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Eisai Co., Ltd.

EISAI SIGNS GLOBAL AGREEMENT WITH FUNDAÇÃO OSWALDO CRUZ TO BEGIN DEVELOPMENT OF NEW MEDICINES AND VACCINES FOR MALARIA AND NEGLECTED TROPICAL DISEASES

Eisai Co., Ltd. (Headquarters: Tokyo, President & CEO: Haruo Naito, "Eisai") announced today that it has signed a global agreement with Brazil's Fundação Oswaldo Cruz (Headquarters: Rio de Janeiro, President: Paulo Ernani Gadelha Vieira, "Fiocruz") aimed at collaborations to develop new medicines and vaccines for malaria and neglected tropical diseases (NTDs).

Under the global agreement, Eisai and Fiocruz will identify research development collaborations targeting Eisai compounds for indications of malaria and NTDs. For the first collaboration, it has been decided to begin studies on the development of a medicine for cerebral malaria using E6446 and analogs, which are Toll-like receptor 9 (TLR9) antagonists.

Fiocruz is an agency of the Brazilian Ministry of Health with a mission to promote health and social development, to generate and disseminate scientific and technological knowledge, and to be an agent of citizenship. Fiocruz is responsible for the development and production of vaccines, drugs, reagents, and diagnostic kits relevant to public health in Brazil, and is the most active public institution in promoting the development of new drugs for the treatment of NTDs in the South American region. This collaboration is a new partnership model that integrates Fiocruz's strengths in the research and development of medicines for NTDs in the South American region with Eisai's compounds and knowledge as a research-based pharmaceutical company, and which will seek to develop new treatments for malaria and NTDs as early and efficiently as possible.

Eisai is determined to be proactive in improving access to medicines worldwide through partnerships with governments, international organizations, and other non-profit private sector organizations. Eisai is a signatory to the London Declaration, a coordinated effort to eliminate ten NTDs by 2020 through the largest global public-private partnership to date. As part of its commitment under the Declaration, Eisai has entered into this partnership with Fiocruz, and has also agreed to produce at its Vizag Plant in India 2.2 billion tablets of diethylcarbamazine (DEC), a lymphatic filariasis medicine currently in short supply globally, and supply it to the World Health Organization (WHO) free of charge from 2013.

As it expands its business in both emerging and developing nations in this era of great globalization, Eisai considers its contributions to the economic development and expansion of the middle-income class through the enhancement of health and welfare in these countries as a form of long-term investment for future growth. Going forward, Eisai is committed to taking proactive steps to address issues related to access to medicines, including NTDs, as it seeks to make further contributions to increase the benefits provided to patients and their families worldwide.

[Please refer to the following notes for further information on TLR9, NTDs, cerebral malaria, the London Declaration, and Eisai's Commitment to Improving Global Access to Medicines.]

Media Inquiries:
Public Relations Department,
Eisai Co., Ltd.
+81-(0)3-3817-5120

[Notes to editors]

1. **Toll-Like Receptor 9 (TLR9)**

   The Toll-like receptor (TLR) is a receptor that plays a key role in the body's innate immune system, recognizing pathogenic agents such as bacteria. There are more than ten types of TLR that have been reported to date. TLR9 is known as a receptor that recognizes unmethylated CpG sequences in viral DNA molecules and defends against the virus as part of the body's innate immune system.

2. **About Neglected Tropical diseases (NTDs)**

   According to the World Health Organization (WHO), NTDs* blight the lives of more than 1 billion of the world's poorest 2.7 billion people. There are 149 countries and territories where NTDs are endemic, at least 100 of which are endemic for 2 or more of these diseases, and 30 countries that are endemic for 6 or more. These diseases not only survive and spread in conditions of poverty; they also anchor large populations in poverty.

   * NTDs designated by the WHO for control or elimination: Buruli ulcer, Chagas disease (American trypanosomiasis), cysticercosis/taeniasis, dengue/severe dengue, dracunculiasis (Guinea worm disease), echinococcosis, fascioliasis, human African trypanosomiasis, leishmaniasis, leprosy, lymphatic filariasis, onchocerciasis, rabies, schistosomiasis, soil-transmitted helminthiasis, trachoma, and yaws

3. **Cerebral Malaria**

   Malaria is a mosquito-borne infectious disease caused by microorganisms called protists. It is estimated that nearly one million people worldwide die of malaria annually with most deaths occurring among children age five and under. Cerebral malaria occurs when protists parasitizing red blood cells cause the red blood cells to adhere to blood vessel walls and other areas in the brain, resulting in blockages and obstruction of blood flow. Cerebral malaria occurs in approximately 10% of all malaria cases and mortality rates for the disease are as high as 25% to 50% within the first 24 to 48 hours after initial onset. Resistance to existing malaria drug therapies has also been described, meaning the development of newer agents for the treatment of cerebral malaria is extremely urgent.

4. **About the "London Declaration on Neglected Tropical Diseases"**

   On January 30, 2012, the CEOs of 13 major global pharmaceutical companies*, the Bill & Melinda Gates Foundation, the U.S. Agency for International Development, the U.K. Department for International Development, the World Bank, and officials from NTD-endemic countries gathered in London to pledge their support for a coordinated effort to combat ten NTDs** over the next ten years. In signing the "London Declaration on Neglected Tropical Diseases," each of the partner companies and organizations also pledged new levels of commitment to defeating these diseases.

   The London Declaration represents the largest coordinated effort to date, and unlike past approaches undertaken by an individual organization or for a single disease, the group has committed itself to working collaboratively in an effort to comprehensively tackle issues pertaining to drug supply, distribution, development, and implementation programs as it seeks to more effectively combat NTDs.

   * Abbott, AstraZeneca, Bayer, Bristol-Myers Squibb, Eisai, GlaxoSmithKline, Gilead, Johnson & Johnson, Merck (Merck KGaA: Germany), Merck Sharp & Dhome, Novartis, Pfizer, and Sanofi

   ** Dracunculiasis (Guinea worm disease), lymphatic filariasis, blinding trachoma, human African trypanosomiasis, leprosy, soil-transmitted helminthiasis, schistosomiasis, onochocerciasis, Chagas disease, and visceral leishmaniasis

5. **Eisai's Commitment to Improving Global Access to Medicines**

   Today, it is estimated that some 2.7 billion people around the world live on U.S.$2 or less per day. Most of these 2.7 billion people do not have access to essential health care and treatment despite the availability of effective medicines. This is an international challenge that needs to be solved through collaborations among governments, international organizations such as the WHO, non-governmental organizations, and pharmaceutical companies.

   In line with its *human health care (hhc)* mission, Eisai is committed to improving global access to medicines over the medium-to-long term through partnership strategies that involve working with governments, international organizations, private entities and non-profit organizations. As part of these efforts, the company has agreed to provide the medicine diethylcarbamazine (DEC) free of charge to the WHO in support of its program to eliminate the NTD lymphatic filariasis, and is also engaged in a research collaboration with an international non-profit foundation to develop the new drug E1224 (a prodrug of ravuconazole) for the treatment of Chagas disease.

   For further information on Eisai's Access to Medicines initiatives, please visit the Access to Medicines page on the Eisai global website: http://www.eisai.com/company/atm/index.html