

## Ebola dominated neglected disease R&D in FY2014

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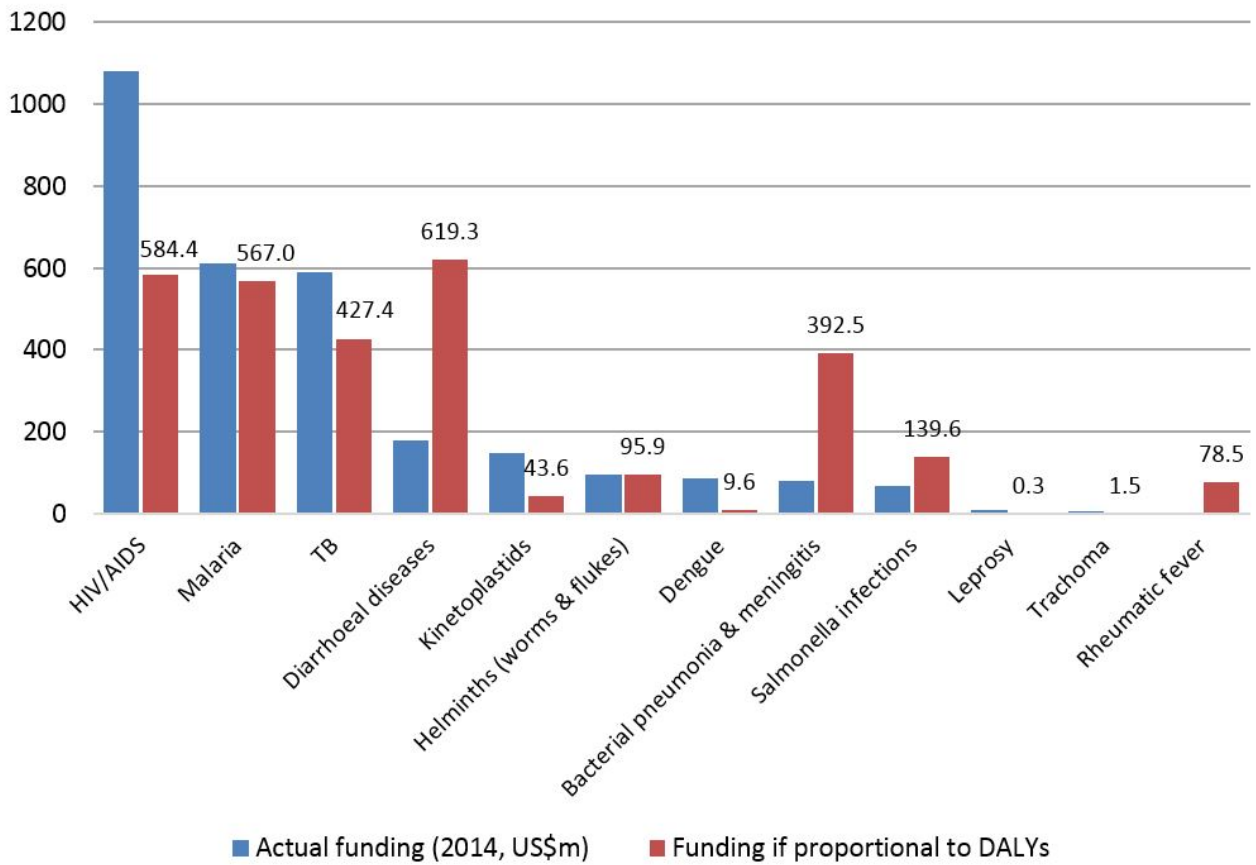
The latest [G-FINDER](#) (Global Funding of Innovation for Neglected Diseases) report, released by Policy Cures earlier this month, reveals that approximately US\$3.4 billion was invested in research and development (R&D) for neglected diseases in FY2014. This figure represents a rise of some US\$150 million in funding over 2013.

However, a breakdown of the funding by disease area reveals that this rise was entirely driven by a huge escalation of funding to Ebola R&D – some US\$165m was earmarked for Ebola research in 2014, about 16 times the amount previously allocated to the disease. This skyrocketed Ebola to the fifth highest funded disease (after HIV/AIDS, malaria, TB, and diarrhoeal diseases). Excluding Ebola, funding for neglected disease R&D remained effectively unchanged in 2014 (dropping just -0.4%, or \$14m, from 2013).

In more positive news, this year's report marked a reversal of a declining trend in industry investment. After excluding Ebola-related funds (US\$35m), industry contributed an additional US\$64m (an 18% increase) over 2013 figures. This increase mainly benefited malaria and HIV/AIDS drug and vaccine development, which overtook TB as the primary disease focus areas for industry.

Public funding accounted for about two-thirds of the total funds for neglected disease R&D, and the US government remains the largest funder in this category, providing over 70% (US\$1.529b) of all public sector funds. Notably, Australia was the only other country to significantly increase funding for neglected disease R&D, primarily as a result of DFAT's disbursement of US\$9m to malaria and TB product development partnerships (PDPs), the first tranche of a [three year commitment](#). These funds, combined with others from the UK, Switzerland, and the Gates Foundation, contributed to a 9% increase in funding to neglected disease PDPs in 2014.

Although the report does include information on morbidity and mortality for most of the diseases, it stops short of exploring whether funding levels were proportional to burden of disease. The figure below, generated using the statistics in the G-FINDER report, illustrates this relationship. If the amount of disease-specific funding was proportional to the morbidity it causes (as measured by disability-adjusted life years, or DALYs), malaria, helminths, leprosy and trachoma funding would remain largely unchanged. HIV/AIDS and TB funding would be scaled back, while diarrhoeal diseases would become the most-funded area. Burden of disease is, of course, only one consideration among many that should be considered when allocating research funds, but the results do suggest that, even among the diseases of the poor, some are more neglected than others.



Note: Blue bars show actual disease-specific R&D funding in 2014; red bars (and labels) indicate what funding would have been if it had been allocated proportionally to DALYs. Morbidity figures for Ebola, Hepatitis C, Cryptococcal meningitis, Buruli ulcer, and leptospirosis were not included in the report and so are excluded here.