Philanthropic funding has shifted towards even more product development, with 79.1% of its funding invested into product development in 2011 compared to 74.4% in 2007.

Public funding remains the majority of neglected disease R&D, accounting for 65.7% of total funding across the five years.

Public funding has increased industry investment.

There has been a moderate shift toward semi-commercial diseases (TB and bacterial pneumonia & meningitis) – which received nearly half their total five-year funding from industry – substantially outperforming all other diseases over the survey period.

The Gates Foundation funding has dropped by over a quarter since 2008 (down $169.1m, -27.4%): as a result, their 2011 funding was at almost the same level as their 2007 funding. The Gates Foundation attributes these changes to cyclical funding and the uneven disbursement of large, significant philanthropic stake, and 45% for diseases that rely heavily on the public sector. For high-funded diseases this is less of an issue, but if a disease has both low funding and a low focus on product development, outcomes are likely to be poor.

50% of the Gates Foundation and aid agencies.

Philanthropic funding has dropped significantly, driven by lower funding from the Gates Foundation since 2008 (down $169.1m, -27.4%). This has had a multiplicative impact on PDPs, given that the Gates Foundation provides over half (36.4%) of global PDP funding.

Overall impact

Despite initial fears, the global financial crisis has not had a dramatic impact on overall neglected disease R&D funding, with public funding essentially stable and decreases from the philanthropic sector largely offset by increased industry funding.

There has been a modest shift toward semi-commercial diseases (TB and bacterial pneumonia & meningitis) which increased their share of global neglected disease R&D funding from 22.4% of the total funding in 2008 to 28.0% in 2011.

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Different funding patterns between sectors can also affect the type of research that is funded for a given disease, with on average over 70% of total funding invested into product development for the semi-commercial diseases, compared to 60% for diseases with a significant philanthropic stake, and 45% for diseases that rely heavily on the public sector. For high-funded diseases this is less of an issue, but if a disease has low funding and a focus on product development, outcomes are likely to be poor.

50% of the Gates Foundation and aid agencies.
Executive summary of the G-FINDER report

In 2011, reported funding for neglected disease R&D was $3.045bn ($3.318m in unadjusted 2011 US$). Between 2007 and 2008, investment in neglected disease R&D increased steadily, but has been in gradual decline since the onset of the global financial crisis in 2009. Despite this, annual year-on-year (YoY) funding for neglected disease R&D was still $415m higher in 2011 than in 2007. The public sector continued to play a key role in neglected disease R&D, providing almost two-thirds ($1.9bn, 64.0%) of global funding in 2011. Philanthropic funding (diarrhoeal diseases and kinetoplastids) or the withdrawal of industry funding (rheumatic fever) and rheumatic fever—have been in steady decline since the global financial crisis due to government budget cuts (HIV/AIDS), declining investment in pharmaceutical innovation (VNDR) and industry funding has increased dramatically over the survey period, predominantly due to increased investments from pharma and biotech companies (biotech). The third tier diseases (trachoma, leprosy, Buruli ulcer and rheumatic fever) remained poorly-funded throughout, collectively receiving less than 1% of global funding each year. Some diseases— including malaria, TB, dengue, bacterial pneumonia & meningitis and helminths—showed moderate increases in funding in 2011, as did investments in platform technologies aimed at neglected diseases. This reflects common practice and also the shared nature of research in some areas. The most notable increase came from the Wellcome Trust (up $14.3m, 17.8%), which became the 3rd largest funder, investing $1.2bn in neglected disease R&D.

The five years of the G-FINDER survey coincided with a turbulent period for public funders, with YoY public funding peaking at $2.0bn in 2009 but in decline since. Despite cuts in recent years particularly from governments, many of the top public funders including the US, UK, France and Australia were still increasing at higher levels in 2011 than in 2007. However, this was not the case for, with Ireland, the EU, Belgium, Netherlands, Spain and Canada funding at lower levels in 2011 than in 2007. India, in particular, had significant budget cuts due to government constraints. On the other hand, the US and UK continued to be significant and stable funders of neglected disease R&D, accounting for just under 70% of all public funding ($1.4bn, 69.5%), and over $1bn more than the remaining half decreased their funding. The three largest funders continued unchanged, these being the US NIH (down $27.6m, -2.3%), industry (up $20.0m, 4.2%) and the Gates Foundation (down $204.1m, -24.6%), which were the only two. Among government funders, the UK continued to be the largest funder of neglected disease R&D funding in 2011, including half of the top 12 funders (these 12 collectively account for 89.5% ($2.72bn), compared to 89.6% ($2.74bn) in 2010.

The top 12 funders occupied the top 12 slots in 2011 as in 2010, although their order changed slightly due to around half of the organisations increasing their funding in 2011 while the remaining half decreased their funding. The same twelve funders occupied the top 12 slots in 2011 as in 2010, although their order changed slightly due to around half of the organisations increasing their funding in 2011 while the remaining half decreased their funding. The three largest funders continued unchanged, these being the US NIH (down $27.6m, -2.3%), industry (up $20.0m, 4.2%) and the Gates Foundation (down $204.1m, -24.6%), which were the only two. Among government funders, the UK continued to be the largest funder of neglected disease R&D funding in 2011, including half of the top 12 funders (these 12 collectively account for 89.5% ($2.72bn), compared to 89.6% ($2.74bn) in 2010. However, this was not the case for, with Ireland, the EU, Belgium, Netherlands, Spain and Canada funding at lower levels in 2011 than in 2007. India, in particular, had significant budget cuts due to government constraints. On the other hand, the US and UK continued to be significant and stable funders of neglected disease R&D, accounting for just under 70% of all public funding ($1.4bn, 69.5%), and over $1bn more than the remaining half decreased their funding. The three largest funders continued unchanged, these being the US NIH (down $27.6m, -2.3%), industry (up $20.0m, 4.2%) and the Gates Foundation (down $204.1m, -24.6%).

The top 12 funders were the US NIH ($1.159bn, 39.2%), the EU ($272.7m, 8.7%), the Gates Foundation ($506.1m, 17.1%), the Wellcome Trust ($407.4m, 13.8%), the US MRC ($376.2m, 12.3%), the Bill & Melinda Gates Foundation ($334.3m, 11.0%), UK DFID ($258.1m, 8.5%), the US CDC ($227.5m, 7.5%), the University of Oxford ($208.1m, 6.8%), the Wellcome Trust ($146.9m, 4.9%) and the Wellcome Trust ($125.1m, 4.2%). The Gates Foundation remained the top global funder, with YoY public funding peaking at $551.4m in 2011 compared to $523.3m in 2007, after peaking in 2009 at $691.5m. Industry funding has increased dramatically over the survey period, with MNC investments rising steadily from $273.3m in 2008 to $466.9m in 2011. However, the majority of this increase was stemming from better data reporting from Inserm in 2011 (up $17.2m, 85.4%). The apparent increase in funding from France (up $19.6m, 48.7%) may be artefactual, from the European Commission (up $12.7m, 13.7%) and the Australian NHMRC (up $7.3m, 37.5%). Other increases came from the US CDC (up $4.7m, 199%) and helminths (up $3.0m, 51.3%). Other increases came from the Wellcome Trust (up $14.3m, 17.8%), which became the 3rd largest funder, investing $1.2bn in neglected disease R&D. The US NIH, France and Australia were still increasing at higher levels in 2011 than in 2007. However, this was not the case for, with Ireland, the EU, Belgium, Netherlands, Spain and Canada funding at lower levels in 2011 than in 2007. India, in particular, had significant budget cuts due to government constraints. This reflects common practice and also the shared nature of research in some areas. Streptococcus infections.

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In 2011, reported funding for neglected disease R&D was $3.045bn ($2.902m in unadjusted 2011 US$). Between 2007 and 2011, investment in neglected disease R&D increased steadily, but has been in gradual decline since the impact of the global financial crisis became evident. Despite this, annual year-on-year (YoY) funding for neglected disease R&D was still $453m higher in 2011 than in 2007. Figure 26 shows that funding has increased dramatically over the survey period, predominantly due to increased investments from pharmaceutical companies (Table 30).

**FINDINGS**

Between 2007 and 2011, funding shifted away from the top tier diseases (NCDs), malaria and tuberculosis (TB), which saw their share of global funding fall from 76.0% in 2007 to 64.0% in 2011, to the second tier diseases (diarrhoeal diseases, rhinitis and pro-inflammatory and autoimmune diseases), which increased their share from 12.0% to 14.0%. The third tier diseases (lung, leprosy, Burkholderia and rheumatic fever) remained poorly funded throughout, collectively receiving less than 1% of global funding each year. Some diseases – including malaria, TB, dengue, bacterial pneumonia & meningitis and helminth infections – have seen decreases in funding. This is likely to be due to industry investment in products for late-stage development. Other diseases – including HIV/AIDS, diarrhoeal diseases, rhinitis and pro-inflammatory and autoimmune diseases – have seen increases in funding since the global financial crisis due to government high-risk funding in NCDs, declining philanthropic funding (philanthropic diseases and ineffectivity) or the withdrawal of industry funding (rheumatic fever).

**DISEASE TRENDS**

The public sector continued to play a key role in neglected disease R&D, providing almost two-thirds ($1.9bn, 64.0%) of global funding in 2011 (Table 30). The EC, Belgium, Netherlands, Brazil and Canada funding at lower levels in 2011 than in 2007. In the same period, India overtook Brazil as the fifth largest funder of neglected disease R&D in 2011 due to increased funding for HIV / AIDS (up $5.4m, 47.2%), dengue (up $4.7m, 199%) and helminths (up $3.0m, 51.3%). Other increases came from the European Commission (up $12.7m, 13.7%) and the Australian NHMRC (up $7.3m, 37.5%). The apparent increase in funding from France (up $19.6m, 48.7%) may be artefactual, stemming from better data reporting from Inserm in 2011 (up $17.2m, 85.4%). The apparent decrease in investment.

**FUNDERS**

Neglected disease R&D funding remained highly concentrated in 2011 with the top 12 funders accounting for just under 70% of all public funding ($1.4bn, 69.5%), and over $1bn more than the next largest public funder. The US NIH remained the principle instrument of US public funding, accounting for just under 70% of all public funding ($1.4bn, 69.5%), and over $1bn more than the next largest public funder. The US maintained its position as the pre-eminent funder of neglected disease R&D, accounting for just under 70% of all public funding ($1.4bn, 69.5%), and over $1bn more than the next largest public funder.

The five years of the G-FINDER survey, coincided with a turbulent period for public funders, with YoY public funding peaking at $2.0bn in 2008 in the first period since 2003. While government funders continued to be the mainstays of neglected disease R&D funding, the EC, Belgium, Netherlands, Brazil and Canada funding at lower levels in 2011 than in 2007. In the same period, India overtook Brazil as the fifth largest funder of neglected disease R&D in 2011 due to increased funding for HIV / AIDS (up $5.4m, 47.2%), dengue (up $4.7m, 199%) and helminths (up $3.0m, 51.3%). Other increases came from the European Commission (up $12.7m, 13.7%) and the Australian NHMRC (up $7.3m, 37.5%). The apparent decrease in funding from France (up $19.6m, 48.7%) may be artefactual, stemming from better data reporting from Inserm in 2011 (up $17.2m, 85.4%). The apparent increase in funding from France (up $19.6m, 48.7%) may be artefactual, stemming from better data reporting from Inserm in 2011 (up $17.2m, 85.4%). The apparent decrease in investment.

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**TOTAL FUNDING BY FUNDER TYPE 2007-2011**

The public sector continued to play a key role in neglected disease R&D, providing almost two-thirds ($1.8bn, 64.0%) of global funding in 2011, with philanthropic sector contributions ($0.8bn, 16.7%) closely matched by investments from industry ($0.8bn, 17.2%) (Table 30). The US maintained its position as the pre-eminent funder of neglected disease R&D, accounting for just under 70% of all public funding ($1.4bn, 69.5%). Global financial crises – mostly reflecting changes in funding from the Gates Foundation – with 2011 YoY funding now close to 2007 levels ($33.3m in 2011 compared to $33.3m in 2007, after peaking in 2009 at $56.6m). Industry funding has also increased dramatically over the survey period, with MNC investments rising steadily from $72.3m in 2003 to $98.0m in 2011. However, the majority of the increase was due to very large investments in a single product area – dengue vaccines (up from $24.2m in 2009 to $98.0m in 2011) – where expensive late-stage trials are underway.

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**FINDINGS - FUNDERS**

The five years of the G-FINDER survey, coincided with a turbulent period for public funders, with YoY public funding peaking at $2.0bn in 2008 in the first period since 2003. While government funders continued to be the mainstays of neglected disease R&D funding, the EC, Belgium, Netherlands, Brazil and Canada funding at lower levels in 2011 than in 2007. In the same period, India overtook Brazil as the fifth largest public funder. The US NIH remained the principle instrument of US public funding, accounting for just under 70% of all public funding ($1.4bn, 69.5%), and over $1bn more than the next largest public funder. The US maintained its position as the pre-eminent funder of neglected disease R&D, accounting for just under 70% of all public funding ($1.4bn, 69.5%), and over $1bn more than the next largest public funder.

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EXECUTIVE SUMMARY OF THE G-FINDER REPORT

In 2011, reported funding for neglected disease R&D was $3.04bn ($2.29bn in unadjusted 2011 US$). Between 2007 and 2008, investment in neglected disease R&D increased steadily, but has been in gradual decline since the impact of the global financial crisis became evident. Despite this, until the year-on-year (Y-O-Y) funding for neglected disease R&D was up $453 m (13.0%) in 2010, compared to 2009 but still just under 70% of all public funding. This trend continued in 2011, with global funding increasing by the lower 70% margin. Public sector funding has increased steadily over the survey period, predominantly due to increased investments from the top six pharmaceutical companies (Biogen, Merck, GSK, Sanofi, Pﬁzer, and Roche). The public sector continued to play a key role in neglected disease R&D, providing almost two-thirds ($1.9bn, 64.0%) of global funding in 2011. The majority of the funding cuts came from HIC governments (down 79.8% of all public funding). The leading innovative developing country (IDC) funder of neglected disease R&D, the Gates Foundation, maintained its position as the pre-eminent funder of neglected disease R&D, accounting for just under 70% of all public funding ($1.4bn, 69.5%). The only other IDC funder in the top 12 funders was the UK DFID, which maintained its position as the second largest public funder of neglected disease R&D in 2011 ($470m, 15.4%). Most public funders reported a decrease in their funding in 2011. The Gates Foundation continued to be the leading funder of neglected disease R&D, accounting for just under 70% of all public funding ($1.4bn, 69.5%). Maintaining its position as the pre-eminent funder of neglected disease R&D, accounting for just under 70% of all public funding ($1.4bn, 69.5%). The funds continued to keep its position as the leading funder of neglected disease R&D, maintaining its position as the pre-eminent funder of neglected disease R&D, accounting for just under 70% of all public funding ($1.4bn, 69.5%).
Public funding for PDPs has remained steady, as cuts to aid agency funding have been offset by increased funding from science & technology agencies. Over the past five years, we have seen changes – albeit modest – in the type of research that is funded and developed for patients in neglected diseases. Public funding has shifted substantially from product development to basic research with $124.2m more invested into basic research compared to product development in 2011. We note that the Gates Foundation attributes this chiefly to changes in funding patterns.

FUNDING FLOW TRENDS

DISCUSSION

Public funding continues to rely heavily on the Gates Foundation, which provides over half (53.6%) of global PDP funding. In 2011, the Gates Foundation funding has dropped by over a quarter since 2008 (down $169.1m, -27.4%). This has had a high impact on PDPs, given that the Gates Foundation provides over half (53.6%) of global PDP funding. Gates Foundation funding has mirrored this overall trend, dropping by over a third from its peak in 2008 (down $129.1m, -36.7%) – a particularly significant drop, given that the Gates Foundation is the single largest funder of PDPs.

Philanthropic funding plays a contributing rather than dominant role in neglected disease R&D, with its share of funding for each disease ranging from 6.4% of total funding for dengue, through to salmonella and HIV/AIDS (12.1% and 12.4% respectively), up to 23.3% for TB, and around 30% of total funding for tuberculosis (33.1%), meningitis (31.7%), leprosy (27.4%), and pneumococcal pneumonia & meningitis (30.5%).

Philanthropic funding has shifted towards more product development, with 70.1% of its funding invested into product development in 2011 compared to 74.4% in 2007. Industry funding for diseases with strong industry support has been very resilient, with funding for dengue and bacterial pneumonia & meningitis – which received nearly half their total five-year funding from industry – substantially outperforming other diseases over the survey period.

The Gates Foundation and aid agencies remain highly dependent on the Gates Foundation and aid agencies. Over the past five years, we have seen changes – albeit modest – in the type of research that is funded and developed for patients in neglected diseases. Public funding has shifted substantially from product development to basic research: 2007 public funding was $451.4m, while 2011 public funding was $326.3m, a drop of $125.1m, -27.4%. This has had a high impact on PDPs, given that the Gates Foundation provides over half (53.6%) of global PDP funding.

Philanthropic funding has dropped significantly, driven by lower funding from the Gates Foundation since 2008 (down $995.5m, -27.4%). This has had a high impact on PDPs, given that the Gates Foundation provides over half (53.6%) of global PDP funding.

Philanthropic funding has shifted towards more product development, with 70.1% of its funding invested into product development in 2011 compared to 74.4% in 2007. Industry funding for diseases with strong industry support has been very resilient, with funding for dengue and bacterial pneumonia & meningitis – which received nearly half their total five-year funding from industry – substantially outperforming other diseases over the survey period.

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Philanthropic funding has dropped significantly, driven by lower funding from the Gates Foundation since 2008 (down $169.1m, -27.4%). PDPs have seen cuts in the order of $35m to $50m per year for each of the past three survey years — a total drop of $150m in anchoring funding. This partly explains the decline driven by a drop in philanthropic funding, with the Gates Foundation in particular cutting funding by over a third from its peak in 2008 ($1.5bn, -36.7%). We note that the Gates Foundation attributes this largely to changes in charitable funding patterns.

Public funding

• Public funding remains the majority of neglected disease R&D, accounting for 66.7% of total funding across the five years.
• Public funding has shifted substantially from product development to basic research with $124.2m more invested into basic research as a result, their 2011 funding was at almost the same level as their 2007 funding. The Gates Foundation provided over half (53.6%) of all PDP funding.
• Philanthropic funding has shifted towards even more product development, with 76.1% of its funding invested into product development in 2011 compared to 74.6% in 2007.

FUNDING FLOW TRENDS

• Industry funding (particularly from MNCs) has had the most significant impact on dengue R&D, which has seen enormous growth investment in neglected disease R&D. With its share of funding for each disease ranging from 4.6% of total funding for dengue through to salmonella and HIV/AIDS (10.1% and 12.4% respectively), up to 23.3% for TB, and around 30% of total funding for dengue vaccine (30.1%), meningitis (25.7%), leishmaniasis (21.7%), and visceral leishmaniasis (20.3%).
• Philanthropic funding plays a contributing rather than dominant role in neglected disease R&D, with its share of funding for each disease ranging from 4.6% of total funding for dengue through to salmonella and HIV/AIDS (10.1% and 12.4% respectively), up to 23.3% for TB, and around 30% of total funding for dengue vaccine (30.1%), meningitis (25.7%), leishmaniasis (21.7%), and visceral leishmaniasis (20.3%).

The Gates Foundation funding has dropped by over a quarter since 2008 (down $169.1m, -27.4%): as a result, their 2011 funding was at almost the same level as their 2007 funding. The Gates Foundation provides over half (53.6%) of all PDP funding.

PDP funding decreased over the five years of the G-FINDER survey, with 2011 funding of $451.4m being well below the 2008 peak of $560.4m. PDPs have seen cuts in the order of $35m to $50m per year for each of the past three survey years — a total drop of $150m in anchoring funding. This partly explains the decline driven by a drop in philanthropic funding, with the Gates Foundation in particular cutting funding by over a third from its peak in 2008 ($1.5bn, -36.7%). We note that the Gates Foundation attributes this largely to changes in charitable funding patterns.