Mapping regional funding for COVID-19 research in the Asia-Pacific region

Emilia Antonio, Nicolas Pulik, Jieun Lee, Tanu Soni, Hans-Eckhardt Hagen, Choong-Min Ryu, Alice Norton

ABSTRACT

Introduction The Global Research Collaboration for Infectious Disease Preparedness (GloPID-R) is a network of funders supporting research on infectious diseases of epidemic/pandemic potential. GloPID-R is establishing regional hubs to strengthen stakeholder engagement particularly among low-income and middle-income countries. The first pilot hub, led from Republic of Korea (South Korea), has been launched in the Asia-Pacific region, a region highly prone to outbreaks of emerging infectious diseases. We present findings of mapping research undertaken in support of the hub's development.

Methods We analysed five COVID-19 research databases in September 2022 to identify research funders and intermediary funding sources supporting research in infectious diseases in the Asia-Pacific region. This was complemented with an in-depth analysis of the UK Collaborative on Development Research (UKCDR) and GloPID-R COVID-19 Research Project Tracker to assess the alignment of funded projects in the region to the WHO COVID-19 research priorities.

Results We identified 453 funders and funding sources supporting COVID-19 research in the Asia-Pacific Region including public, private and philanthropic organisations and universities. However, these organisations were clustered in few countries in the region. The in-depth analysis of the UKCDR and GloPID-R COVID-19 Research project Tracker found limited research involving Asia-Pacific countries with the 117 funders supporting these projects investing at least US$604m in COVID-19 research in the region. Social Sciences was the dominant theme on which funded projects focused whereas the priority areas with the least number of projects were research on ‘animal and environmental health’ and ‘ethics considerations for research’.

Conclusion Our analyses show the diversity of funding sources for research on infectious diseases in the Asia-Pacific region. Engagement between multiple actors in the health research system is likely to promote enhanced coordination for greater research impact. GloPID-R’s Asia-Pacific regional hub aims to support activities for the enhancement of preparedness for outbreaks of emerging infectious diseases in the region.

BACKGROUND

Historically, the Asia-Pacific region has been the epicentre of numerous infectious diseases outbreaks. The region sits at the crossroads of multiple exogenous factors which increase the propensity for the emergence and spread of infectious diseases of epidemic potential. The Asia-Pacific region is a vibrant economic hub with dense trade activities and is a major hub for international travel. These factors facilitate close contact between people, animals and nature and increase the risk of rapid spread of emerging infections beyond the region. SARS-CoV-1, Nipah Virus (NiV) and numerous influenza subtypes are among pathogens first detected in the region. NiV was first identified in Malasia in 1998, and has caused several outbreaks in South and Southeast Asia. NiV outbreaks were also reported in India and Bangladesh in early 2001. Seasonal outbreaks have since been reported in Bangladesh with the most recent outbreak detected in February, 2023. Evidence also suggests an

WHAT IS ALREADY KNOWN ON THIS TOPIC

⇒ Assessments of the global research response to COVID-19 have shown a highly fragmented research landscape and uncoordinated efforts by various actors including research funders.
⇒ There are no studies mapping the scope of COVID-19 research and research funders in the Asia-Pacific region, a major hotspot for the emergence and spread of epidemic-prone pathogens.

WHAT THIS STUDY ADDS

⇒ In this work, we show the diverse funders and sources of funding for COVID-19 research in the Asia-Pacific region as well as the alignment of the funded research to global COVID-19 research priorities.

HOW THIS STUDY MIGHT AFFECT RESEARCH, PRACTICE OR POLICY

⇒ The landscape of funders and funding sources in the Asia-Pacific region is complex. Engaging the actors identified through initiatives geared at promoting enhanced coordination can strengthen preparedness for the next pandemic.

© Author(s) (or their employer(s)) 2023. Re-use permitted under CC BY-NC. No commercial re-use. See rights and permissions. Published by BMJ.

1 GloPID-R Research and Policy Team, Policy and Practice Research Group, Pandemic Sciences Institute, University of Oxford, Oxford, UK
2 Stratégie et Partenariats, ANRS I Maladies Infectieuses Émergentes, Paris, France
3 GloPID-R, Charite University Hospital Berlin Center 11 for Global Health, Berlin, Germany
4 Infectious Disease Research Center, Korea Research Institute of Bioscience and Biotechnology, Daejeon, Korea
5 GloPID-R Asia-Pacific Regional Hub, Korea Research Institute of Bioscience and Biotechnology, Daejeon, Korea

Correspondence to
Dr Emilia Antonio;
emilia.antonio@mdm.ox.ac.uk

Received 28 July 2023
Accepted 22 September 2023

Check for updates

BMJ Global Health: first published as 10.1136/bmjgh-2023-013551 on 6 November 2023. Downloaded from http://gh.bmj.com/ on January 11, 2024 by guest. Protected by copyright.
increased threat of the emergence of artemisinin resistant malaria parasites from the Greater Mekong Subregion of South Asia. This poses a significant risk of large malaria outbreaks in Asia and other world regions where malaria is endemic.7

In 2019, a novel coronavirus (SARS-CoV-2) outbreak was detected in Wuhan, China. By March 2020, WHO declared the outbreak constituted a global pandemic. COVID-19, the disease resulting from SARS-CoV-2 infection, had caused over 761 million infections and over 6.8 million deaths globally as of April 2023.8 In the WHO South-East Asia and Western Pacific regions, an estimated 60.8 and 201.8 million cases, respectively, were reported.8 There is likely an underestimation of the disease burden due to potential under-reporting of COVID-19 cases as witnessed globally during the pandemic. The COVID-19 Cumulative Infection Collaborators estimate cumulative infections in both WHO regions to be about 1.6 billion in 2022.9 While public health responses were varied globally, Asia had more stringent policy responses, favouring lockdowns and movement restrictions with extensive testing and isolation.10

WHO has led global research efforts in response to the COVID-19 pandemic. In February 2020 WHO partnered with the Global Research Collaboration for Infectious Disease Preparedness (GloPID-R), a collaboration of funders of research on emerging and re-emerging infectious diseases of epidemic and pandemic potential, to identify global COVID-19 research priorities.11 12 Following this, GloPID-R and UK Collaborative on Development Research (UKCDR) developed the UKCDR and GloPID-R COVID-19 Research Project Tracker.15 This is a live database of globally funded COVID-19 research across multiple disciplines and research funders. All projects in the database are mapped to the WHO research priority areas and regular analyses show the scope of funded COVID-19 research globally.13 As of 15 July 2022, a total of 17,995 COVID-19 research projects had been funded by 345 funders with at least US$6.5bn invested in research.14 Other global efforts tracking COVID-19 research efforts include World Report, COVID NMA, Mapping of funders in the Asia-Pacific region, Latin America and a combined region of North America and Europe. The Asia-Pacific hub was the first among these to initiate pilot activities.

In 2022, the Korea Research Institute of Bioscience and Biotechnology (KRIIBB)/National Research Foundation launched the Asia-Pacific Infectious diseases shield (APIS) supported by a 5-year grant from Ministry of Science and ICT, South Korea. APIS seeks to establish and support a sustainable Asia-Pacific research network for collaborative preparedness against emerging and re-emerging infectious diseases in Asia-Pacific region. Under this project, the GloPID-R Asia-Pacific regional hub pilot was launched.

To support the pilot phase of the GloPID-R Asia-Pacific regional hub, a study to map the research funders active during the COVID-19 pandemic in the Asia-Pacific region was undertaken via a review of five global COVID-19 research databases. As a funder organisation GloPID-R's membership comprises diverse funders directly supporting research in infectious diseases of epidemic/pandemic potential. However, we acknowledge that there are likely to be more downstream funders, such as intermediaries administering funds received from primary funders, which might be involved in research funding in the Asia-Pacific region (e.g., universities funding research projects from core government grants). In this work, we considered all funding sources designated as funders within the databases analysed, including both direct funders and more downstream entities supporting research.

To our knowledge, there is no prior existing mapping of the funding activities in response to the COVID-19 pandemic in the Asia-Pacific region. In this study, we present the findings from this collaborative work undertaken by the GloPID-R Secretariat and KRIIBB.

**Study aim**

1. To map all sources of funding for COVID-19 research in the Asia-Pacific region during the COVID-19 pandemic.
2. To assess the funding landscape of COVID-19 research projects in the Asia-Pacific region and their alignment to the WHO research priorities.

**METHODS**

**Mapping of funders in the Asia-Pacific region**

An online search of the WHO COVID-19 resources webpage was undertaken on 22 September 2022 to identify
research funding tracking databases. Five databases were identified and included in the analysis: Universities Allied for Essential Medicines COVID Mapping, OECD Global Science Forum, Policy Cures R&D Tracker, UKCDR & GloPID-R COVID-19 Research Projects Tracker and the COVID-NMA initiative. Online supplemental file 1 summarises these datasets and their characteristics.

Data were downloaded, cleaned and analysed using Microsoft Excel 2021. Some maps were developed using map chart. Research projects taking place in at least one of the countries in the WHO Western Pacific Region or the WHO South-East Asia Region were included in the analysis. Sources of funding for research involving these countries were identified and the resulting list of funding sources was screened for duplicates, which were removed. The funders and funding sources identified were categorised by country of location. Funding sources/funders based in the Asia-Pacific region were further classified by type of funding source or funding organisation. Owing to the variable quality and scope of the datasets included in the analyses and potential duplication of projects, comparison of funding amounts, number of projects and areas funded was not undertaken.

**Scope of COVID-19 research response in the Asia-Pacific region**

Only data captured in the UKCDR and GloPID-R COVID-19 Research Project Tracker as of 15 April 2022 were included in this analysis on the scope of the COVID-19 research response. This was the only database selected from the five databases initially analysed for ‘mapping of funders in the Asia-Pacific region’ as it maps funded research projects to the WHO research priorities.

Further, this approach was taken to avoid inaccuracies involving duplicate studies (the databases assessed were of variable design and scope with variable project information captured in each case, resulting in challenges for screening and deduplication of merged records). Research projects involving Asia-Pacific countries as previously defined were identified from the UKCDR and GloPID-R COVID-19 Research Project Tracker. A review of funders involved in research was undertaken and both funders based in the Asia-Pacific region and those external to the region were identified. The total number of projects funded and the total funding amount invested by each of the funders and funding sources (where known) was calculated. Due to incomplete funding data in the database, analyses emphasised number of projects funded rather than amounts invested in research. We undertook further descriptive analyses of the identified projects mapped to the WHO & GloPID-R COVID-19 Research Roadmap priorities.

**RESULTS**

**Mapping of funders in the Asia-Pacific region**

Four hundred and fifty-three funders and funding sources supporting COVID-19 research based in the Asia-Pacific region were identified across the five databases. These were based in 15 of the 38 Asia-Pacific countries as seen in figure 1. The majority of funders and funding

---

**Figure 1** Locations of COVID-19 research funders and funding sources identified based in the Asia-Pacific region.
Figure 2  Categories of COVID-19 research funders and funding sources identified in countries in the Asia-Pacific region. Private entities - Funding organisations and funding sources with a profit-making objective. Public entities - Governmental funding organisations and sources of funding; Universities/hospital-affiliated entities - Funding organisations and sources of funding which are universities or affiliated to universities/hospitals; Philanthropies - Charitable funding organisations and funding sources with a non-profit motive; Funding source in the ‘other’ category received funding from both private and public sources.

Figure 3  Locations of COVID-19 research projects involving at least one Asia-Pacific country identified from an analysis of the UKCDR & GloPID-R COVID-19 research project Tracker. Individual research projects may take place in multiple countries; GloPID-R, Global Research Collaboration for Infectious Disease Preparedness; UKCDR, UK Collaborative on Development Research; OECD-DAC, Organisation for Economic Co-operation and Development Development Assistance Committee.
sources identified are based in China (30%), India (27%) and Australia (11%). The entities classified as ‘international’ included regional organisations such as Southeast Asia Engineering Education Development Network and BRICS (collaboration among the governments of Brazil, Russia, India, China & South Africa).

Funders and funding sources were identified across all the country income groupings (as defined by the 2022–2023 OECD-DAC classification of aid recipients). Fewer of these were identified in the least developed countries than countries in the other income groups in the Asia-Pacific region. The majority of funders and sources of funding identified were hospital or university-affiliated most of which are based in China as seen in figure 2. The next two largest groups were private funders and public funders, respectively.

**Scope of COVID-19 response in the Asia-Pacific region and alignment to WHO research priorities**

Of the 16,353 projects captured in the UKCDR & GloPID-R Tracker (as of 15 April 2022), 1,752 projects involved at least one country in the Asia-Pacific Region. These research projects involved 22 of the 38 countries in the region (see figure 3). Most projects involved Singapore (470 projects), India (329 projects) and Australia (282 projects). One hundred and seventeen funders invested at least US$604m (USD) in COVID-19 research in the Asia-Pacific region whereas US$6.2bn of the known amounts was invested globally in the same period. National Medical Research Council (Singapore), Grants-in-Aid for Scientific Research (KAKENHI, Japan) and Japan Agency for Medical Research and Development funded the most research projects (figure 4). However, the majority of funders identified are based in North America and Europe.

Mapping of funded research projects to the WHO COVID-19 research priorities showed most projects mapped to the ‘social sciences in the outbreak response’ priority area (see figure 5). Projects on ‘virus: natural history, transmission and diagnostics’, ‘clinical characterisation and management’ and ‘candidate therapeutics R&D’ were the next priority areas with the most projects. Research on ‘ethics considerations for research’ and ‘animal and environmental research was the focus of the least number of projects’.

Many projects on ‘social sciences in the outbreak response’ focused on adherence to public health interventions and effective communication on various aspects of the pandemic. The majority of the projects could not be classified under any of the existing sub-priorities in this category and were tagged ‘N/A’.

**Figure 4** Funders of COVID-19 Research in the Asia-Pacific Region identified from an analysis of the UKCDR & GloPID-R COVID-19 Research Project Tracker. Known funding amounts in brackets, funders of 20 or more projects shown. Forty percent of projects in the Asia-Pacific region include details on funding amounts hence ranking of unders based on number of projects rather than funding amounts. N/A is indicated where no information on funding amounts identified. GloPID-R, Global Research Collaboration for Infectious Disease Preparedness; N/A, not available; UKCDR, UK Collaborative on Development Research; NMRC, National Medical Research Council; AMED, Agency for Medical Research and Development; SERB, Science and Education Research Board; NHMRC, National Health and Medical Research Council; KAKENHI, Grants in Aid for Scientific Research; MBIE, Ministry of Business, Innovation and Employment; PCHRD, Philippine Council for Health Research and Development; UKRI, UK Research and Innovation; BIRAC, Biotechnology Industry Research Assistance Council.
Funders of less than 20 projects: APPRISE (US$497k, 19 Projects), (SGC) (N/A, 19 Projects), OUCRU (N/A, 17 Projects), CIHR (US$5.5m, 15 Projects), Social Sciences Research Council (N/A, 13 Projects), UKRI/National Institute for Health Research (US$6.9m, 12 Projects), University of New South Wales (N/A, 12 Projects), International Growth Centre (N/A, 11 Projects), Paul Ramsay Foundation (via APPRISE) (N/A, 11 Projects), BRICS (N/A, 10 Projects), e-Asia JRP (N/A, 10 Projects), IDRC (US$5.9m, 10 Projects), Therapeutic Innovation Australia (N/A, 10 Projects), Callaghan Innovation (US$1m, 9 Projects), RBWH Foundation (N/A, 9 Projects), Shastri Institute (US$7.5k, 8 Projects), Victoria State Government (Australia) (N/A, 8 Projects), APPRISE/CREID (N/A, 7 Projects), Australian National University (N/A, 7 Projects), British Academy (45k, 7 Projects), NSF (USA) (US$800k, 7 Projects), University of Auckland (N/A, 7 Projects), Doherty Institute (N/A, 6 Projects), G2LMILIC (N/A, 6 Projects), ANRS (US$893k, 5 Projects), Brain Research New Zealand (N/A, 5 Projects), Institut Pasteur (N/A, 5 Projects), NCSEHE (N/A, 5 Projects), Other Funders (Canada) (N/A, 5 Projects), RAENG (US$130k, 5 Projects), Volkswagen Stiftung (N/A, 5 Projects), Auckland Medical Research Foundation (US$185k, 5 Projects), Azim Premji University (N/A, 4 Projects), Coalition for Epidemic Preparedness Innovations - CEPI (US$338m, 4 Projects), CREID (N/A, 4 Projects), (NIH) (US$1.6m, 4 Projects), Novo Nordisk Foundation (N/A, 4 Projects), RCN Norway (US$2.9m, 4 Projects), Snow Medical (via CREID/APPRISE) (N/A, 4 Projects), SSHRC (US$1.7m, 4 Projects), University College London - UCL (US$2k, 4 Projects), Agence nationale de la recherche (ANR) (N/A, 3 Projects), Duke University (N/A, 3 Projects), Emergent Ventures Fast Grants (N/A, 3 Projects), European Commission (US$6m, 3 Projects), ICMR/NIH (US$628k, 3 Projects), National Institute for Health Research (US$7.4m), NSFC/NRF (Korea) (N/A, 3 Projects), PEDL (N/A, 3 Projects), RSTMH/ National Institute for Health Research (N/A, 3 Projects), Vingroup (US$893k, 3 Projects), AXA (N/A, 2 Projects), CIHR/Alberta Innovates (US$869k, 2 Projects), COVID-19 Therapeutics Accelerator (Wellcome/Bill & Melinda Gates Foundation) (US$9m, 2 Projects), DBT India (N/A, 2 Projects, 2 Projects), European Commission (IMI) (US$42.3m, 2 Projects), FCDO (formerly DFID)/National Institute for Health Research/Wellcome (Elrha funding call) (N/A, 2 Projects), Innovations for Poverty Action (N/A, 2 Projects), International Science Council (N/A, 2 Projects), IZA—Institute of Labor Economics (N/A, 2 Projects), NSFC/BNSF (N/A, 2 Projects), NWO Netherlands (N/A, 2 Projects), University of Michigan (N/A, 2 Projects), Wellcome/FCDO (formerly DFID) (US$2.2m, 2 Projects), French Development Agency - AFD (US$2.1m, 1 Project), ANRS/Expertise France (US$132k, 1 Project), Agence Universitaire de la francophonie - AUF (N/A, 1 Project), BSAC (US$99k, 1 Project), CIHR/SSHRC (US$502k, 1 Project), Danish Independent Research Foundation (US$460k, 1 Project), DFG (N/A, 1 Project), DPI—Universidade de Brasilia (Brazil) (US$66k, 1 Project), Estonian Research Council (US$132k, 1 Project), European Commission (Horizon) (US$3.5m, 1 Project), FORMAS (N/A, 1 Project), FWO Belgium (N/A, 1 Project), HRB Ireland/Irish Research Council (US$14k, 1 Project), ICGEB (N/A, 1 Project),

<table>
<thead>
<tr>
<th>WHO RESEARCH PRIORITY NAME (Broad priority areas)</th>
<th>Sub-priority areas</th>
<th>N/A</th>
<th>Funding Amount (USD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Virus: natural history, transmission and diagnostics</td>
<td>167</td>
<td>61</td>
<td>32</td>
</tr>
<tr>
<td>2. Animal and environmental research on the virus origin, and management measures at the human-animal interface</td>
<td>11</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>3. Epidemiological studies</td>
<td>88</td>
<td>25</td>
<td>4</td>
</tr>
<tr>
<td>4. Clinical characterization and management</td>
<td>36</td>
<td>120</td>
<td>2</td>
</tr>
<tr>
<td>5. Infection prevention and control, including health care workers’ protection</td>
<td>23</td>
<td>32</td>
<td>40</td>
</tr>
<tr>
<td>6. Candidate therapeutics R&amp;D</td>
<td>168</td>
<td>11</td>
<td>0</td>
</tr>
<tr>
<td>7. Candidate vaccines R&amp;D</td>
<td>56</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>8. Ethics considerations for research</td>
<td>7</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>9. Social sciences in the outbreak response</td>
<td>75</td>
<td>60</td>
<td>72</td>
</tr>
<tr>
<td>N/A</td>
<td>142</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Figure 5 Heatmap showing COVID-19 research projects in the Asia-Pacific region mapped against the WHO & GloPID-R Research Roadmap priorities and subpriorities (list of subpriorities names in online supplemental file 2). GloPID-R, Global Research Collaboration for Infectious Disease Preparedness; R&D, Research and Development.
ICMR/CDC (US$27k, 1 Project), ICMR/DRDO India/DDR&D Israel (N/A, 1 Project), ICMR/National Institute for Health Research (US$82.9k, 1 Project), ICMR/National Institute for Health Research UKRI (US$240k, 1 Project), ICMR/Novavax/360biolabs (US$996k, 1 Project), ICMR/University of Edinburgh (US$7.5k, 1 Project), ICMR/University of Oxford (US$100k, 1 Project), ICMR/WHO (US$90k, 1 Project), ICMR/WHO-SEARO (US$66.5k, 1 Project), Johns Hopkins University (N/A, 1 Project), Leibniz Association (N/A, 1 Project), NASA (N/A, 1 Project), National Science Center Poland (US$80.4, 1 Project), Nuffield Foundation (US$208.8k, 1 Project), Paul Ramsay Foundation (N/A, 1 Project), Peter Wall Institute (N/A, 1 Project), REACTing/INSERM (N/A, 1 Project), Robert Wood Johnson Foundation (US$419k, 1 Project), RSTMH (US$6.7k, 1 Project), Swiss National Science Foundation - SNF (US$308.8k, 1 Project), SVRI (N/A, 1 Project), UNITAID/ANRS (N/A, 1 Project), University of Colorado (N/A, 1 Project). The findings could also be attributed to a variable definition of ‘research funders’ applied across the databases analysed. This could have resulted in variable capturing of research funders to include: sponsors of research (typically sites hosting clinical trials); entities directly providing funding for research and intermediaries disbursing funds received from various sources. The capture of sponsors as research funders could explain the high number of university/hospital-affiliated funders identified. This mixed picture of funders and funding sources particularly, downstream intermediary funding sources poses a challenge to discerning which funders primarily supported research, owing to the lack of data in this regard. More broadly, our findings highlight the persistent limited transparency in health research funding, contributing to the challenges for the effective tracking of research investments for infectious diseases research.

The analysis of the UKCDR and GloPID-R COVID-19 Research Project Tracker showed almost 10% of the total projects captured in the database involved in low- and middle-income settings. In presenting findings from analysing the UKCDR and GloPID-R COVID-19 Research Project Tracker, we have emphasised the number of research projects funded rather than the funding amounts as this data is incomplete. Only 40% of the projects taking place in the Asia-Pacific region included details on amounts invested. This speaks to the need for greater transparency of funders in providing details on their research funding investments.

Analysis of funding amounts must be interpreted with caution given that the financial investments required for research vary across research disciplines. An example of this is shown in our analysis where we found CEPI invested at least US$338m in four clinical research projects (based on the known research funding amounts). An emphasis on the size of investments in research may also diminish the value of investments made by low-income and middle-income country-based funders where research costs are likely to be lower (particularly when pegged to the USD) than in higher-income settings.

In assessing the alignment of funded projects to the WHO research priorities, we found many projects falling within the social sciences (the focus of most of the projects) did not fall under any of the WHO subpriority areas outlined. Many of these projects focused on longer-term
priorities including secondary economic impacts of the pandemic and impacts on mental health and health systems. The WHO Roadmap was developed in the early phases of the pandemic and focused on more immediate research priority areas and, hence, could explain why these projects could not be categorised beyond their broad area of focus in the social sciences. The UN Research Roadmap, published in November 2020, complements the WHO Roadmap, providing longer-term priorities relevant for the recovery from COVID-19. Mapping of the globally funded COVID-19 projects to this roadmap has shown some research projects funded were focused on effective recovery in the postpandemic period.

Of the projects which mapped to the subpriority areas outlined in the WHO Roadmap, most focused on assessing effective measures to promote adherence to public health interventions, development of effective COVID-19 diagnostics and investigating pathogenesis and clinical management procedures for COVID-19. The few projects focusing on ‘ethics considerations for research’ and ‘animal and environmental research’ found in this analysis aligns with limited the global trend in funded research under these topics and are recognised gaps in funded COVID-19 research.

The alignment of most projects identified to at least one WHO research priority area supports the view that the WHO priorities were widely used by funders and other stakeholders in their practice during the pandemic. However, activities to identify research priorities in Africa highlighted the need for regional priority setting to address regional research needs. In September 2022, almost 2 years after the WHO Roadmap was developed, the WHO South-East Asia Regional Office published the results of a priority setting survey. Their paper outlined region-specific public health research priorities on COVID-19. We have not, however, identified any published research prioritisation exercises for the Pacific region.

One of the aims of this work was to identify key funders active in infectious diseases research in the Asia-Pacific region. Taken together, the findings from the combined database analysis and the analysis of the UKCDR and GloPID-R Research Project Tracker could suggest limited publicly available data on funding and research activities during the COVID-19 pandemic in the Asia-Pacific region. The COVID-19 pandemic resulted in a massive global research response with many funding organisations supporting research in diverse fields. Hence, an assessment of these funders is likely to capture many of the usual research funding organisations active in the infectious diseases field.

Accountability is a commonly cited benefit of tracking research funding investments in global health. Mugabushaka et al suggest additional considerations with regard to the COVID-19 pandemic, in their 2022 review of bibliometric data on COVID-19 research. These include enhanced transparency on potential conflicts of interests among research actors and learning from various funding modalities for research. These elements of ‘improved’ funding practice among funders are at the core of GloPID-R’s mandate. The newly initiated pilot hub in the Asia-Pacific region has the potential to facilitate local stakeholder engagement to gain insights into regional and national research priorities and functioning of the research system in the region. The mapping results shown here are an early step to identifying the key actors in this regard, which can now be supplemented by networking activities. The planned activities in the regional hub including research capacity strengthening, strengthening regional research networks and coordination of research funders will be crucial for promoting preparedness for outbreaks of infectious diseases of epidemic and pandemic potential.

Limitations

Data for the analyses of funded COVID-19 research activities were sourced from publicly available databases. Hence, this analysis is limited to those projects with information in the public domain. The inherent limitations of these datasets must also be noted in the interpretation of results. In particular, the variable level of completeness of funding data captured across the databases and varying data fields captured must be considered. In the assessment of funding sources and funders for research, we used data as listed in the databases assessed with due acknowledgement of the likely variation in definition of research funders applied across these databases. Furthermore, as there is no standard definition for the classification of funders, classification in this work (see figure 2) was done by reviewing available information on websites of each of the identified funding sources. For the analysis of the UKCDR and GloPID-R Research Project Tracker, we have emphasised number of projects funded rather than funding amounts invested, given that data on award amounts captured in the database is incomplete.

CONCLUSIONS

We undertook an analysis of the funded COVID-19 research activities in the Asia-Pacific region to support GloPID-R’s regional hub pilot in the region. Our analyses show the diversity of funding sources and funders investing in research in the Asia-Pacific region. It is envisaged that the GloPID-R Asia-Pacific regional hub, through enhanced engagement with the diverse actors involved in research, will strengthen regional ownership of research and promote coordinated approaches to preparing for and responding to infectious diseases outbreaks regionally and globally.

Twitter Alice Norton @AliceJ_Norton

Acknowledgements We acknowledge the support provided by Adrian Bucher (UK Collaborative on Development Research) and Susan Khader Ibrahim (GloPID Research and Policy Team, Pandemic Sciences Institute University of Oxford) in undertaking this study.
Contributors EA, AN, HEH, JL and C-MR contributed to developing the concept for this work and developed the methodology. EA ran the searches of the databases and with TS and NP worked on data curation and analysis. EA and AN led the work on data interpretation with contribution from all the coauthors. EA and NP led the drafting of manuscript with input from all the co-authors. All coauthors reviewed and approved of the final manuscript. AN and C-MR had oversight of this work and acquired funding for this work. EA and AN are the study guarantors.

Funding GloPID-R is core funded through a CSA award from the EC the European Union’s Horizon 2020 research and innovation programme under grant agreement No 101094188 and the GloPID-R Research and Policy Team is funded by UK Research and Innovation (grant number 10061268). Korea Research Institute of Bioscience and Biotechnology (KRIBB) was supported by the Bio and Medical Technology Development Program of the National Research Foundation (NRF) funded by the Ministry of Science & IT (NRF-2020M3A9S9H059686), South Korea.

Map disclaimer The inclusion of any map (including the depiction of any boundaries therein), or of any geographic or locational reference, does not imply the expression of any opinion whatsoever on the part of BMJ concerning the legal status of any country, territory, jurisdiction or area or of its authorities. Any such expression remains solely that of the relevant source and is not endorsed by BMJ. Maps are provided without any warranty of any kind, either express or implied.

Competing interests None declared.

Patient and public involvement Patients and/or the public were not involved in the design, conduct, or reporting, or dissemination plans of this research.

Patient consent for publication Not applicable.

Provenance and peer review Not commissioned; externally peer reviewed.

Data availability statement Data are available in a public, open access repository.

Supplemental material This content has been supplied by the author(s). It has not been vetted by BMJ Publishing Group Limited (BMJ) and may not have been peer-reviewed. Any opinions or recommendations discussed are solely those of the author(s) and are not endorsed by BMJ. BMJ disclaims all liability and responsibility arising from any reliance placed on the content. Where the content includes any translated material, BMJ does not warrant the accuracy and reliability of the translations (including but not limited to local regulations, clinical guidelines, terminology, drug names and drug dosages), and is not responsible for any error and/or omissions arising from translation and adaptation or otherwise.

Open access This is an open access article distributed in accordance with the Creative Commons Attribution Non Commercial (CC BY-NC 4.0) license, which permits others to distribute, remix, adapt, build upon this work non-commercially, and license their derivative works on different terms, provided the original work is properly cited, appropriate credit is given, any changes made indicated, and the use is non-commercial. See: http://creativecommons.org/licenses/by-nc/4.0/.

ORCID iD Emilia Antonio http://orcid.org/0000-0002-9375-6936

REFERENCES
34 Accelerating Excellence in Science in Africa (AESA). Update – Research and Development goals for COVID-19 in Africa: The


