

INTRODUCTION

Background to the G-FINDER survey

Each year since 2007, the G-FINDER project has provided policy-makers, donors, researchers and industry with a comprehensive analysis of global investment into research and development (R&D) of new products to prevent, diagnose, control or cure neglected diseases in developing countries. It provides an up-to-date analysis of how R&D investments are being allocated across diseases and product types, funding trends over time, and where the potential gaps lie.

G-FINDER is recognised as the gold standard in tracking and reporting global funding for neglected disease R&D. The World Health Organization (WHO) Expert Panel's Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property (GSPOA) includes a recommendation for Member States to commit to providing information to G-FINDER, and G-FINDER has been included – as both a primary source and an indicator – in agenda items presented at the WHO Executive Board meeting and World Health Assembly.^{1,2} G-FINDER is the primary source of neglected disease R&D funding data for both the WHO Global Observatory on Health R&D and Donor Tracker, and helps support the work of many other groups in the broader global health community.

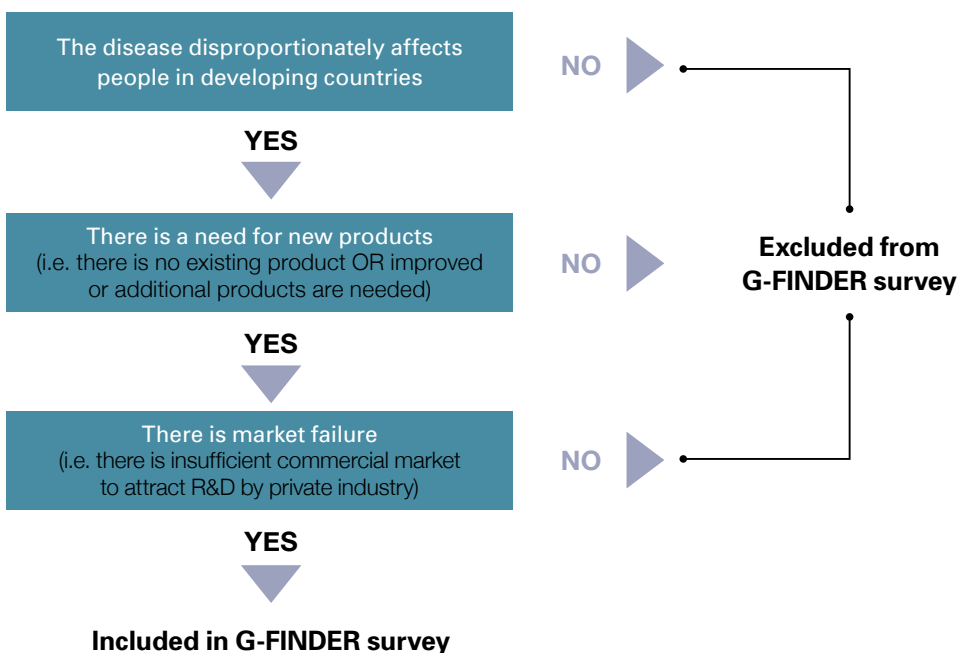
This is the eleventh annual G-FINDER report; in addition to the previous ten years of funding data, it reports on investments made in financial year (FY) 2017, referred to as 2017 in the text.

The survey scope

DEFINING NEGLECTED DISEASES AND PRODUCTS

The scope of the G-FINDER survey is determined in consultation with the G-FINDER Advisory Committee, which is made up of a broad cross-section of international experts in neglected diseases and product development (see Annexe 1 for the list of current Advisory Committee members). When defining the G-FINDER scope at the project's inception, and at all subsequent reviews, three key criteria (see Figure 1) have been applied in order to establish a list of neglected diseases and products for which R&D would cease or wane if left to market forces.

Figure 1. Filter to determine G-FINDER neglected disease inclusions



Many research activities that are extremely important for global health are excluded from G-FINDER because they are not related to the development of new tools for neglected diseases

Although basic research and all relevant product types – drugs, vaccines (preventive and therapeutic), diagnostics, microbicides and vector control products (chemical and biological control agents, and reservoir targeted vaccines) – were considered for inclusion in relation to every disease, it is important to note that not all areas are included in the G-FINDER scope for all diseases, and some are included only with restrictions. For example, pneumonia drugs are excluded because there is a sufficient commercial market; while pneumonia vaccine investments are only included if they meet G-FINDER requirements for strain, vaccine type and target age group.

Platform technologies (adjuvants, diagnostic platforms and delivery devices) and multi-disease vector control products (VCPs) are also included in the scope of G-FINDER. Platform

technologies can potentially be applied to a range of neglected diseases and products, but have not yet been attached to a specific product for a specific disease. Multi-disease VCPs target vectors capable of transmitting several different diseases.

Investments that do not meet the G-FINDER scope are excluded from the results. This includes activities such as advocacy and behavioural research, which are critical to effecting change, but which are distinct from product development and fall outside the G-FINDER criteria.

A comprehensive explanation of all inclusions, exclusions and restrictions is outlined in the detailed G-FINDER R&D scope document, which is available online. A matrix summarising the neglected diseases, products and technologies included in this year's G-FINDER report is shown in Table 1.

TYPES OF RESEARCH INCLUDED

G-FINDER quantifies neglected disease R&D investments into two overarching categories, each broken down into a number of further categories:

- Basic and early-stage research, including:
 - Basic research
 - Discovery and pre-clinical development
- Clinical or field development and post-registration studies, including:
 - Baseline epidemiology in preparation for product trials
 - Clinical or field product development
 - Phase IV/pharmacovigilance studies of new products

A detailed explanation of what types of R&D activities are included in each of these categories, as well as specific inclusions and exclusions related to the G-FINDER scope, is provided in the G-FINDER neglected disease R&D scope document.

The purpose of G-FINDER is to track and analyse global investment in the research and development of new health technologies for neglected diseases. **G-FINDER does not, and is not intended to, capture investment in the entire spectrum of neglected disease research.** Many research activities that are extremely important for global health are excluded from G-FINDER because they are not related to the development of new tools for neglected diseases; this includes health systems and operations/implementation research (for example, research into health systems or policy issues, or research into the programmatic delivery of non-product interventions, or existing health technologies), and sociological, behavioural and epidemiological research not related to the development of new health technologies. We also exclude investment into non-pharmaceutical tools such as untreated bed nets, or interventions such as circumcision. General therapies such as painkillers or nutritional supplements are also excluded, as these investments cannot be ring-fenced to neglected disease treatment only. Investment that is not research-related is similarly excluded: although we recognise the vital importance of activities such as health programme delivery, advocacy, routine disease surveillance programmes, community education and general capacity building to address neglected diseases, investment in these activities falls outside the scope of G-FINDER.

CHANGES TO THE G-FINDER R&D SCOPE FOR NEGLECTED DISEASES

Although maintaining a consistent scope is important in order to allow analysis of multi-year R&D funding trends, the scope of the G-FINDER survey is reviewed annually in consultation with the Advisory Committee.

In year two of the G-FINDER survey (FY2008), the typhoid and paratyphoid fever disease category was expanded to include non-typhoidal *Salmonella enterica* (NTS) and multiple *Salmonella* infections, while R&D for lymphatic filariasis diagnostics was added.

In FY2013 (the seventh survey year), the survey was expanded to include three additional diseases: cryptococcal meningitis, hepatitis C (genotype 4) and leptospirosis. Dengue vaccines were determined to no longer fit the criteria for inclusion in the G-FINDER survey given the emergence of a commercial market, and dengue vaccine R&D funding (including all previously reported investment) was removed from the survey. All other dengue product areas were retained.

In FY2014 (the eighth survey year), the hepatitis C category was expanded to capture investment in R&D for two additional genotypes (genotypes 5 and 6) that disproportionately affect people in developing countries.

In FY2016 (the tenth survey year), the bacterial pneumonia & meningitis category was expanded to explicitly include developing country-focused basic research for both *Streptococcus pneumoniae* (*S. pneumoniae*) and *Neisseria meningitidis* (*N. meningitidis*). Developing country-specific research into therapeutic vaccines for HIV/AIDS was also added as a restricted category, reflecting emerging research into broadly neutralising anti-HIV antibodies (bNABs) and their potential use in developing countries.

In FY2017, Policy Cures Research changed how funding for vector control R&D and funding targeted at multiple diseases is reported by G-FINDER. Some of these changes result in funding falling into different categories than it would have in previous years, while other changes expand the scope of funding included in G-FINDER.

In conjunction with our ongoing collection of emerging infectious disease (EID) R&D investment data, the latest version of our survey (FY2017) allowed participants to provide separate information on funding intended to support research applicable to *both* neglected diseases and EIDs, under core funding, platform technologies and other R&D. Our inclusion of this funding resulted in an expanded scope for each of these categories in FY2017. Funding for R&D targeted *exclusively* at EIDs continues to be excluded from G-FINDER.

In FY2017 a new category, multi-disease vector control products, was created to capture funding for R&D not targeted at one specific vector-borne disease. This category includes funding that cannot be allocated to a single neglected disease, resulting in a change to how grants are classified, but not to G-FINDER's overall scope. However, the new category also captures funding for R&D applicable to *both* neglected diseases and EIDs, which would not have been included in previous years.

For example, the *Aedes aegypti* mosquito transmits both the dengue virus (a neglected disease) and the Zika virus (an EID). Funding for R&D targeted at controlling the *Aedes aegypti* mosquito has historically been divided between the two diseases, with only the portion notionally allocated to dengue included in G-FINDER. Under the new approach, the full value of this kind of funding was included under the new category for multi-disease vector control products.

The FY2017 report also added R&D stage categories to the biological vector control products and reservoir targeted vaccine categories, reflecting the developing international consensus on the R&D pathways for these products. These changes affect the way funding is categorised, but do not expand the scope of G-FINDER.

Finally, in FY2017 the G-FINDER scope was expanded to include R&D investments in chemical vector control products for Chagas' disease and diagnostics for tapeworm infections; and the chemical vector control product category now explicitly includes funding of novel insecticide-based tools for controlling outdoor transmission, provided they are designed for use in developing countries.

HANDLING OF EMERGING INFECTIOUS DISEASES

In response to the 2014 West African Ebola epidemic, the G-FINDER survey scope was expanded for FY2014 (the eighth survey year) to capture investments in Ebola R&D for diagnostics, drugs and preventive vaccines, as well as basic research. For FY2015 (year nine), the survey scope was further expanded to include other African viral haemorrhagic fevers (VHFs). In addition to Ebola, this new category allowed respondents to also report R&D funding for Marburg and other African VHFs. In FY2016 (the tenth survey year), a separate scope definition was developed to identify investment in R&D for all priority emerging infectious diseases (EIDs) identified in the WHO R&D Blueprint for action to prevent epidemics.

Although EID funding data continues to be collected alongside investments in R&D for neglected diseases, the analysis of this data will be reported separately. The only exception is investment in R&D that is applicable to both neglected and emerging infectious diseases, the full value of which will be included in both analyses, as described earlier.

Table 1. G-FINDER neglected diseases, products and technologies

Disease	Basic research		Vaccines (preventive)	Vaccines (therapeutic)	Diagnostics	Microbicides	Vector control products
	Restricted	Drugs					
HIV/AIDS	Restricted	Restricted	✓	Restricted	✓	✓	-
Malaria	✓	✓	✓	-	✓	-	✓
	✓	✓	✓	-	✓	-	✓
	✓	✓	✓	-	✓	-	✓
Tuberculosis	✓	✓	✓	✓	✓	-	-
Diarrhoeal diseases	-	-	Restricted	-	-	-	-
	✓	Restricted	✓	-	✓	-	-
	✓	Restricted	✓	-	✓	-	-
	✓	Restricted	✓	-	✓	-	-
	-	-	✓	-	✓	-	-
	-	-	✓	-	✓	-	-
	-	-	-	-	✓	-	-
	✓	Restricted	✓	-	✓	-	-
Kinetoplastid diseases	✓	✓	✓	✓	✓	-	-
	✓	✓	✓	-	✓	-	✓
	✓	✓	✓	✓	✓	-	✓
	✓	✓	✓	✓	✓	-	✓
Helminth infections (worms & flukes)	✓	✓	✓	-	✓	-	✓
	✓	✓	-	-	✓	-	✓
	✓	✓	✓	-	✓	-	✓
	✓	✓	-	-	✓	-	✓
	✓	✓	✓	-	-	-	-
	✓	✓	✓	-	✓	-	-
	✓	✓	-	-	-	-	-
	✓	✓	-	-	-	-	-
	✓	✓	✓	-	✓	-	✓
Salmonella infections	✓	✓	✓	-	✓	-	-
	✓	✓	✓	-	✓	-	-
	✓	✓	✓	-	✓	-	-
Dengue	✓	✓	-	-	✓	-	✓
Bacterial pneumonia & meningitis	Restricted	-	Restricted	-	✓	-	-
	Restricted	-	Restricted	-	✓	-	-
	Restricted	-	-	-	✓	-	-
Hepatitis C (genotypes 4, 5 & 6)	-	Restricted	✓	-	✓	-	-
Leprosy	✓	✓	-	-	✓	-	-
Cryptococcal meningitis	-	✓	-	-	-	-	-
Leptospirosis	-	-	-	-	Restricted	-	-
Buruli ulcer	✓	✓	✓	-	✓	-	-
Trachoma	-	-	✓	-	✓	-	-
Rheumatic fever	-	-	✓	-	-	-	-

Investment applicable to more than one neglected disease, or to both neglected and emerging infectious diseases				
Platform technologies			Multi-disease vector control products	Core funding of a multi-disease R&D organisation
General diagnostic platforms	Adjuvants and immunomodulators	Delivery technologies and devices		
Restricted	Restricted	Restricted	✓	✓

Survey methodology

DATA COLLECTION

Over the past decade, the G-FINDER survey has operated according to two key principles: capturing and analysing data in a manner that is consistent and comparable across all funders and diseases; and presenting funding data that is as close as possible to 'real' investment figures.

G-FINDER was originally designed as an online survey. An online survey platform was developed to capture grant data and is still used by the majority of survey participants. An offline grant-based reporting tool is also available. Industry (pharmaceutical companies and biotechnology firms) investment in R&D is not grant-based, so a version of the reporting tool has been tailored for these participants. Instead of grants, companies enter the number of staff working on neglected disease programmes, their salaries, and direct project costs related to these programmes. Companies are required to exclude 'soft' figures such as in-kind contributions and costs of capital.

For some organisations with very large datasets, the online survey and equivalent offline reporting tool are difficult to use. The G-FINDER team was therefore asked to use publicly available databases to identify the relevant funding. For the US National Institutes of Health (NIH), grants are collected using the Research Portfolio Online Reporting Tools (RePORTER) and the Research, Condition and Disease Categorization (RCDC) process. For the Biomedical Advanced Research and Development Authority (BARDA), funding information is identified using the international and domestic 'Project Maps' retrieved from the Medical Countermeasures website. Information on funding from the US Department of Defense (DOD) is collected using the Defense Technical Information Center's 'DOD investment budget search' tool. Funding from the European Commission (EC)* is retrieved from the Community Research and Development Information Service (CORDIS) public database and Innovative Medicines Initiative's (IMI) online project list. Supplementary data is provided by the EC. Information about the R&D projects funded by Innovate UK is extracted from spreadsheets available on its website.

All participating organisations are asked to only include disbursements (or receipts), rather than commitments made but not yet disbursed. In general, only primary grant data is accepted; the only exception is in the case of data collection collaborations between G-FINDER and other R&D funding surveys, such as AVAC. Data from all sources is subject to verification using the same processes and inclusion criteria.

VALIDATION

All entries over \$0.5m are verified against the inclusion criteria. Cross-checking is conducted using automated reconciliation reports – which match investments reported as disbursed by funders with investments reported as received by intermediaries and product developers – followed by manual grant-level review of the report outputs. Any discrepancies are resolved by contacting both groups to identify the correct figure. For grants from the US NIH, funding data is supplemented and cross-referenced with information received from the Office of AIDS Research (OAR) and the National Institute of Allergy and Infectious Diseases (NIAID).

Industry figures are reviewed against industry portfolio information held by Policy Cures Research and against full-time equivalent (FTE) and direct costs provided by other companies. Costs that fall outside the expected range, for example, above average FTE costs for clinical staff, are queried and corrected with the company.

UNSPECIFIED FUNDING

Around 1.3% (\$48m) of funding was reported to the survey as 'unspecified', usually for multi-disease programmes where funds could not easily be apportioned by disease. A proportion of

* The term 'EC' used here and throughout the report refers to funding from the European Union budget that is managed by the European Commission or related European Union partnerships and initiatives, such as the European & Developing Countries Clinical Trials Partnership (EDCTP) and Innovative Medicines Initiative (IMI).

funding for some diseases was also 'unspecified', for instance, when funders reported a grant for research into tuberculosis (TB) basic research and drugs without apportioning funding to each product category. This means that reported funding for some diseases and products will be slightly lower than actual funding, with the difference being included as 'unspecified' funding.

A further 7.8% (\$277m) of global funding was given as core funding to R&D organisations that work in multiple disease areas, for example, the European & Developing Countries Clinical Trials Partnership (EDCTP) and the Foundation for Innovative New Diagnostics (FIND). As this funding could not be accurately allocated by disease it was reported as unallocated core funding. In cases where grants to a multi-disease organisation were earmarked for a specific disease or product, they were included under the specific disease-product area.

DATA AGGREGATION

All pharmaceutical industry funding data is aggregated and anonymised for confidentiality purposes. Rather than being attributed to individual companies, pharmaceutical company investment is instead reported according to the type of company, with a distinction made between multinational pharmaceutical companies (MNCs) and small pharmaceutical and biotechnology firms (SMEs).

INFLATION ADJUSTMENTS

Funding data is adjusted for inflation and converted to US dollars (US\$) to eliminate artefactual effects caused by inflation and exchange rate fluctuations, allowing accurate comparison of annual changes. Due to these adjustments, historical G-FINDER data in tables and figures in this report will differ to data in previous G-FINDER reports. All funding data in this report is in 2017 US\$.

LIMITATIONS

While the survey methodology has been refined over the past decade, there are limitations to the data presented, including survey non-completion, time lags in the funding process, an inability to disaggregate some investments, and non-comparable or missing data. Please see the G-FINDER methodology document, available online at www.policycuresresearch.org/g-finder-2018, for a more in-depth discussion of these limitations.

Reading the G-FINDER report

STRUCTURE

The G-FINDER report is structured in four main parts: 1) analysis of funding by neglected disease; 2) analysis of neglected disease funders; 3) analysis of funding flows; and 4) discussion of key findings.

YEARS

Throughout the text, references to years, other than survey years, refer to financial years.

YEAR-ON-YEAR CHANGES

To avoid reporting on artefactual variations related to survey participation, year-on-year (YOY) funding analysis was previously based only on funding reported by organisations that had participated in every year of the survey – referred to as 'YOY funders'.

G-FINDER is now in its eleventh year, and survey participation from the major funders has stabilised. Therefore annual changes mentioned in the FY2017 report are based on funding reported by all survey participants. In instances where changes were materially influenced by survey participation, an explanation has been provided.

COUNTRY GROUPINGS

For brevity, we use the terms ‘LMICs’ and ‘developing countries’ to denote low- and middle-income countries, and ‘HICs’ to denote high-income countries, as defined by the World Bank.³ Innovative developing countries (IDCs) are developing countries with a strong R&D base, which in the context of this report refers to Brazil, India, South Africa, China, the Russian Federation, Turkey, Mexico and Malaysia.⁴

BURDEN OF DISEASE FIGURES

Unless otherwise noted, all mortality and DALY (disability-adjusted life year) estimates in this report represent totals for all LMICs, taken from the Institute for Health Metrics and Evaluation’s (IHME) Global Burden of Disease Study 2017 (GBD 2017),⁵ which provides the most comprehensive and up to date figures available. Following the formal agreement between IHME and the World Health Organization to collaboratively publish estimates of global disease burden, figures from the WHO’s Global Health Estimates are no longer included in this report.⁶ We note that some GBD estimates may differ from those published in previous G-FINDER reports due to updates to IHME’s methodology.⁷

Pathogen-specific diagnosis for diarrhoeal diseases, and bacterial pneumonia & meningitis is challenging, which affects estimates of disease burden. The diarrhoeal disease group in GBD 2017, when presented by cause, includes diseases outside the scope of G-FINDER. Therefore, estimates of mortality and DALYs for the diarrhoeal disease group presented in this report have been calculated by subtracting pathogens identified by aetiology as out of scope from the GBD 2017 diarrhoeal disease grouping by cause total – and may therefore include some burden of disease caused by pathogens outside the G-FINDER scope. GBD 2017 includes an ‘Other meningitis’ cause category which is not disaggregated to a level where it can be established what proportion of the data falls within the scope of G-FINDER. Estimates of mortality and DALYs for bacterial pneumonia & meningitis presented in this report include ‘Other meningitis’, and may therefore include some burden of disease caused by pathogens outside the scope of G-FINDER. GBD 2017 does not include estimates for giardiasis or strongyloidiasis by cause or aetiology.

The latest G-FINDER survey

The eleventh G-FINDER survey was open for a six-week period from May to June 2018. Intensive follow-up and support for key participants led to a total of 10,333 recorded entries in the database for financial year 2017.

PARTICIPANTS

G-FINDER is primarily focused on funding, and therefore the emphasis is on surveying funding organisations. A total of 197 organisations participated in the G-FINDER survey in 2018, reporting on behalf of 207 organisations. 137 of the 197 direct participants were funders. A wide range of funding intermediaries, product development partnerships (PDPs), and researchers and developers who received funding also participated. Data from funding recipients was used to collect data on investments from funders who did not participate in the survey; to better understand how and where R&D investments were made; to track funding flows through the system; to prevent double counting; and to verify reported data.

Participants originated from 31 countries. Organisations included:

- The EC and public, private and philanthropic funders from 20 HICs
- Public funders from nine MICs (Argentina, Brazil, Colombia, Cuba, Egypt, India, Mexico, Thailand and South Africa)
- Private sector funders from three MICs (Brazil, India and South Africa)
- Academic organisations from five MICs (Argentina, Cameroon, India, Thailand and the Philippines)

Table 2. Disease and product R&D funding 2017 (US\$ millions)

Disease or R&D area	Basic research	Drugs	Vaccines (preventive)	Vaccines (therapeutic)	Diagnostics	Microbicides	Vector control products	Unspecified	Total
HIV/AIDS	169.30	150.46	698.84	11.94	51.51	148.55		26.15	1,256.76
Malaria	138.41	218.55	174.21		30.57		35.75	26.54	624.03
<i>P. falciparum</i>	63.38	81.82	117.58		4.49		12.83	5.83	285.93
<i>P. vivax</i>	10.62	34.46	11.03		4.50		0.26	0.13	61.00
Multiple / other malaria strains	64.41	102.27	45.61		21.58		22.65	20.58	277.10
Tuberculosis	155.48	286.12	73.84	4.83	67.52			27.62	615.41
Diarrhoeal diseases	37.16	15.47	93.73		7.99			9.94	164.30
Rotavirus			43.52					2.46	45.98
Shigellosis	7.55	0.66	22.07		0.91			1.31	32.50
Cholera	18.67	0.60	7.83		1.26			0.12	28.48
Cryptosporidiosis	4.51	11.66	1.07		0.28			-	17.52
Enterotoxigenic <i>E. coli</i> (ETEC)			12.66		-			0.10	12.76
Enteroaggregative <i>E. coli</i> (EAEC)			0.23		-			0.07	0.31
Giardiasis					0.02			-	0.02
Multiple diarrhoeal diseases	6.43	2.55	6.35		5.52			5.88	26.73
Kinetoplastid diseases	51.65	77.73	3.78	0.27	4.07		0.05	8.77	146.32
Leishmaniasis	17.26	14.14	3.16	0.12	1.28			8.18	44.15
Sleeping sickness (HAT)	20.50	15.55	0.29		1.16		-	0.23	37.73
Chagas' disease	11.29	4.34	0.26	0.15	1.63		0.05	<0.01	17.73
Multiple kinetoplastid diseases	2.60	43.70	0.06	-	<0.01		-	0.35	46.71
Helminth infections (worms & flukes)	32.05	35.58	11.92		2.46		0.54	6.71	89.25
Schistosomiasis (bilharziasis)	9.05	5.56	5.58		0.98		0.51	2.57	24.25
Lymphatic filariasis (elephantiasis)	4.44	6.45			0.18		<0.01	4.13	15.21
Onchocerciasis (river blindness)	1.21	9.27	0.77		0.76		<0.01	-	12.03
Tapeworm (taeniasis / cysticercosis)	3.59	1.65			0.14		-	-	5.37
Hookworm (ancylostomiasis & necatoriasis)	0.99	0.16	2.78					-	3.93
Strongyloidiasis & other intestinal roundworms	0.94	0.46	<0.01		0.02			-	1.42
Roundworm (ascariasis)	1.09	0.18						-	1.27
Whipworm (trichuriasis)	0.97	0.17						-	1.14
Multiple helminth infections	9.77	11.68	2.78		0.38		-	0.02	24.62
Salmonella infections	40.11	4.03	35.39		3.01			0.36	82.90
Typhoid and paratyphoid fever (S. Typhi, S. Paratyphi A)	25.89	2.64	33.11		1.81			0.23	63.69
Non-typhoidal <i>S. enterica</i> (NTS)	3.04	0.54	0.39		0.97			-	4.94
Multiple <i>Salmonella</i> infections	11.18	0.85	1.90		0.23			0.13	14.27
Dengue	37.54	22.46			6.92		9.27	5.16	81.34
Bacterial pneumonia & meningitis	7.14		66.61		1.74			<0.01	75.48
<i>S. pneumoniae</i>	5.31		57.80		0.24			-	63.35
<i>N. meningitidis</i>	1.59		8.80		0.28			<0.01	10.67
Both <i>S. pneumoniae</i> and <i>N. meningitidis</i>	0.24				1.21			-	1.46

Disease or R&D area	Basic research		Vaccines (preventive)	Vaccines (therapeutic)	Diagnostics	Microbicides	Vector control products	Unspecified	Total
		Drugs							
Hepatitis C (genotypes 4, 5 & 6)		8.78	3.13		3.39			0.03	15.34
Leprosy	5.62	0.36			0.55			6.26	12.78
Cryptococcal meningitis		10.71						-	10.71
Leptospirosis					3.18			-	3.18
Buruli ulcer	1.34	1.23	-		0.31			0.04	2.93
Trachoma			1.58		-			1.10	2.67
Rheumatic fever			0.91					0.29	1.20
Platform technologies									33.90
<i>Adjuvants and immunomodulators</i>									13.87
<i>General diagnostic platforms</i>									6.85
<i>Delivery technologies and devices</i>									13.17
Multi-disease vector control products									23.25
Core funding of a multi-disease R&D organisation									276.55
Unspecified disease									47.92
Total R&D funding									3,566.24

- No reported funding

Category not included in G-FINDER

SUPPLEMENTARY MATERIALS

A detailed methodology is available at:

<http://www.policycuresresearch.org/g-finder-2018>

All of the data behind the G-FINDER report is available through the online search tool at

<https://gfinder.policycuresresearch.org/PublicSearchTool>