreads through airborne droplets. While infection often remains dormant, it can activate when immunity weakens, particularly in people with HIV/AIDS.
The bacteria typically attack the lungs but can also affect other organs. In some countries, the number of TB cases is increasing due to population aging and migration, and many cases remain undiagnosed or untreated. With rising cases and drug resistance, often caused by inappropriate treatment, TB remains a dangerous and difficult disease to treat.

Achievements & challenges

The overall number of TB deaths is declining, but the number of cases and instances of drug resistance are increasing.

Neglected tropical diseases (NTDs)

Cases in 2023
1.5 billion

NTDs comprise 21 conditions caused by various pathogens that primarily affect impoverished communities in tropical regions. Their complex transmission through climate, living conditions, cultural practices, vectors, and animal hosts, makes control difficult. Many NTDs cause visible disfigurement and profound stigma, leading to social isolation beyond physical suffering. Despite causing devastating health, social, and economic consequences, NTDs receive little research funding and attention, and many lack effective diagnostics or treatment and remain consistently overlooked.

Achievements & challenges

50 countries have successfully eliminated at least one NTD, but NTDs remain endemic in over 100 countries.

21 neglected tropical diseases (NTDs)

Buruli ulcer

Bacteria in soil or water enter the body through cuts or bites, causing chronic skin ulcers. Without early treatment, bones may be destroyed, causing disfigurement.

Chagas disease (American trypanosomiasis)

A parasitic infection spread primarily through bites of kissing bugs. Early symptoms are mild, like fever or muscle pain. Years later, it can cause heart or digestive failure and sudden death.

Dengue

Dengue fever is spread by *Aedes* mosquitoes, rather than malaria mosquitoes. It causes sudden high fever, severe headache, joint pain, and sometimes rash. Severe cases can lead to bleeding, shock, and can be fatal if untreated.

Echinococcosis

Parasitic infection where tapeworm larvae from contaminated food or canine contact form potentially fatal organ cysts, particularly in liver and lungs.

Leishmaniasis

A parasitic infection transmitted by sandfly bites that can affect the skin, mucous membranes, or internal organs. Visceral leishmaniasis, in particular, may be fatal if left untreated.

Lymphatic filariasis (Elephantiasis)

A mosquito-borne parasitic infection where filarial worms block lymph nodes, causing severe limb/genital swelling and thickened, elephant-like skin.

Mycetoma

A bacterial or fungal infection entering through foot wounds, causing painless swelling at first, leading to eventual deformity and disability if severe, and possible death.

Onchocerciasis (River blindness)

Spread by blackfly bites, this parasitic infection causes severe itching, skin changes, and can lead to blindness, for which it is the world's second leading cause.

Schistosomiasis (Bilharziasis)

Spread by freshwater snails, this parasite causes abdominal pain, blood in urine or stool, and can lead to bladder cancer or liver damage if untreated.

Soil-transmitted helminthiasis (Intestinal parasitic worms)

Parasitic worm infections from contaminated soil and food, which can cause intestinal obstruction, cough, skin itching, growth impairment, blood in stool, and anemia.

Dracunculiasis (Guinea-worm disease)

Parasitic infection from contaminated water where worms penetrate intestines, migrate under skin, and emerge through painful blisters, typically on legs.

Foodborne trematode infections

Infections by parasitic flukes (worms) from eating undercooked or raw fish/shellfish or contaminated vegetables, causing fever, pain, and potential liver or lung damage.

Human African trypanosomiasis (African sleeping sickness)

A parasitic disease transmitted by the tsetse flies, which causes fever and swollen lymph nodes, then severe neurological symptoms, and is fatal if untreated.

Leprosy (Hansen's disease)

A bacterial infection with low infection that damages skin and nerves. Advanced cases cause stigmatizing external deformities.

Rabies

Rabies spreads through bites from infected animals. Early symptoms are pain, fever, and loss of appetite. Once symptoms appear, it is almost always fatal.

Scabies

A skin condition caused by tiny mites that burrow under the skin, spreading through close contact with infected people. The mites cause intense itching and rash, especially at night.

Snakebite envenoming

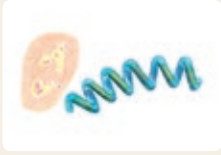
Toxins in the bite of a venomous snake that can cause deadly paralysis affecting breathing, dangerous bleeding, kidney damage, and tissue damage.

Trachoma

A bacterial eye infection spread by personal contact and by flies and insects in unsanitary conditions. Without treatment, repeated infections inflame the eyelids and eye surface, eventually scaring the cornea and causing blindness.

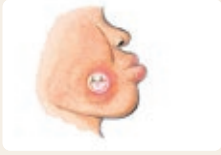
Cysticercosis (Taeniasis)

Tapeworm infection from contaminated food or water is often initially asymptomatic but can later cause vision loss, seizures, paralysis, and death.



Yaws

Bacterial infections spread through skin-to-skin contact through scrapes or cuts, which can cause chronic lumps or ulcers in the skin, bone, or cartilage, sometimes resulting in disfigurement or physical disability.



Noma

A severe infection that initially manifests through gum ulcers and progresses to destroy facial tissue and bone and can be fatal.

Reference: World Health Organization (WHO) https://www.who.int/ illustration: © Shota Koyano

Learn about Neglected Tropical Diseases (NTDs)

Leprosy

Leprosy is one of the 21 neglected tropical diseases, and it has had a significant impact on Japan. It is a curable disease, but its history has been marked by prejudice and discrimination.
Take this opportunity to learn more about leprosy, the steps taken toward elimination, and the associated human rights issues.

Takahiro Nanri, PhD
President, Sasakawa Health Foundation

What is leprosy?

Leprosy is an infectious disease caused by *Mycobacterium leprae*, a bacteria that has low levels of both infectivity and pathogenicity. Once a person is infected, it takes an average of three years for symptoms to become evident, but in some cases, symptoms may not appear for 20 to 30 years. The first symptoms of leprosy are skin and nerve issues. The first signs of leprosy are generally colored patches of skin. These patches are insensitive to pain, temperature, touch, and other stimuli, and this characteristic of the disease is one of the criteria used by health workers to diagnose leprosy. Over 95% of people are immune to the disease, and recover on their own after an exposure to *Mycobacterium leprae*. This means that developing leprosy is extremely rare.

The obstacles presented by leprosy

Historically, those infected with leprosy were isolated and confined to leprosy sanatoriums or colonies. This harsh and baseless policy caused leprosy to become a social problem, with leprosy patients, leprosy recovered persons, and family members being subjected to prejudice and discrimination. Because of this history of human rights violations, many people who contracted leprosy did not seek out treatment even after treatment methods were developed, fearful of the prejudice and discrimination they might encounter. Instead, their diseases progressed untreated, and many suffered from movement disorders, deformities, and other complications.
Furthermore, there are cases which suffer from immunological reactions called lepra reactions, occurring before, during, and after the treatment. These reactions cause nerve inflammation and can result in physical disabilities, so they require early diagnosis and treatment. Governmental support is needed to assist with these efforts.

Progress in the treatment of leprosy

Until the early 1940s, intramuscular injections of chaulmoogra oil from India were widely used in the treatment of leprosy, but the oil's effectiveness was uncertain. Starting in 1943, there were reports of the effectiveness of the drug promin. In the 1950s, dapsone, an orally administered drug made from the active ingredients in promin, became widely used around the world. From 1982 onward, the use of multi-drug therapy (MDT), which combines two or three of a group of drugs (rifampicin, dapsone, and clofazimine) is recommended as the standard treatment for leprosy by WHO. Efforts have been made to eliminate leprosy as a public health problem by providing MDT free of charge, and by the end of the year 2000, this goal was achieved at the global level. However, every year over 200,000 people are still diagnosed with leprosy in the world, such as India, Brazil, and Indonesia. This has been recognized as a serious issue requiring the development of vaccines, preventive drugs, and methods for early diagnosis.

GHIT's first leprosy grant project

Over 15 years ago, Hope Rises International* partnered with Access to Advanced Health Institute (AAHI) to develop the world's first leprosy-specific vaccine—LepVax. In the GHIT-funded "Stronger Together: Engagement of people affected by leprosy in the LepVax Clinical Trial," the Sasakawa Health Foundation, the Oswaldo Cruz Institute, and Hope Rises International are working together in a pivotal phase 1/2 safety study in a leprosy-endemic region of Brazil. The goal is to demonstrate the safety and immunogenicity of LepVax, a defined subunit vaccine, in healthy individuals and leprosy patients. A pioneering component of these clinical trials is the engagement of people affected by leprosy. The team will work closely to bring their perspectives and insights in the investigation, with the goal of realizing quality clinical research. Should LepVax prove effective, over 800,000 cases of disability due to leprosy could be averted by 2040.

*The name of the organization was changed from American Leprosy Missions to Hope Rises International in March 2025.

Voice of a patient who suffered from leprosy

"I want to help others by sharing my own experience." Luzia Alves, Facilitator at MORHAN

I was diagnosed with Hansen's disease at the end of 2018. After one year of treatment, I was cured in 2020, but after that, I experienced lepra reactions. My skin blistered all over with swollen lesions that looked like they were going to catch on fire, and I couldn't walk. During this time, I found out about MORHAN,* and with the encouragement of those like me, I was able to accept my situation and deepen my appreciation for my family.
Since 2024, I have been participating as a facilitator for rounds of conversations held as part of a project to document instances of institutional and intersectional discrimination faced by people affected by Hansen's disease. Through my involvement, I have learned not only about people with similar experiences to my own, but also about those who have suffered more. Going forward, I hope to help more people by sharing my own experiences.

*MORHAN is an acronym for the Movement for the Reintegration of Persons Affected by Hansen's Disease, a non-profit organization in Brazil that aims to reintegrate and protect the rights of people affected by Hansen's disease.

GHIT employees visited the National Hansen's Disease Museum

In September 2024, employees visited Tokyo's National Hansen's Disease Museum. Leprosy is one of the neglected tropical diseases. Patients and family members alike have been subject to prejudice and discrimination. The visit provided the employees with an opportunity to think deeply about human rights and renew their resolve to eliminate this infectious disease.

Portfolio

	Discovery			Preclinical
Drugs / Vaccines	Target Research	Screening	Hit-to-Lead	Lead Optimization
Diagnostics	Target Research			Product Design

NTDs

Chagas disease

Schistosomiasis

Chagas disease

Chagas disease, Leishmaniasis

Others

Chagas disease

Onchoserciasis

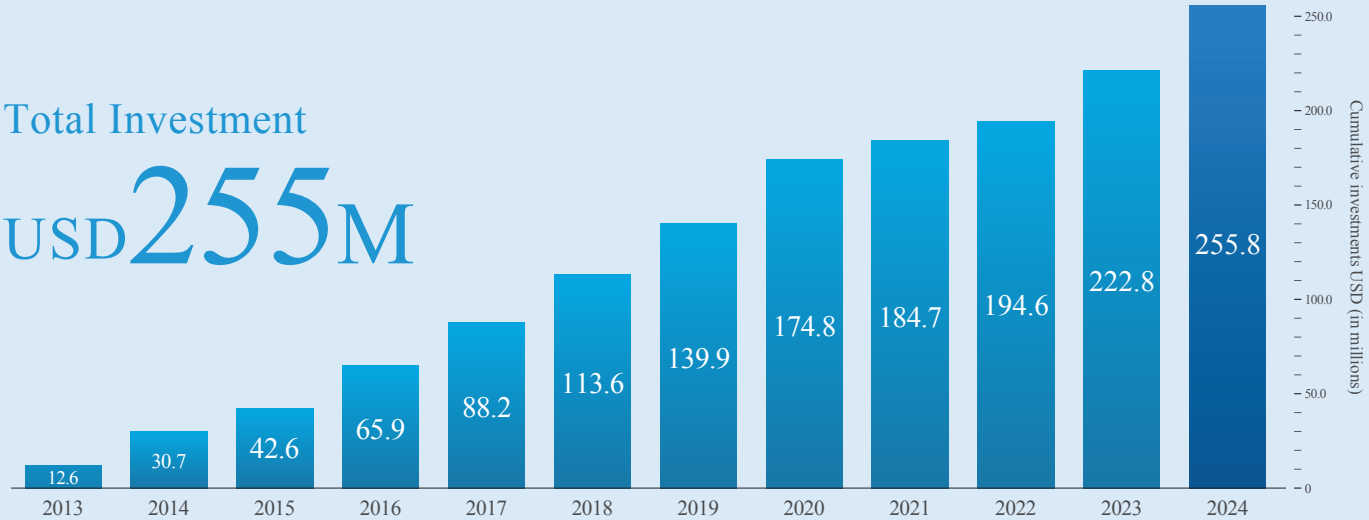
Leishmaniasis

Malaria

Tuberculosis

Total Investment

USD255M



US dollar amounts represent conversions from Japanese yen at JPY149.53 = USD1, the exchange rate as of March 31, 2025.

Please visit the GHIT Fund's website to find out more about each project and partner's innovations.
https://www.ghitfund.org/investment/portfolio/en

Drug Vaccine Diagnostics

Clinical

Preclinical	Phase I	Phase II	Phase III	Registration
	Product Development	Product Validation	Product Validation	Registration

Lymphatic filariasis, Onchocerciasis

Trachoma

Cutaneous leishmaniasis

Leprosy

Dengue

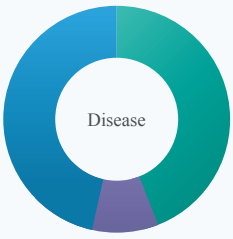
Schistosomiasis

Schistosomiasis

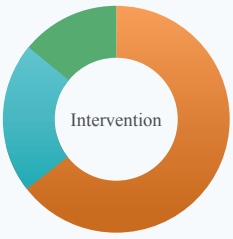
Mycetoma

As of March 31, 2025

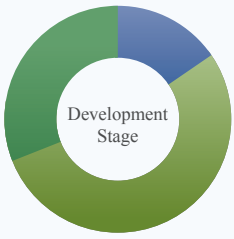
Investment Overview FY2013-FY2024



Malaria	44.0%
Tuberculosis	9.6%
NTDs	46.4%



Drugs	64.4%
Vaccines	21.5%
Diagnostics	14.1%



Discovery	15.4%
Preclinical	53.7%
Clinical	30.9%

136
Total invested partnerships

186
Total product development partners
63 Japanese partners
123 non-Japanese partners

FY2024

USD 33M
Total investments

18
Invested partnerships

Clinical Candidates—Regulatory Submission

The late-stage development programs in which the GHIT Fund has invested, from clinical trials through regulatory submission, are being conducted worldwide. However, some programs are still in the preparation phase and are scheduled to commence in the near future. We are making steady progress to delivering products to patients in need.

SJ733

Malaria / Drug

Development Stage: Phase IIb Clinical Trial
Country: Peru

Eisai, University of Kentucky College of Pharmacy

ALAQ-FDC

Malaria / Drug

Development Stage: Phase III Clinical Trial, Registration
Country: Rwanda, Uganda, Angola, Nigeria, Thailand

Marubeni, MMV Medicines for Malaria Venture, FOSUN PHARMA Innovation for Good Health, MORU Tropical Health Network

AnAPN1

Malaria / Vaccine

Development Stage: Phase I Clinical Trial
Country: Gabon

CFS, Ajinomoto, BIO-PHARMA SERVICES, UF University of Florida, cermel, Universitätsklinikum Tübingen

Fosravuconazole

Mycetoma / Drug

Development Stage: Under Regulatory Submission Preparation
Country: Sudan

Eisai, DNDi

SchistoAbRDT-Sm

Schistosomiasis / Diagnostics

Development Stage: Product Development
Country: Kenya

MBL, NEKKEN, BIG EYE DIAGNOSTICS, DIDTID, University of Ghana, NOGUCHI

DENVLP vaccine

Dengue / Vaccine

Development Stage: Phase I Clinical Trial
Country: USA

長崎大学 Nagasaki University, VLP Therapeutics

U.K.

CpG-D35
Cutaneous leishmaniasis / Drug

Lymphatic Filariasis, Onchocerciasis / Drug
Eisai Co., Ltd. and others

USA

DENVLP vaccine
Dengue / Vaccine

Burkina Faso

Malaria / Vaccine
Research Institute for Microbial Diseases, Osaka University and others

Côte d'Ivoire

arpraziquantel
Schistosomiasis / Drug

Buruli ulcer / Diagnostics
Nagasaki University School of Tropical Medicine and Global Health and others

Colombia

CpG-D35
Cutaneous leishmaniasis / Drug

CpG-D35 / © Sydelle Willow Smith-DNDi

Brazil

LepVax
Leprosy / Vaccine

Peru

SJ733
Malaria / Drug

Malaria / Drug
Takeda Pharmaceutical Company Limited and others

Bolivia

Chagas disease / Drug
Eisai Co., Ltd.

Chagas disease / Diagnostics
EIKEN CHEMICAL CO., LTD. and others

Paraguay

Chagas disease / Diagnostics
EIKEN CHEMICAL CO., LTD. and others

Argentina

Chagas disease / Diagnostics
EIKEN CHEMICAL CO., LTD. and others

= Ongoing programs = Completed programs

*The information on investment programs presented on this page is based on GHIT Fund's past annual reports and public information, regardless of the progress or status of the clinical trials.

Cameroon

Tuberculosis / Diagnostics
Japan Anti-Tuberculosis Association and others

Buruli ulcer / Diagnostics
Nagasaki University School of Tropical Medicine and Global Health and others

Arpraziquantel / Photo credit: Unlimit Health/Uganda

Democratic Republic of Congo

Malaria / Diagnostics
CellFree Sciences Co., Ltd. and others

Zambia

Tuberculosis / Diagnostics
FUJIFILM Corporation and others

Sudan

Fosravuconazole
Mycetoma / Drug

Fosravuconazole / © Purushottam Diwakar-DNDi

Rwanda

ALAQ-FDC
Malaria / Drug

Japan

Malaria / Vaccine
Research Institute for Microbial Diseases, Osaka University and others

India

Leishmaniasis / Diagnostics
Institute of Tropical Medicine (NEKKEN), Nagasaki University and others

Uganda

ALAQ-FDC
Malaria / Drug

arpraziquantel
Schistosomiasis / Drug

Tuberculosis / Diagnostics
Asahi Kasei Corporation and others

Tuberculosis / Diagnostics
FUJIFILM Corporation and others

Philippines

Schistosomiasis / Diagnostics
Institute of Tropical Medicine (NEKKEN), Nagasaki University and others

Nigeria

ALAQ-FDC
Malaria / Drug

Gabon

AnAPN1
Malaria / Vaccine

Kenya

arpraziquantel
Schistosomiasis / Drug

SchistoAbRDT-Sm
Schistosomiasis / Diagnostics

Schistosomiasis / Diagnostics
Institute of Tropical Medicine (NEKKEN), Nagasaki University and others

Malaria / Diagnostics
Institute of Tropical Medicine (NEKKEN), Nagasaki University and others

Thailand

ALAQ-FDC
Malaria / Drug

Tuberculosis / Diagnostics
FUJIFILM Corporation and others

Vietnam

Tuberculosis / Diagnostics
FUJIFILM Corporation and others

Angola

ALAQ-FDC
Malaria / Drug

South Africa

Tuberculosis / Diagnostics
Asahi Kasei Corporation and others

Tuberculosis / Diagnostics
FUJIFILM Corporation and others

Malawi

Tuberculosis / Diagnostics
FUJIFILM Corporation and others

Tanzania

Tuberculosis / Vaccine
Tokyo Medical and Dental University and others

Tuberculosis / Diagnostics
FUJIFILM Corporation and others

Australia

Malaria / Drug
Takeda Pharmaceutical Company Limited and others

Please refer to the website for details on the clinical trials of each project.

LepVax

Leprosy / Vaccine

Development Stage: Phase I Clinical Trial
Country: Brazil

CpG-D35

Cutaneous leishmaniasis / Drug

Development Stage: Phase I Clinical Trial
Country: United Kingdom, Colombia

arpraziquantel

Schistosomiasis / Drug

Development Stage: Registration, Access
Country: Côte d'Ivoire, Kenya, Uganda and other endemic countries

Special Feature

Photo credit: Kibuuka Makisa/Candid Local

A Decade of Innovation Delivers: Breakthrough Treatment Reaches Children in Need

Disease: Schistosomiasis
Intervention: Pediatric Drug
Development Stage: Registration, Access
Country: Côte d'Ivoire, Kenya, Uganda and other endemic countries

In March 2025 the GHIT Fund's long-term investment in global health innovation bore its first fruit: a new pediatric treatment for schistosomiasis was successfully administered to preschool-aged children in Uganda in an implementation science setting. This milestone—marking GHIT's first supported innovation to reach populations in need since its establishment in 2013—represents a crucial step in the careful, phased introduction of the treatment. While broader availability will follow, this stage allows us to study and optimize how the treatment works within real-world healthcare systems, demonstrating the power of sustained partnership in transforming scientific possibility into real-world impact.
Developed by the GHIT-funded Pediatric Praziquantel Consortium, this child-friendly treatment addresses a critical gap in global health: the lack of appropriate treatment options for preschool-aged children affected by schistosomiasis, a devastating parasitic disease that impacts 50 million young children primarily in sub-Saharan Africa.

From Laboratory to Lives Saved

The path to this breakthrough required a decade of dedicated effort and partnership. Japanese innovation played a pivotal role, with Astellas Pharma Inc. utilizing its proprietary technology to develop the initial formulation—creating water dispersible, climate-stable, child-friendly tablets with acceptable taste. Through international collaboration, the prototype of the new pediatric formulation was further optimized by Merck in Germany which then transferred the manufacturing process to Farmanguinhos in Brazil for current production.
From initial research through clinical trials, and now into implementation, GHIT's sustained commitment has helped shepherd this innovation from concept to reality.

Milestone Year for Access

FY2024 marked several crucial milestones in arpraziquantel's journey. Following European Medicines Agency's positive scientific opinion in December 2023, the treatment was included in the WHO List of Prequalified Medicinal Products in May 2024. The drug's first administration to preschool-aged children in implementation settings in early 2025 represents the culmination of these efforts, with the Consortium's ADOPT program now working to integrate the treatment into existing healthcare platforms.

Looking Ahead

Arpraziquantel is expected to be included in the WHO's Model List of Essential Medicines in 2025, further expanding its potential impact. Activities are already underway to prepare for future large-scale production in Kenya by Universal Corporation Ltd., embodying the principle of manufacturing in and for Africa.

This achievement represents more than just a scientific breakthrough—it demonstrates how sustained partnership and commitment can transform seemingly impossible challenges into concrete solutions. As GHIT continues to support the exploration of new and sustainable access mechanisms, arpraziquantel stands as a testament to the power of global collaboration in advancing public health innovation.

Impact at a Glance

- 50 million preschool-aged children at risk globally
- 10+ years of sustained development support from GHIT
- First GHIT-supported innovation to reach populations in need
- Inclusion in WHO List of Prequalified Medicinal Products in May 2024
- Expected inclusion in WHO Model List of Essential Medicines by 2025
- Implementation programs underway in Côte d'Ivoire, Uganda and Kenya
- Additional country preparations in Senegal and Tanzania

Innovative path for the development of new pediatric treatment

"Today preschoolers are not systematically treated. We are in an environment where we want to reach elimination as a public health problem of schistosomiasis. We need to realize that schistosomiasis, beyond a neglected tropical disease, is actually in that age category, a child health major challenge."

Dr. Beatrice Greco
Head of R&D and Access,
Global Health at Merck

Combating schistosomiasis in Tanzania

"This initiative of bringing in a new pediatric treatment option for preschoolers is going to help the country a lot. It will reduce the reservoirs in the community. The country is really prepared and we look forward to adopting and implementing this ensuring that everyone in the country is reached with the initiative to support Mass Drug Administration."

Dr. Clarer Jones Mwansasu
NTD Program Manager,
Ministry of Health,
United Republic of Tanzania

Combating schistosomiasis in Uganda

"Right now, preschool-aged children are left without treatment, which makes it difficult to interrupt transmission. With this new option, once preschoolers can be treated, we're more likely to break the cycle of transmission—and, importantly, protect them from getting the disease early in life."

Dr. Alfred Mubangizi
Assistant Commissioner Health Services,
Vector Borne and
Neglected Tropical Diseases
(VB & NTD), Uganda

Researchers fighting against schistosomiasis

"We wanted to deliver the medicine to African preschool-aged children sustainably and to produce the medicine in a relatively simple way, without using difficult technology, so that it could be produced locally in Africa. We are finally able to start delivering the medicine to the youngest ones in Africa."

Dr. Hiroyuki Kojima
Senior Vice President,
Head of Pharmaceutical Research
& Technology Labs
CMC Development, Astellas Pharma Inc.

Invested Partnerships in FY2024

Chagas disease / Diagnostic

TRP

Design of a universal rapid diagnostic test for the detection of chronic *Trypanosoma cruzi* infections

Nagasaki University School of Tropical Medicine and Global Health, Tulane University School of Public Health and Tropical Medicine, Barcelona Institute for Global Health (ISGLOBAL)

Prof. Kenji Hirayama
Nagasaki University

Chagas disease, caused by the parasite *Trypanosoma cruzi*, affects over 7 million people, mainly in the Americas. This project aims to design a universal rapid diagnostic test (RDT) for one-step detection of chronic *T. cruzi* infection by analyzing parasite genetics and verifying clinical blood reactivity across regions. This RDT is expected to support screening of mothers-to-be, gating their newborns to diagnosis of *T. cruzi* vertical transmission.

Malaria / Drug

PDP

Manufacture of clinical trial material for a monoclonal antibody to prevent *P. falciparum* malaria

PATH, GlaxoSmithKline Investigacion y Desarrollo, S.L., Eisai Co., Ltd., Ehime University

Dr. Ashley Birkett
PATH

There is growing interest in monoclonal antibodies (mAbs) as a new tool to control *P. falciparum* malaria in children in sub-Saharan Africa. Prophylactic mAbs provide rapid and high-level protection for several months following a single dose administration. This project could contribute to a significant reduction in malaria-related illness and deaths in high-risk groups, such as children under 5 years of age, pregnant women, and travelers and migrants, offering a new tool for malaria control.

Schistosomiasis / Diagnostics

PDP

In Support of WHO schistosomiasis control and elimination programs: development of a sensitive and specific serological rapid diagnostic test to detect infection by *Schistosoma haematobium*

Drugs & Diagnostics for Tropical Diseases (DDTD), Medical & Biological Laboratories Co., Ltd., Institute of Tropical Medicine (NEKKEN), Nagasaki University, Kenya Medical Research Institute

Dr. Marco Biamonte
DDTD

More than 200 million people are estimated to be affected by schistosomiasis worldwide. Recognizing this, the World Health Organization (WHO) has identified this issue as a top priority and issued two target product profiles (TPPs) in 2021. Schistosomiasis is caused by *Schistosoma mansoni* (intestinal disease) and *Schistosoma haematobium* (urogenital disease). This project will develop a TPP-compliant rapid diagnostic test (RDT) for *S. haematobium* (urogenital disease).

Malaria / Drug

HTLP

Generation of an early lead for a novel long-acting injectable prophylaxis anti-malarial

Institute of Tropical Medicine, Nagasaki University; Department of Chemistry, School of Science, The University of Tokyo; SHIONOGI & CO., LTD., Medicines for Malaria Venture (MMV)

Dr. Nobutaka Kato
Nagasaki University

The development of long-acting injectable (LAI) chemoprevention agents is crucial for malaria prevention and eradication efforts. These injectable formulations offer a reliable method for sustained drug delivery, improving adherence, particularly in regions with limited healthcare access. This project focuses on optimizing two hit series, identifying the most viable candidates, and advancing an early lead for intramuscular chemoprevention that aligns with the Medicines for Malaria Venture (MMV) LAI Early Lead Criteria.

Malaria / Drug

PDP

Lead optimization and preclinical studies of new antimalarial Gwt1p-inhibitors with a novel mechanism of action, improved efficacies and safety profiles

Eisai Co., Ltd., Medicines for Malaria Venture (MMV)

Dr. Takaaki Horii
Eisai

As antimalarial drugs are at risk of the emergence of resistant parasites, treatments based on novel and unique mechanisms of action (MoA) are urgently needed. This project aims to deliver new antimalarial candidates which block the synthesis of glycosylphosphatidylinositol, based on a novel MoA. The project will investigate the inhibitors of the Gwt1p enzyme as a unique target, and create new candidate compounds to serve as a back-up.

Tuberculosis / Diagnostics

PDP

Ultrasensitive detection of urine LAM for point-of-care rapid diagnosis of all forms of tuberculosis

Fluxus, Inc., Fujirebio, Inc., Heidelberg University Hospital

Dr. Johanna Sandlund
Fluxus, Inc.

Tuberculosis (TB) causes 10 million new cases and 1.25 million deaths annually. Diagnostic tests are primarily performed on sputum samples, but certain patient populations cannot produce sputum. Therefore, there is an urgent need for non-sputum-based point-of-care (PoC) test. This project aims to develop a fully-automated PoC-compatible system and integrated ultrasensitive assay to detect lipoarabinomannan (LAM) in urine, to improve diagnostic accuracy and TB outcomes and transmission.

Development Stage | Target Research Platform (TRP) | Screening Platform | Hit-to-Lead Platform (HTLP) | Product Development Platform (PDP)

Trachoma / Diagnostic

PDP

A first-in-class, fully TPP-compliant rapid diagnostic test for trachoma surveillance

Drugs and Diagnostics for Tropical Diseases (DDTD), Medical & Biological Laboratories Co., Ltd., The Carter Center, Big Eye Diagnostics, Inc.

Dr. Marco Biamonte
DDTD

Trachoma is a public health problem in 42 countries and is responsible for the blindness or visual impairment of about 1.9 million people. The WHO has established a goal to eliminate trachoma from the world by 2030. This project will deliver a fully TPP-compliant RDT to detect exposure to *Chlamydia trachomatis*, the pathogen causing trachoma.

Dengue / Vaccine

PDP

Phase I clinical trial of novel dengue virus-like particle (VLP) vaccines

VLP Therapeutics, Inc., Nagasaki University

Dr. Wataru Akahata
VLP Therapeutics, Inc.

Approximately 50% of the world's population is at risk of dengue fever infection. While two attenuated vaccines are currently commercially available, they raise safety and efficacy concerns. This project is the first clinical trial of a dengue fever vaccine using virus-like particles (VLPs), which are non-infectious and contain no viral genetic material. Therefore it can be administered to infants and immunocompromised individuals, addressing a public health need.

Leishmaniasis / Diagnostics

PDP

Production and preclinical testing of cGMP grade *Leishmania donovani* antigen for Leishmanin skin test (LST)

The Ohio State University, Institute of Tropical Medicine (NEKKEN), Nagasaki University, icddr,b

Prof. Abhay Satoskar
Ohio State University

Leishmaniasis is transmitted by the bites of infected female sandflies, with 350 million people worldwide at risk of contracting leishmaniasis. The leishmanin skin test (LST) has been used for many years to detect exposure and immune response, but the *Leishmania* antigen used in the LST is no longer available. This project intends to revive and reintroduce the LST by producing a cGMP grade *Leishmania* antigen.

Schistosomiasis / Diagnostics

PDP

In Support of WHO schistosomiasis control and elimination programs: progressing a TPP-compliant serological test for *Schistosoma mansoni* to field testing and manufacturing process development

Drugs & Diagnostics for Tropical Diseases (DDTD), Medical & Biological Laboratories Co., Ltd., Institute of Tropical Medicine (NEKKEN), Nagasaki University, Kenya Medical Research Institute, Noguchi Memorial Institute for Medical Research, Big Eye Diagnostics, Inc.

Dr. Marco Biamonte
DDTD

The objective of this project is to deliver a fully TPP-compliant, easy-to-use, low-cost point-of-care test to detect IgG1-type antibodies raised by the human host against selected *S. mansoni* antigens as an indicator for current or prior infection. This project will prepare for Expert Review Panel for Diagnostics (ERPD) Review and programmatic adoption by WHO in 2027, helping to improve quality of life for several hundred million people living in underprivileged regions of the world.

Development Stage: Target Research Platform (TRP) > Screening Platform > Hit-to-Lead Platform (HTLP) > Product Development Platform (PDP)

Malaria / Drug Screening

Hit validation of novel Daiichi Sankyo compounds with antimalarial activity

Medicines for Malaria Venture (MMV), Daiichi Sankyo, Inc.

Chagas disease / Drug Screening

Screening project between DNDi and Shionogi & Co., Ltd.

Drugs for Neglected Diseases initiative, SHIONOGI & CO., LTD.

Chagas disease / Leishmaniasis / Drug Screening

Searching for Chagas disease therapeutic seed compounds from microbial cultures

Kitasato University, Nagasaki University, University of Tokyo, Drugs for Neglected Diseases initiative

Dengue / Zika / Drug Screening

Exploration of novel antiviral compounds for the development of therapeutics against flavivirus infections

Eisai Co., Ltd., Drugs for Neglected Diseases initiative, Eisai Co.

Lassa fever / Drug Screening

Screening project between RIKEN and MMV

Medicines for Malaria Venture (MMV), RIKEN

Rift Valley fever / Drug Screening

Screening project between RIKEN and MMV

Medicines for Malaria Venture (MMV), RIKEN

Ebola / Marburg / Drug Screening

Screening project between RIKEN and MMV

Medicines for Malaria Venture (MMV), RIKEN

Chikungunya / Drug Screening

AI-based screening for the identification of novel compounds against chikungunya virus

Medicines for Malaria Venture (MMV), Eisai Co., Ltd.

Highlights in FY2024

The GHIT Fund has successfully completed the second year of its third five-year plan “GHIT 3.0” (FY2023–FY2027), and is steadily advancing its initiatives. In FY2024, we further expanded the partnerships, focused on the three strategic pillars: “Galvanize Innovation,” “Maximize Impact,” and “Catalyze Partnerships.” It has been a year where we transformed change into a powerful force. Here are the highlights of our successes achieved together with our partners.

November 2024

GHIT Fund awarded Open Philanthropy grant to expand funding sources for global health R&D

Open Philanthropy

Open Philanthropy, a grantmaking organization based in San Francisco, awarded funding for efforts to cultivate new partnerships and secure resources from the private sector and individual champions for global health R&D innovation, primarily in Japan, and joined the GHIT Fund as a new sponsor. In promoting research and development for the health of people around the world, including those in low- and middle-income countries, this new support will enable GHIT to further amplify its impact, fostering innovative collaborations and accelerating the development of life-saving global health solutions for those who need them most.

December 2024

Partnership established to advance WHO’s road map for neglected tropical diseases 2021–2030

World Health Organization

The GHIT Fund and the WHO signed a MoU to further strengthen their partnership to promote access to safe, effective and affordable drugs, vaccines and diagnostics in the area of NTDs. The MoU makes provision for four areas of collaboration: (i) research and development aimed at strengthening the arsenal of innovative tools, treatments and interventions for NTDs; (ii) resource mobilization, notably through the development of an NTD investment case toolkit and sustainable procurement systems; (iii) advocacy and awareness, to raise the profile of NTDs within global and local health agendas; and (iv) participation of GHIT as observers in NTD working groups and task forces convened by WHO.

October-November 2024

GHIT Fund exhibited at JACLaS EXPO 2024 and BioJapan 2024 for the first time

The GHIT Fund participated as an exhibitor in JACLaS EXPO 2024, Japan's largest clinical testing exhibition which displays the latest clinical laboratory devices, reagents, and systems, and in BioJapan 2024, the world's longest-running biotechnology exhibition for the first time. Furthermore, the GHIT Fund participated in the American Society of Tropical Medicine and Hygiene (ASTMH) conference held in New Orleans in November, where it presented updates on its investment (grant) progress in R&D projects for malaria, tuberculosis, and NTDs. The GHIT Fund showcased and presented its partnerships with domestic and global companies, universities, and international organizations, as well as its investment (grant) programs.

October 2024

Holding of the 9th GHIT Fund Proposal Writing Seminar (Webinar)

In October 2024, the 9th Proposal Writing Seminar (Zoom Webinar) was held, attracting a large number of participants from companies, universities, research institutions, NGOs/NPOs, and others interested in the GHIT Fund's investment (grant) programs. The seminar, aimed at deepening understanding of the proposal preparation process for the GHIT Fund's investment (grant) programs, focused on the "Target Research Platform" and the "Product Development Platform." The session provided explanations on key considerations and important details to include when preparing proposals for these programs.

January 2025

Support for the 2nd "Neglected Tropical Diseases Student Contest"

The Japan Executive Committee for World NTD Day held the 2nd Neglected Tropical Diseases Contest for junior high school students to graduate students in January 2025. The GHIT Fund supported this contest for the second consecutive year.
The contest aims to deepen awareness of NTDs and promote efforts to achieve the Sustainable Development Goals (SDGs), as GHIT believes it is important for young people to view NTDs as an issue that concerns them and to think about and present how they, along with Japanese companies and organizations, can contribute. This year, a total of 35 teams / 56 people applied, and the awards ceremony was held on January 30, World NTD Day.

2024-2025

Global health discussions with CEO Osamu Kunii – “SDGs Talk”

The SDGs include Target 3, which is to “end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases by 2030,” but the efforts made to achieve this target are still lacking.

In order to spread awareness of these neglected diseases, the GHIT Fund has launched “SDGs Talk” a series of global health discussions with the Fund’s CEO Osamu Kunii, inviting guests to discuss the current situation surrounding global health.

In the first installment, Kunii welcomed alpinist Ken Noguchi and the two discussed climate change, infectious diseases and future challenges. In the second installment, Kunii engaged in a passionate discussion with essayist Sawako Agawa on the importance of communication skills in the field of global health. The third installment was mainly dedicated to NTDs, with journalist Jun Hori sharing his experiences, while the fourth discussion welcomed essayist and media personality Keiko Kojima and discussed the importance of making information visible.

January, 2025

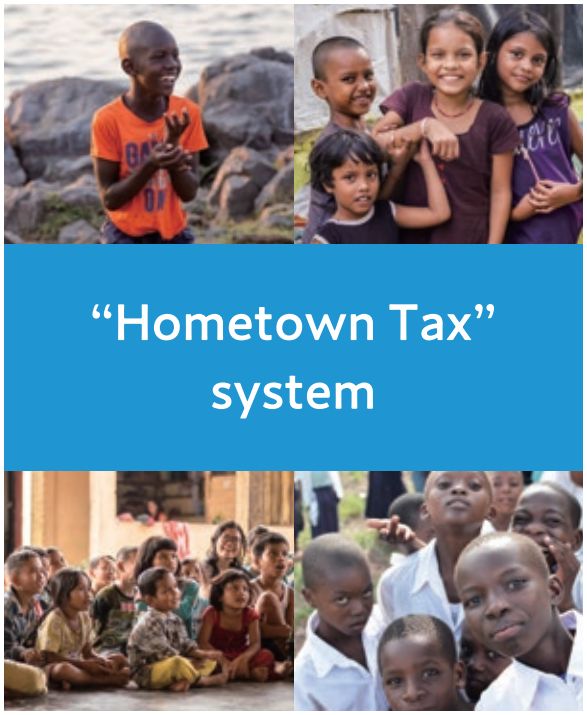
Video series released: Innovative Approaches to Combat Schistosomiasis

Schistosomiasis, one of the NTDs, currently has safe and effective treatment options for adults and school-age children. However, an estimated 50 million preschool-aged children have been left untreated in public health programs primarily due to the lack of an appropriate medication for preschoolers.

Since 2013, the GHIT Fund has been supporting and investing in the Pediatric Praziquantel Consortium’s development of a new treatment option for preschool-aged children. As part of this initiative, the GHIT Fund has published a series of videos of interviews with Pediatric Praziquantel Consortium’s partners, Merck and Astellas Pharma, and then with Ministries of Health from African countries about the fight against schistosomiasis. The videos feature Beatrice Greco and Jeremy Grossas from Merck, who discuss “the innovative path to development of pediatric treatments,” and researchers from Astellas Pharma as well as officials from the Ministries of Health of Tanzania, Uganda, Senegal, and Kenya, who share insights on the current state of schistosomiasis control in their countries and the challenges they face in tackling the disease.

December 2024

Donation through Minato Ward's Furusato Nozei System for neglected infectious diseases



The GHIT Fund is accepting donations through the Tokyo's Minato Ward's Furusato Nozei System (or "Hometown Tax" system) to aid in its fight against neglected infectious diseases. The GHIT Fund has been registered as one of the public interest organizations which can receive a donation through the "Hometown Tax" system in Minato Ward.
Under this system, the GHIT Fund is designated as an eligible recipient for donations through the "Hometown Tax" system in Minato Ward. Japanese residents who specify the GHIT Fund as the donation's recipient when contributing to the system will see Minato Ward provide the GHIT Fund with subsidies up to 70% of their donations in the fiscal year following the donation period. These subsidies will be used with care in the Fund's activities, such as investment in research and development of drugs, vaccines, and diagnostics for infectious diseases in low- and middle-income countries.

2024-2025

GHIT Fund's commitment to Diversity, Equity, and Inclusion

Our Diversity Steering Committee, chaired by our CEO, launched in April 2024 to advance our objectives and track our progress toward our commitment to diversity, equity and inclusion (DE&I).
Addressing DE&I through our internal operations and our approach to external collaboration is a critical part of how we fulfill our mission to leverage Japanese innovation against neglected infectious diseases through R&D and global partnerships.
The GHIT Fund is promoting activities with a focus on diversity (contributing to the global health community by respecting diversity and diversifying teams and partnerships, and considering issues from various perspectives and standpoints), equity (removing barriers to access and achieving the elimination of disparities in the field of global health, where persistent disparities in R&D exist), and inclusion (creating a comprehensive and collaborative environment where everyone is respected and all opinions are heard). The GHIT Fund also discloses its DE&I initiatives on its website, and releases information about its efforts to promote gender equality and DE&I as a global partner.

Forbes JAPAN × GHIT Fund

Forbes JAPAN × GHIT Fund
タイアップ企画

Partnerships for Global Health Innovation

パートナーシップでグローバルヘルスの課題を解決する

Osamu Kunii, CEO of the GHIT Fund, and leaders of globally active companies have engaged in a dialogue about solutions to global health issues and the role Japan should play in this area. This dialogue was featured as a collaborative article in Forbes JAPAN BrandVoice.
The interview with Jeremy Grossas, President and Representative Director of Merck Biopharma Co., Ltd., an affiliate of Merck KGaA, Darmstadt, Germany, who advocates for “health equity,” covered the ideal shape of sustainable collaboration and partnership in global health. Additionally, a discussion with Kentaro Maekawa, Senior Director, Global Relations Department, NEC, which contributes to health issues through technology, provided an occasion to exchange views on digital solutions for global health, with a focus on Africa. ※Affiliation and position are as of the time of the interview.

Jeremy Grossas

President and Representative Director, Merck Biopharma Co., Ltd.

In March 2025, a new treatment option for schistosomiasis reached preschool-aged children in Africa in an implementation study setting. Developed over approximately 10 years, this pediatric treatment for the neglected tropical disease, schistosomiasis, is the result of a successful international private-public partnership (the Pediatric Praziquantel Consortium). Jeremy Grossas from Merck and Osamu Kunii from GHIT discussed what sustainable collaboration in global health should look like in pursuit of health equity.

Kentaro Maekawa

Senior Director, Global Relations Department, NEC

NEC’s Kentaro Maekawa and GHIT’s Osamu Kunii discussed how cutting-edge technologies such as facial recognition technology, fingerprint authentication systems, and AI drug discovery can contribute to addressing health issues. They exchanged opinions on how digital technology can contribute to global health, such as by reducing the time required for vaccine administration and improving the efficiency of public health workers through technological innovations.

The interview articles are available in Japanese on Forbes JAPAN’s special website.

GHIT 3.0: Making Steady Strides

Strategic Plan FY2023-FY2027

R&D: Investments in Product Development

R&D milestone	Lead Identification	Preclinical
# targeted by March 2028	5 Hit-to-lead programs funded	12 Preclinical candidates identified
# achieved by March 2025	1	5
Objective	Further leverage innovations from Japanese biopharma and academia	

1 Galvanize Innovation

To accelerate innovation globally, GHIT held its first in-person R&D Forum in five years, bringing together over 120 global health experts. The event reinforced field perspectives, deepened partnerships, and advanced GHIT's focus on malaria, TB, and NTDs—while also evolving the model to explore applications in pandemic preparedness.

2 Maximize Impact

We accelerated product development and optimized our portfolio and resources by focusing on real-world impact. In FY2024, we strengthened compliance, risk management, and internal systems, enhancing documentation to support institutional memory. We also promoted staff training to ensure sustainable organizational growth and long-term talent development.

In FY2024, which marks the second year of the GHIT Fund's third phase, steady progress was made based on three strategic pillars: Galvanizing Innovation, Maximizing Impact, and Catalyzing Partnerships. We have made progress and achieved strategic goals, including establishing new strategic partnerships, accelerating late-stage product development, and promoting access and delivery of pediatric formulations for preschool-aged children affected by schistosomiasis.

As of March 31, 2025

Phase I	Phase II - Phase III	Registration	
6 First human clinical trials conducted	3 Proofs of concept achieved	3 Approved by stringent regulatory authority	1 Local program implementation of a product
2	2	1	0※

Advance R&D investment pipeline and prioritize late-stage candidates

※Delivered to preschool-aged children in Uganda and Côte d'Ivoire as an implementation study setting.

Three Fundamental Pillars

3 Catalyze Partnerships

We're strengthening partnerships with low- and middle-income countries to build a seamless R&D-to-Access ecosystem. In May 2024, we co-hosted a strategy meeting on a new treatment option for schistosomiasis for pre-school age children with the World Health Organization (WHO), six African nations, the government of Japan, GHIT, and UNDP (Access & Delivery Partnership). In December, we signed an MoU with WHO to accelerate R&D through deeper collaboration.

In March 2025, GHIT's long-standing investment in pediatric schistosomiasis treatment options reached children aged 2–5 in Uganda and Côte d'Ivoire, marking a major milestone in connecting research to society and bridging Japan and the world. It was a deeply moving moment shared with our partners.

Hayato Urabe, PhD, MPIA

Associate Vice President (Department Head)
Investment for Impact

Finances

FY2024 Financial Summary

Balance Sheet

Assets (in millions)	JPY	USD
Current Assets	75.6	0.5
Fixed Assets	11,083.8	74.1
Total Assets	11,159.4	74.6

Liabilities (in millions)	JPY	USD
Current Liabilities	78.6	0.5
Non-current Liabilities	8.0	0.1
Total Liabilities	86.6	0.6

Net Assets (in millions)	JPY	USD
Designated Net Assets	11,072.8	74.0
General Net Assets	-	-
Total Net Assets	11,072.8	74.0
Total Liabilities and Net Assets	11,159.4	74.6

The US dollar amounts in this section represent translations of Japanese yen, solely for the reader's convenience, at JPY149.53 = USD1, the exchange rate as of March 31, 2025.
This financial summary is an excerpt from the GHIT Fund's audited financial statements, which are audited by Deloitte Touche Tohmatsu LLC. The GHIT Fund is a Public Interest Incorporated Association and is registered in Japan.

Our Funding Partners & Sponsors

Full Partners

外務省 MOFA Japan

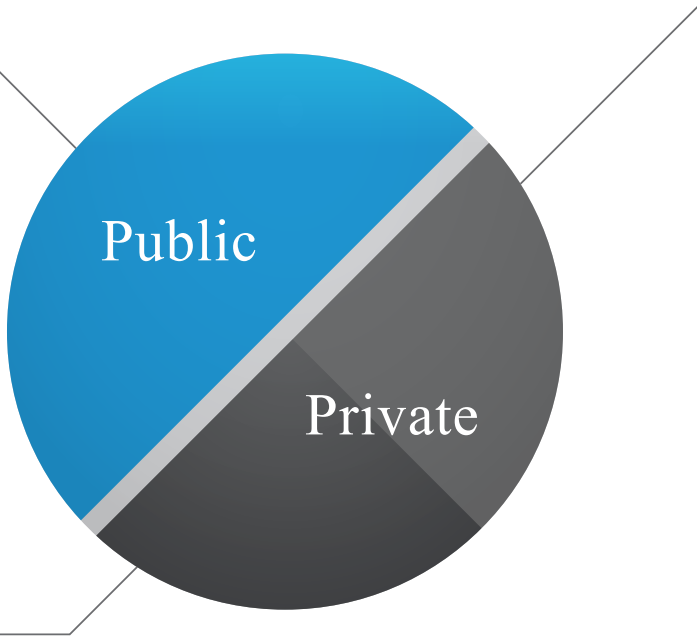
厚生労働省 Ministry of Health, Labour and Welfare

UNDP

Full Partners

Gates Foundation

wellcome



Net Assets Variation Statement

Change in General Net Assets (in millions)	JPY	USD
Ordinary Income		
Grants Received	4,562.8	30.5
Contributions Received	719.2	4.8
Foreign Exchange Gains	0.2	0.0
Misc. Income	7.7	0.1
Total Ordinary Income	5,289.9	35.4
Ordinary Expenses		
Operating Expenses	5,084.1	34.0
Management Expenses	205.3	1.4
Total Ordinary Expenses	5,289.4	35.4
Extraordinary Loss		
Extraordinary Loss	0.5	0.0
Total Extraordinary Loss	0.5	0.0

Change in Designated Net Assets (in millions)	JPY	USD
Grants Received and Others		
Governments, NGOs, Multilateral Organizations	4,416.1	29.6
Foundations	2,273.4	15.2
Contributions Received	1,006.7	6.7
Total Grants and Contributions Received	7,696.2	51.5

Full Partners

Associate Partners

Affiliate Partners

Sponsors

As of March 31, 2025

Leadership

Council

Composed of representatives of the Japanese government, global foundations and private companies which contribute funding, GHIT's Council votes on important affairs, such as the election and dismissal of governors, amendments to the articles of incorporation, and the approval of financial statements.

Ryo Nakamura
Ambassador, Assistant Minister,
Director-General for Global Issues
Ministry of Foreign Affairs

Hajime Inoue, MD, MPH, DrPH
Assistant Minister for Global Health and Welfare
Minister's Secretariat, Ministry of Health,
Labour and Welfare

Trevor Mundel, MD, PhD
President, Global Health
Gates Foundation

John-Arne Røttingen MD, PhD, MSc, MPA
CEO
Wellcome

Astellas Pharma Inc.
Kenji Yasukawa
Representative Director,
Chairman of the Board

Chugai Pharmaceutical Co., Ltd.
Osamu Okuda, PhD
Representative Director, President & CEO

Daiichi Sankyo Company, Limited
Sunao Manabe, Ph.D
Representative Director,
Executive Chairperson

Eisai Co., Ltd.
Haruo Naito
Representative Corporate Officer
and CEO

Shionogi & Co., Ltd.
Isao Teshirogi, PhD
Representative Director,
President and CEO

Takeda Pharmaceutical Company Limited
Christophe Weber
Representative Director
President and CEO

Board of Directors

Composed of global health and management experts, GHIT's Board of Directors oversees the work of the leadership team and votes on important affairs related to business management, such as the approval of important regulations, mid-term strategies, annual plans, budgets, and investment opportunities.

Chair & Representative Director
Hiroki Nakatani, MD, PhD, MHPEd
Visiting Professor
Keio University School of Medicine

Vice Chair
Peter Piot, MD, PhD
Professor of Global Health, London School of Hygiene & Tropical Medicine
Special Advisor to the President of the European Commission on European & Global Health Security

Executive Director
Osamu Kunii, MD, PhD, MPH
CEO, GHIT Fund

Quarraisha Abdool Karim, PhD
Co-founder and Associate Scientific Director, CAPRISA, Professor in Clinical Epidemiology, Columbia University, Pro-Vice Chancellor for African Health, University of KwaZulu-Natal

Mahima Datla
Managing Director
Biological E. Limited

Yosuke Kita, MD, MPH, MPA
Director, Global Health Strategy Division
International Cooperation Bureau
Ministry of Foreign Affairs

Daikichi Momma
Vice Chairman
Institute for International Economic Studies

Junichi Takahashi
Director
Office of Global Health Cooperation
Ministry of Health, Labour and Welfare

Ann M. Veneman, JD
Former Executive Director, UNICEF
Former Secretary
United States Department of Agriculture

Supervisory Board Member
Hikaru Ishiguro, LLM
Statutory Auditor
INSPiRE Corporation

Supervisory Board Member
Saori Nakamura
Attorney at Law
Hirayama Nagareya Shirai Law Office

Supervisory Board Member
Ko-Yung Tung, JD
Former Senior Vice President and General Counsel, World Bank
Former Lecturer on Law, Harvard and Yale Law Schools
International lawyer

Ex-Officio
Nicholas Cammack, PhD
Chief Research Programmes Officer (Interim)
Wellcome

Ex-Officio
Katey Einterz Owen, PhD
Director, Neglected Tropical Diseases
Director, Vaccines Development
Gates Foundation

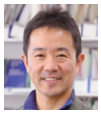
Selection Committee

Composed of domestic and foreign experts with a wealth of knowledge and experience in R&D of therapeutic agents, vaccines, and diagnostic agents, the Selection Committee (SC) examines and evaluates applications and progress reports from program applicants and recommends investment opportunities to the Board of Directors. To avoid any conflict of interest between our backers and development partners, the SC does not include private sector representatives.

Chair
Ann Mills-Duggan, PhD
Independent Consultant

Sue Ann Costa Clemens, MD, MSc, PhD, CORB, COMM, CBE
Professor of Paediatrics Infectious Diseases, Global Health and Vaccinology
Department of Paediatrics, University of Oxford
Head of Institute for Global Health, University of Siena

Ken Duncan, PhD
Deputy Director
Discovery & Translational Sciences
Gates Foundation



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Leadership Team

The leadership team facilitates the development of business, investment, and organizational growth strategies, executes strategies based on the approval of the Board of Directors, and implements administrative tasks.

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Corporate Operations

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Corporate Development

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Associate Vice President
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Investment for Impact

As of March 31, 2025

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Support from our generous funding partners and sponsors helps GHIT's investments and operations advance and create meaningful impact. We would like to express our deepest gratitude for their generous support.

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As of March 31, 2025

Fight Neglected Diseases through Partnerships

GHIT Fund
Global Health Innovative Technology Fund

Overview

Name	Global Health Innovative Technology Fund (GHIT Fund)
Address	Ark Hills Sengokuyama Mori Tower 25F, 1-9-10 Roppongi, Minato-ku, Tokyo 106-0032 TEL：+81-36441-2032　　FAX：+81-36441-2031
Launched	November 6, 2012 (Operations started in April 2013)
Chair & Representative Director	Hiroki Nakatani
CEO & Executive Director	Osamu Kunii
Activities	1. Facilitation of global R&D partnerships for the discovery and development of new health technologies for the developing world 2. Investment in these global R&D partnerships through a grant-making mechanism 3. Advancement of Japan's contribution to global health
Website	https://www.ghitfund.org/en

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Ark Hills Sengokuyama Mori Tower 25F, 1-9-10 Roppongi, Minato-ku, Tokyo 106-0032, Japan　TEL: +81-36441-2032　FAX: +81-36441-2031