



FUNDING GAPS, ENGAGEMENT GAPS

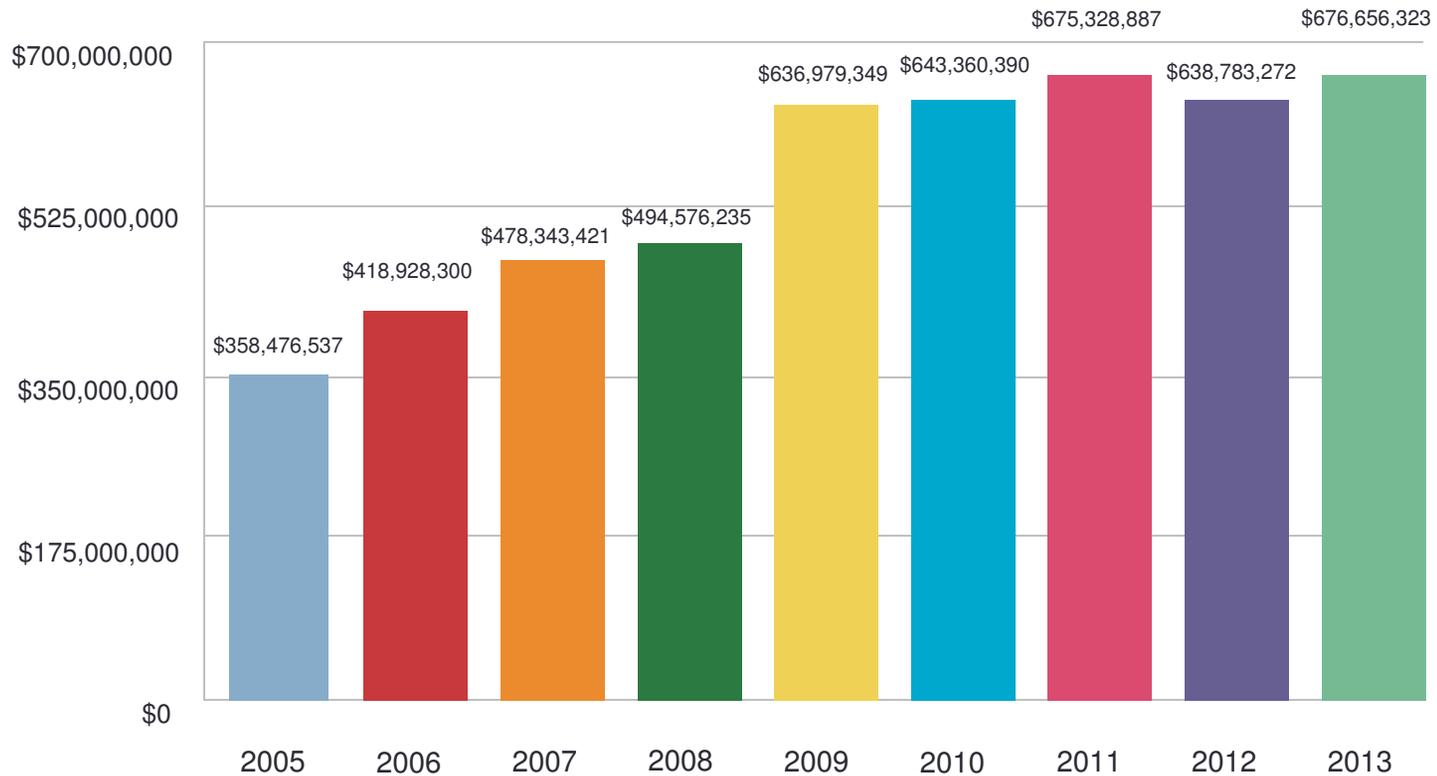
Overcoming the Challenges in TB R&D
27 October 2014

Colleen Daniels

TAG
Treatment Action Group

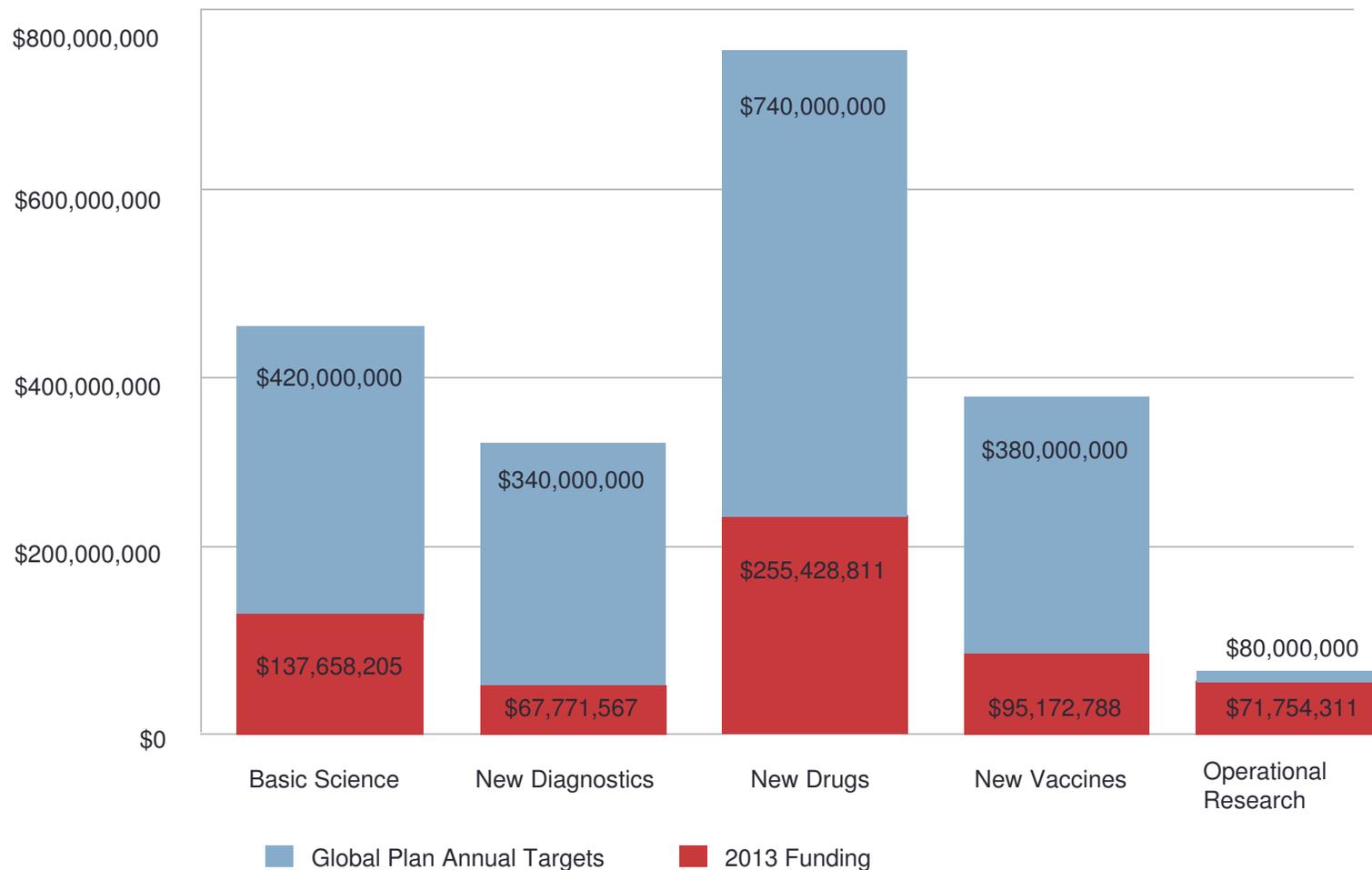
Flat Funding = Falling Funding

Total TB R&D Funding, 2005-2013



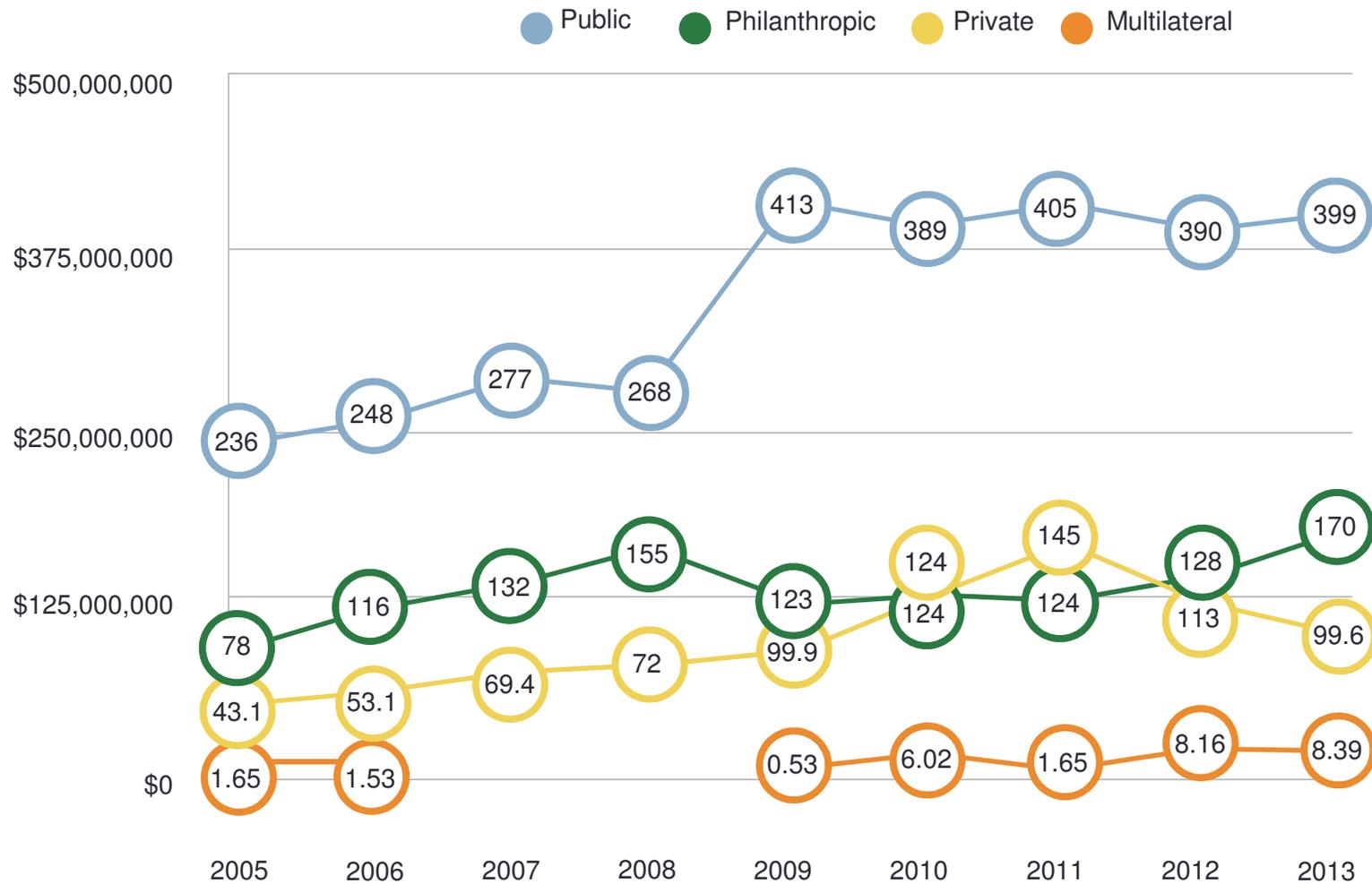
9 Straight Years of Funding Gaps

Annual *Global Plan* Research Funding Targets versus 2013 Funding



Where is Pharma?

Total TB R&D Funding by Funder Category, 2005-2013 (in USD millions)

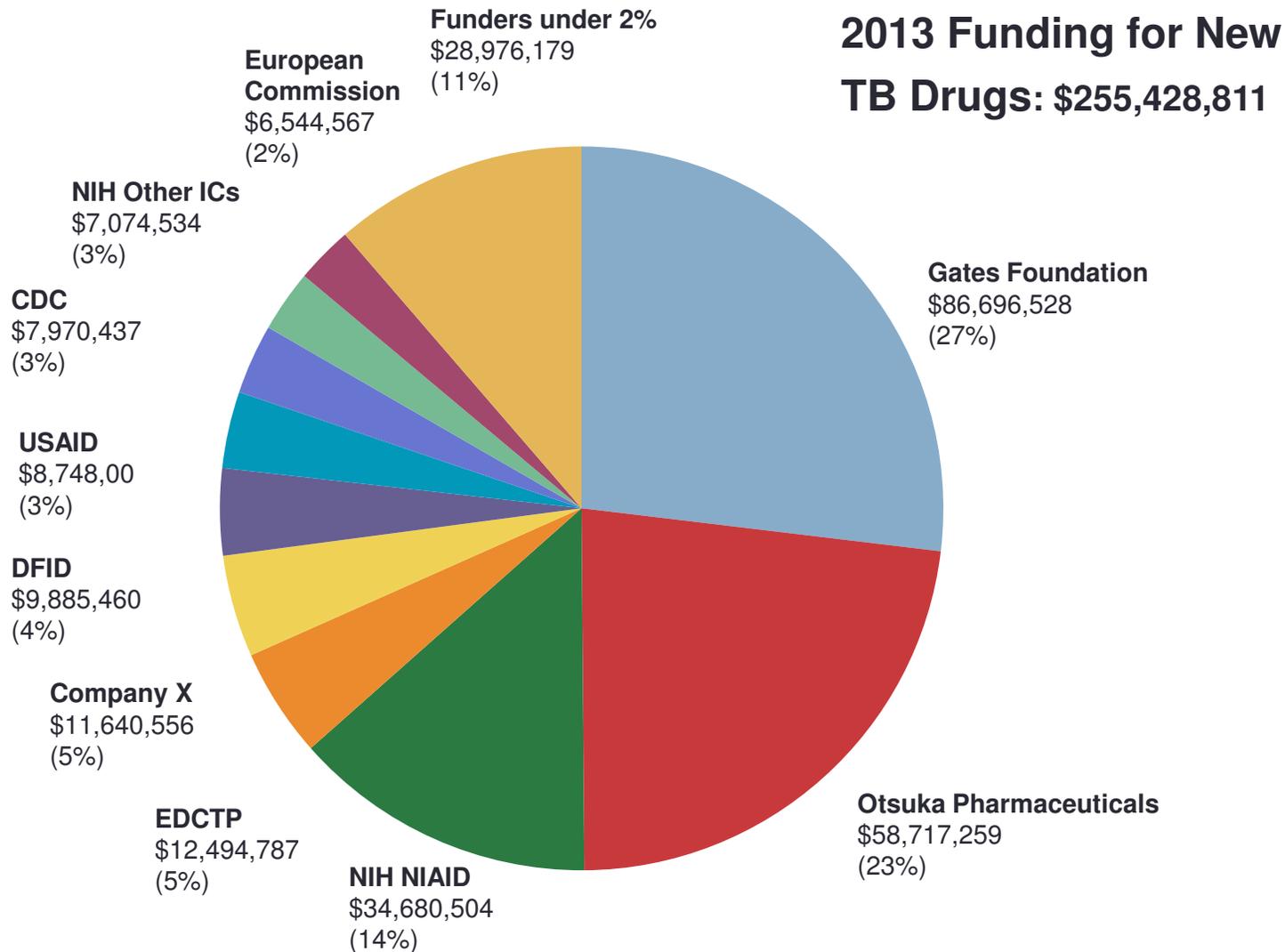




60%

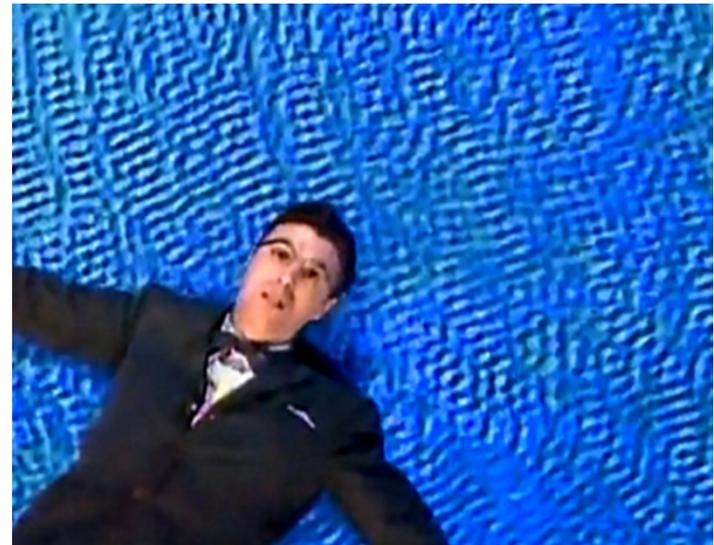
- of **total** TB R&D funding comes from **1 sector**:
public institutions
- of **public money** spent on TB R&D comes from **1 country**:
the United States
- of **industry funding** for TB R&D comes from **1 company**:
Otsuka
- of TB **basic science funding** comes from **1 agency**:
the U.S. National Institutes of Health

TB Drug R&D: a Charitable Endeavor?



You may find yourself with shrinking research budgets
You may find yourself without industry partners
You may find yourself with an epidemic larger than it appears
You may ask yourself:

well, how did we get here?



We Called for a Research Movement. But We Never Built It.

2006–2015 Global Plan to Stop TB heralded the creation of a research movement with 3 goals:

- (1) **Increase resources for TB research and innovation;**
- (2) **Coordinate priorities among research groups;**
- (3) **Implement coherent global TB research roadmap toward TB elimination.**

Yet...

9 straight years of missed funding targets

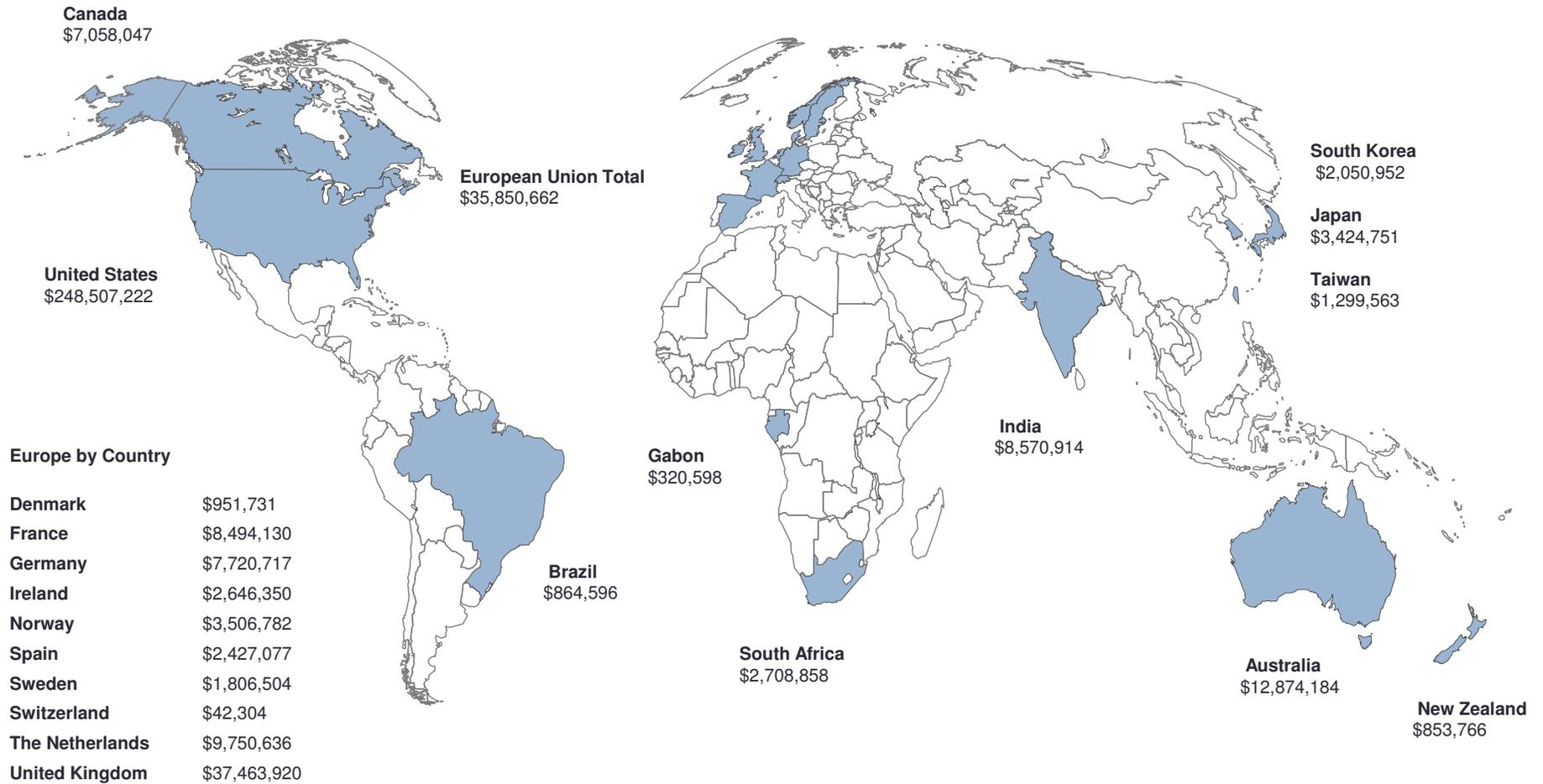
Never more than **\$700 million/year** in funding

Fewer than **120** TB R&D funders globally

We Tried Meeting in the Middle. It Didn't Work.

- Every TB drug under development has public money behind it (for some, *only* public money);
- Public/private partnerships in TB are often lopsided (financial capital fronted by public groups, in-kind support offered by pharma);
- For many technologies, publics have been asked to pay twice: first to fund research and second to buy back a product that resulted from public investment (GeneXpert globally; rifapentine in the U.S.);
- Still, pharma companies are leaving TB research (3 in the last 3 years).

We Made Declarations about Shared Accountability. But We Didn't Follow Through.



So...How do We Fix This?

- Business as usual won't cut it. We need new models for working—and investing—together.
- Public money should be public. Communities have the right to insist on this.
- If publics are going to pay for R&D, they should not be asked to pay *twice*.
- We still need to make the case that a strong research agenda will strengthen programmatic management of TB.

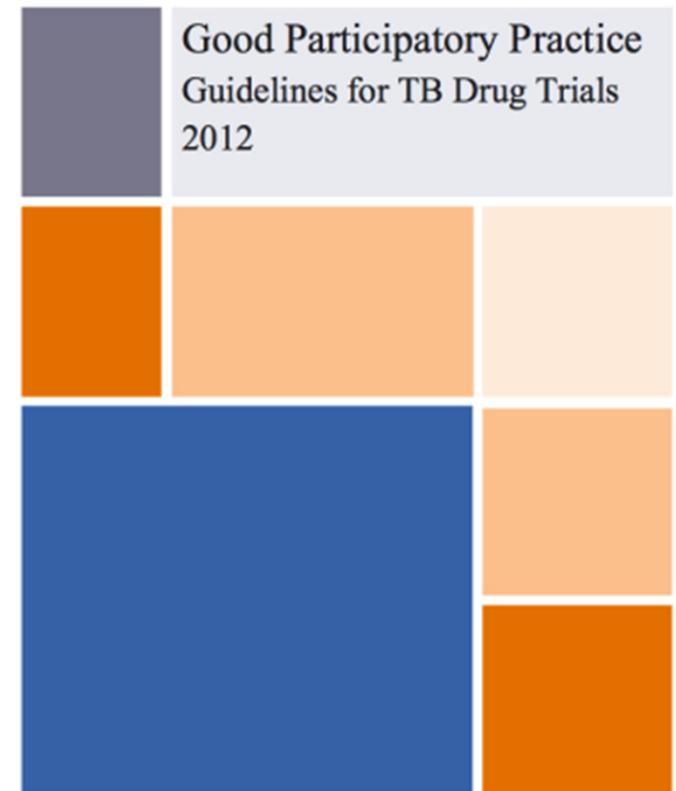
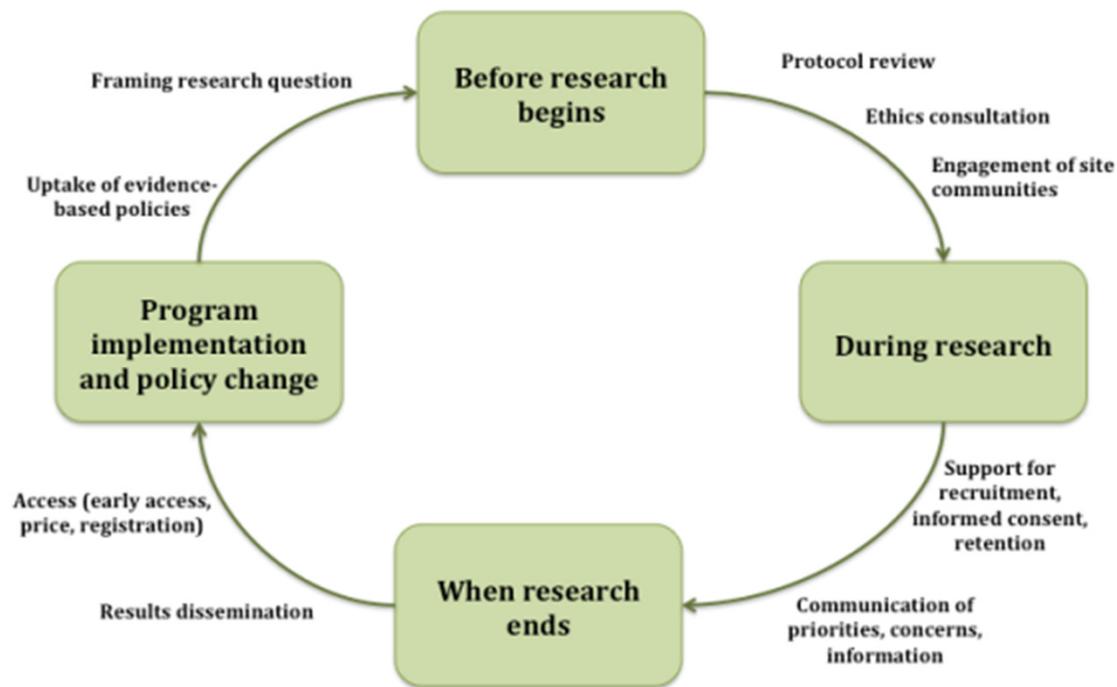
[TB research and TB programs are two sides of the same coin—especially when our coins are short in supply]

- TB research needs to become more participatory:

“The public engages in science that it can access. Non-participatory science is difficult to access.”

—Kate MacQueen

The first step to engaging publics more broadly is...engaging TB-affected communities in TB research



Thank you to **Mike Frick** for developing this presentation.

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