RIGHT Foundation

2.0 STRATEGY

2024 - 2028

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RIGHT Foundation

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RIGHT Foundation

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COVERNOTE

RIGHT Foundation’s strategy for its second business cycle 2024–2028 (to be called “RIGHT 2.0”), was developed throughout the years 2022–2023 in consultation with the RIGHT Foundation’s Board of Directors. The RIGHT 2.0 Strategy builds on the investment approach and funding scope of the RIGHT Fund published in 2020 [1].

The intent of the RIGHT 2.0 Strategy document is to articulate the RIGHT Foundation’s ambition to seize new opportunities for the Republic of Korea to contribute to public health and health equity globally based on the lessons from RIGHT Foundation’s first business cycle 2018–2023 (to be called “RIGHT 1.0”).

The first half of the RIGHT 2.0 Strategy reflects on the key achievements from RIGHT 1.0, and the second half presents the organizational vision, mission, strategic objectives, and the RIGHT Foundation’s approach to achieving its objectives.

The RIGHT 2.0 Strategy was approved by the RIGHT Foundation Board of Directors in April 2024.

EXECUTIVE SUMMARY

The RIGHT Foundation (referred to as “RIGHT”) was established in July 2018 with the intent of propelling the Republic of Korea (ROK) as a growing ally in global health research and development (R&D) collaboration with the mission of contributing to improving health and health equity globally. The coronavirus disease 2019 (COVID-19) pandemic was eclipsed with much of RIGHT 1.0, bringing a fresh sense of urgency and necessity for this mission.

On the one hand, the pandemic confirmed that medical countermeasures such as vaccines, therapeutics, and diagnostic (VTD) tests were essential in protecting public health in times of health emergencies. On the other hand, the pandemic reminded us that the production of medical countermeasures was not sufficient to ensure that they benefited all. Health inequity is rooted in imbalances in the ownership of material resources and knowledge. For essential medical countermeasures to serve public health globally and equitably, RIGHT believes that it is necessary to share resources and knowledge and actively collaborate in the R&D of essential medical countermeasures across countries and regions. RIGHT 2.0 strategy and programs have been developed with the imperative to foster the sharing of resources and knowledge to drive R&D toward public health and health equity globally.

RIGHT’s vision is a world in which infectious diseases pose no threat to any community, and its mission is to alleviate the burden of infectious diseases that affect people in low- and middle-income countries (LMICs).In the pursuit of its mission, RIGHT reimagines what it takes to drive R&D to serve public health and health equity globally.

Under three strategic objectives—product development, evidence generation, and training—RIGHT 2.0 will fund: 1) efforts to develop vaccines, therapeutics, biologics, and diagnostic devices, including technology transfer (Product Development Program); 2) efforts to generate evidence to ensure that the R&D efforts respond to the needs and priorities of LMICs (Evidence Generation Program); and 3) training the health workforce from LMICs in manufacturing vaccines and other essential medical countermeasures (Training Program).

The three funding programs are intended to complement each other in a virtuous cycle such that the R&D efforts lead to not only developing new health products but also learning with and from LMIC partners to ensure that R&D products serve public health needs across regions equitably. In the RIGHT 2.0 Strategy, collaboration will be emphasized as a core value built into success metrics across the three programs.

ESTABLISHMENT BACKGROUND

RIGHT Foundation was established as “RIGHT Fund” in July 2018 as a Korean non-profit organization with the Ministry of Health and Welfare of the ROK and the Bill & Melinda Gates Foundation as the core funders and five Korean life science companies (Figure 1).

Figure 1

Establishment of RIGHT Foundation

Figure 2

The 10/90 gap:
Inequity in health research funding

$ 70 bn

is spent each year in the world on research and development of new drugs

Less than
10 %
of this spent on
90 %
of the world’s health problems

* Commission on Health Research Development, Health Research: Essential Link to Equity in Development, 1990

The International Vaccine Institute (IVI) plays an important role in facilitating the use of the ROK’s Official Development Assistance (ODA) fund by RIGHT. The name was changed to “RIGHT Foundation” in July 2022 to emphasize its status as a non-profit organization.

The significance of RIGHT is twofold. First, it represents the ROK’s first and only non-profit organization solely dedicated to funding global health R&D. Second, RIGHT represents the first case in which the ROK government used its ODA budget to fund R&D with the goal of contributing to improving health and health equity globally.

Efforts to establish RIGHT began in 2016 and reflected an enthusiasm for the ROK’s potential to contribute to closing the “10/90 gap” in global funding for health-related research and development (Figure 2).

The 10/90 gap was a concept that was first published in 1990 in a report developed by the Global Forum for Health Research, a Geneva-based international partner of the World Health Organization (WHO). The report revealed that less than 10% of the world’s resources devoted to health research were put toward health conditions that affected 90% of the world’s population, such as malaria, tuberculosis, and other neglected infectious diseases [2]. Global funders and activists alike called for the mobilization of resources to solve the gross inequity in health research funding as a root cause of global health inequity.

The recognition of the ROK’s potential to contribute to closing the 10/90 gap stemmed from two aspects: Korea’s increasing contribution to international development and its contribution to global health R&D. First, the ROK government is committed to increasing its ODA contribution, and it established a target of 0.3% of the gross national income (GNI) by 2030 in the Second Framework Plan for International Development Cooperation (2016–2020) and has since been continuously increasing its ODA volume [3].

Second, as of 2018, the year of RIGHT’s establishment, six Korean companies had contributed to WHO prequalified vaccines and therapeutics [4-5].

In summary, the RIGHT Foundation was born out of an aspiration to serve as a vehicle to channel the ROK’s ODA contribution and R&D capabilities toward global health R&D, with the ultimate goal of improving health and health equity globally(Figure 3).

Figure 3

ROK’s contribution to WHO prequalified products at the time of RIGHT’s establishment

Company	Product Type	Target Disease	Year
LG Chem	Vaccine	Hep B, DPT-HepB-Hib	1996 2016
DONG-A ST	Therapeutic	Tuberculosis	2012
eubiologics	Vaccine	Cholera	2015 2017
GC Pharma	Vaccine	Influenza	2011-2017
IL-YANG PHARM.	Vaccine	Influenza	2018
SHIN POONG PHARM.	Therapeutic	Malaria	2012 2016

Summary of Key Achievements

During RIGHT 1.0, RIGHT committed a total of 78 billion KRW (~59 million USD) to fund 58 projects to develop VTDs and digital health platforms, as well as to generate critical evidence to guide the product development of digital health tools, with a total of 278 billion KRW (~200 million USD) in co-funding by others (Figures 4 and 5).

Most importantly, one of the RIGHT-funded products, namely, the STANDARD glucose-6-phosphate dehydrogenase (G6PD) diagnostic test, successfully achieved licensure and supported a policy recommendation by the Government of Brazil for mandatory testing for G6PD as part of its national malaria control program. The STANDARD G6PD test is currently under evaluation by WHO for prequalification (PQ) by the end of 2024.

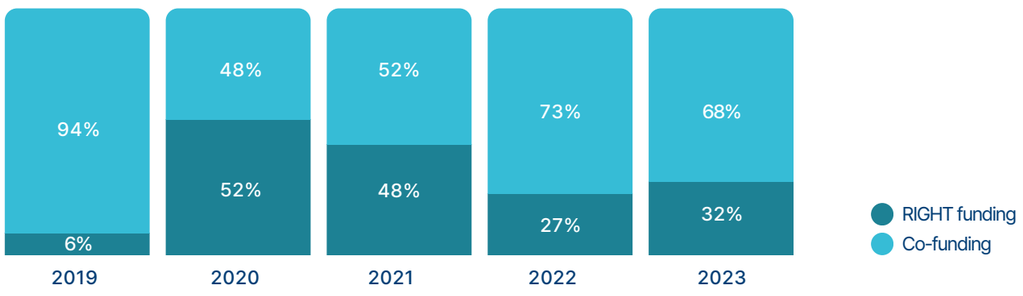
Figure 4

Summary of key achievements from RIGHT 1.0 (2018 – 2023)

- Committed a total of **78 billion KRW** (~59 million USD) to fund 58 projects
- Funded **51** Korean institutions for global health R&D projects
- One funded product (i.e., the STANDARD G6PD test by SD Biosensor) successfully achieved stringent regulatory approval and led to a policy change for adopting single-dose tafenoquine and the STANDARD G6PD test for the treatment of relapsing Plasmodium vivax malaria
- Catalyzed **31** international partnerships

Figure 5

Achievements in attracting co-funding opportunities during RIGHT 1.0 (2019 – 2023)



The Product Development Award (PDA) program was the first program established during RIGHT 1.0, and it was the only program until the Evidence Generation Award (EGA) program was launched in 2022. Therefore, most of the investments made during RIGHT 1.0were under the PDA program, with vaccines and diagnostics representing the largest share of the funded grants (Figure 6). This is consistent with the ROK's strengths in vaccine development, as evidenced by its contribution to WHO prequalified vaccines and engineering prowess. The relatively small proportion of therapeutics in the funded grants underrepresents the ROK's potential in therapeutics R&D, which largely focuses on non-communicable diseases. Materializing this untapped potential for global health R&D represents an important opportunity for RIGHT 2.0.

Figure 6

2018–2023 Investments across award and product types

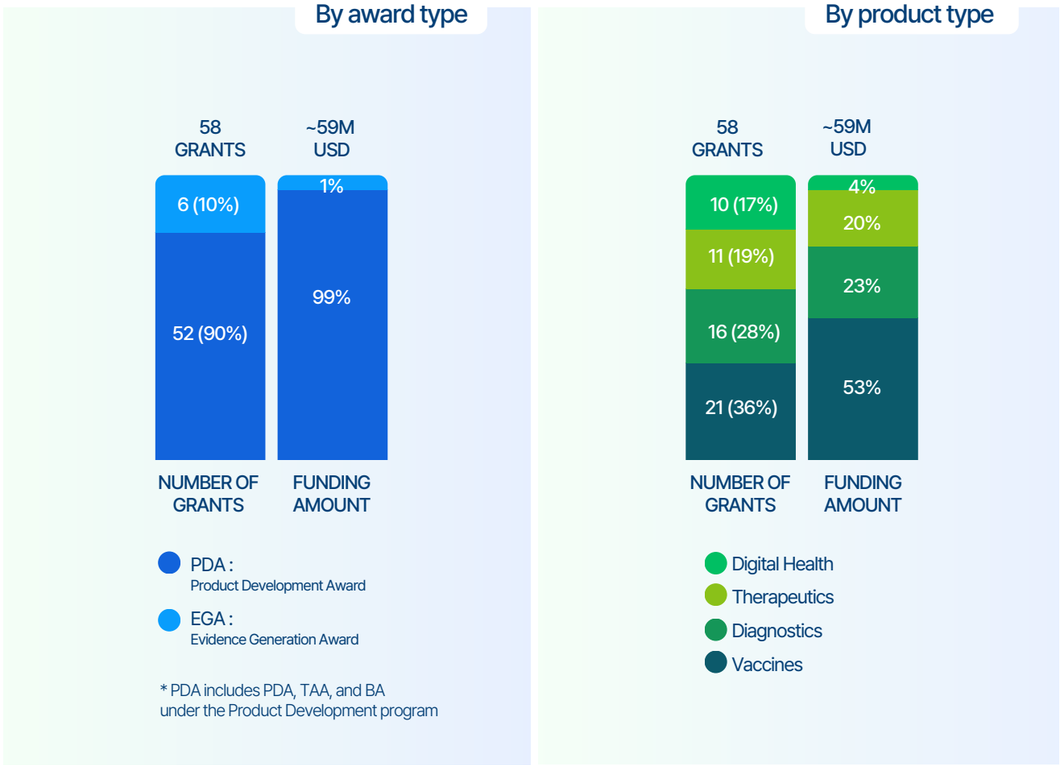


Figure 7

Seven grants funded under the Evidence Generation Program across regions since the launch of the Evidence Generation Award in 2022

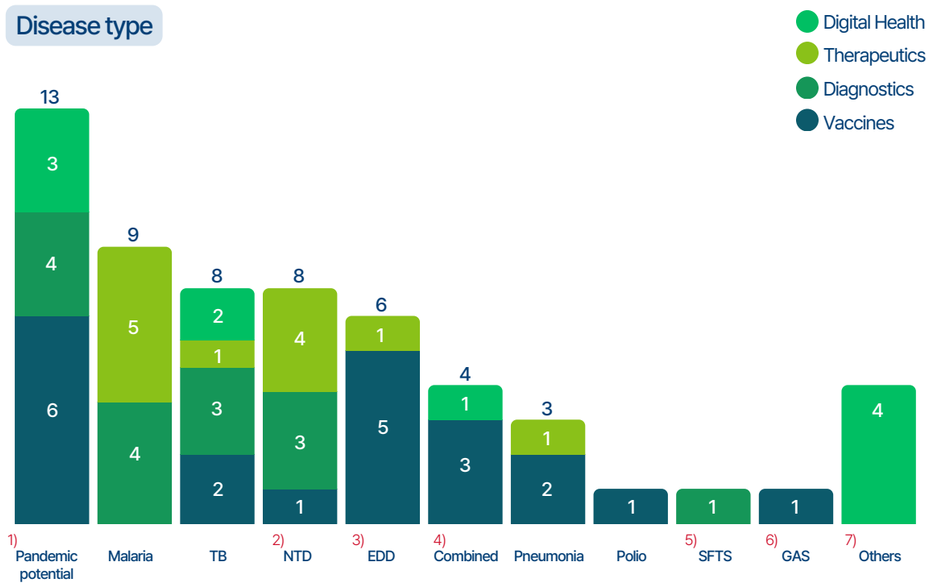
Digital health was briefly introduced under the PDA program in 2021 in response to the COVID-19 pandemic, which resulted in funding for four projects. However, since then, digital health has been considered under the EGA program in recognition of widely shared concerns about "an overwhelming diversity of digital tools with a limited understanding of their impact on health systems and people's well-being" [7]. The EGA programwas established in 2022, with the first funding call focusing on assessing the potential public health value of digital health technologies and the specific conditions and approaches where digital tools could strengthen public health and expand the quality, affordability, and accessibility of health services. Since the launch of the EGA program, RIGHT has committed 1.4 billion KRW to fund seven EGA projects aimed at generating evidence vis-à-vis the application of digital health tools in LMICs, public health outcomes, and context-specific mechanisms (Figure 7).

Summary of Key Achievements

In terms of target diseases, RIGHT has considered a broad range of infectious diseases that impose disproportionate burdens on LMICs, unmet needs for new or improved health products, and insufficient commercial incentives to drive innovation in R&D. The 58 funded grants from RIGHT 1.0 target more than 15 infectious diseases associated with approximately 92.8 million disability-adjusted life years (DALYs) in low-income countries (Figure 8).

Figure 8

Investments made during RIGHT 1.0 across disease and product types



1) Pandemic potential, COVID19 + Influenza
2) NTD : Neglected Tropical Diseases, Chikungunya + Dengue + Leishmaniasis + Schistosomiasis + Onchocerciasis
3) EDD : Enteric and Diarrheal Diseases, Cholera + Hep A + Rotavirus + Typhoid
4) Combined : Hexavalent vaccine (DTwP-HepB-IPV-Hib), Pentavalent vaccine (DTwP-HepB-Hib), Measles-Rubella, Multiple infectious diseases
5) SFTS : Severe Fever with Thrombocytopenia Syndrome
6) GAS : Group A Streptococcus
7) Others : 4 EGAs not specific to diseases

Summary of Key Achievements

Looking across the product development stage, RIGHT's funding scope ranges from the pre-clinical phase at or near the initiation of clinical development and chemistry, manufacturing, and controls (CMC) development up to licensure and WHO PQ (or an equivalent process), with a clear path to public procurement at the national, regional and global levels in LMICs (Figure 9). Of the 52 products funded during RIGHT 1.0, 6 products are being projected to achieve WHO PQ or its equivalent by 2028, the end of RIGHT 2.0.

Figure 9 : Product Development Awards funded during RIGHT 1.0 across the development stage

ACTIVE | COMPLETED | TERMINATED

	PRECLINICAL	PHASE 1	PHASE 2	PHASE 3	REGISTRATION /WHO PQ
VACCINES	Measles-Rubella MAP vaccine		Typhoid conjugate vaccine		
	Group A Streptococcus vaccine		Pentavalent meningitis conjugate vaccine		
	DTwP-HepB-Hib pentavalent MAP vaccine		Novel Cholera conjugate vaccine	DTwP-HepB-IPV-Hib Hexavalent Vaccine	
	Low-cost HepA vaccine manufacturing platform		Schistosomiasis vaccine		
	Novel Cholera conjugate vaccine		Quadrivalent meningitis conjugate vaccine		
	COVID-19 vaccine using viral vector system				
	DNA vaccine using electro-portable microneedle patch				
	Intranasal universal respiratory virus vaccine				
	Microneedle-mediated SARS-CoV-2 DNA vaccine				
	Mpg loaded TB MAP vaccine				
	Non-replicating protein nanoparticles-based Rotavirus vaccine				
	Development of a sublingual COVID-19 subunit vaccine				
	Prime-Boost BCG vaccine				
	SARS-CoV-2 nanogel sublingual vaccine				
	Virus-free recombinant polio vaccine				
THERAPEUTICS	Single exposure radical cure for blood stage malaria		Antimalarial combination therapy for malaria prevention		
	Novel route of synthesis of antimalarial drug		Treatment development for severe malaria	Novel antibiotic combinations to address AMR burden in neonatal sepsis	
	Safety assessment of TTCA antitubercular agents		Continuous manufacturing process for visceral leishmaniasis drug	Continuous manufacturing process for human use helminth infection treatment	
	Development of a therapeutic anti-dengue polymeric IgG antibody			Continuous manufacturing process for new antimalarial	
	Niclosamide intramuscular depot injection for dengue virus disease				

Figure 9 : Product Development Awards funded during RIGHT 1.0 across the development stage

ACTIVE | COMPLETED | TERMINATED

	EARLY VALIDATION	LATE VALIDATION	CLINICAL VALIDATION / UTILITY	Registration /WHO PQ
DIAGNOSTICS	Leishmaniasis RDT Cartridge and Mobile Pocket Analyzer	2nd Generation TB LAM Assay		
	Instrument-free molecular diagnostic platform for COVID-19	POCT for Multidrug-Resistant TB		
	Mobile Diagnostic Platform for Influenza and SARS-CoV-2	POCT for COVID19, Influenza and RSV		
	POCT for Pyrazinamide (PZA) Susceptibility Testing	AI-driven All-in-One Diagnostic platform for Malaria Species Differentiation		
	Quantitative POC Test Using mBFP for G6PD Deficiency	2nd Generation G6PD Test		
	Rapid Diagnostic Test for Chikungunya Antigen	Validation of All-in-One Device for Malaria Diagnosis		
	Surearly Smart Pro COVID-19			
	In vitro Diagnostics Test for Severe Fever and thrombocytopenia Syndrome			
	Rapid Diagnostic Test for Visceral Leishmaniasis Antigen			
	Rapid Diagnostic Test for Both S.Typhi and S.Paratyphi A			
DIGITAL HEALTH	AI-Driven Platform for Anti-Tubercular Drug Discovery			
	Data Platform to Improve Diagnosis of Infectious Diseases			
	ICT based Self-risk Assessment Platform for COVID-19		Chest X-ray AI for COVID-19	

At the end of RIGHT 1.0, one funded product successfully achieved licensure with a clear path toward global and equitable access: STANDARD G6PD, a second-generation G6PD test developed by SD Biosensor in collaboration with PATH (Figure 10).

RIGHT's grant to SD Biosensor aimed to enhance the performance and usability of SD Biosensor's previous G6PD deficiency test, which had been developed prior to the establishment of RIGHT, with the funding obtained mainly from the UK government and the Bill & Melinda Gates Foundation [8].

With RIGHT's funding, SD Biosensor, in collaboration with PATH, generated additional data on the clinical validation of the test and usability by potential end users and extended the shelf life from 12 to 18 months, all of which contributed to the provision of assurances regarding the quality and suitability of the test for equitable access in LMICs. These data would be valuable as SD Biosensor and PATH continue their efforts to increase access to the G6PD test and integrate it into national malaria control programs.

In 2021, the STANDARD G6PD test received approval from the Australian Therapeutic Goods Administration (TGA), thus ensuring its quality [9]. To date, it is registered in 18 malaria-endemic countries, and it is currently the only quantitative point-of-care G6PD test available to support the introduction and use of tafenoquine, the only drug licensed for a single-dose radical cure of Plasmodium vivax malaria. Brazil became the first country to recommend mandatory G6PD testing before tafenoquine treatment in June 2023 [10]. To date, more than 1,600 P. vivax patients have been tested using the STANDARD G6PD test and treated with tafenoquine [10]. In September 2022, MedAccess, SD Biosensor, and PATH announced a partnership to secure the supply of the STANDARD G6PD test for the next four years, thereby ensuring availability [9].

While WHO PQ approval is still pending, SD Biosensor and PATH continue to work with governments and national regulatory authorities in malaria-endemic countries to integrate the STANDARD G6PD test within national malaria control programs and increase access within the local public health system.

Figure 10

RIGHT Foundation case study: A point-of-care diagnostic test for G6PD

- Glucose-6-phosphate dehydrogenase (G6PD) deficiency is the most common human enzyme defect that affects red blood cells and is highly prevalent in malaria endemic areas
- G6PD-deficient individuals risk having severe adverse reactions if exposed to a widely used class of malaria drugs
- POC G6PD tests can significantly aid in governments' efforts to treat and eliminate malaria
- Tafenoquine Roll-out Study (TRuST) with the Brazilian Ministry of Health and Medicines for Malaria Venture conducted a study to understand the feasibility of providing appropriate radical cure treatment (primaquine – PQ – or tafenoquine – TQ) based on the results of G6PD testing
- Brazil became the first malaria-endemic country to adopt single-dose tafenoquine and STANDARD G6PD Test for the treatment of relapsing P.v malaria

STRATEGY FOR
RIGHT 2.0

Vision and Mission

Key changes from the RIGHT 1.0 to the RIGHT 2.0 strategy include a vision statement, three strategic objectives, and two new funding programs, namely, the EGA and Training Award (TA) programs, in addition to the PDA program established in 2018 (Figures 11 and 12). These three programs are intended to create synergy and maximize the impact of the funded product in achieving global and equitable access for LMICs in a sustainable manner. RIGHT's vision is a world where infectious diseases pose no threat to any community. This reflects the RIGHT's ambition to contribute to reducing global health inequity attributable to infectious diseases.

RIGHT's mission remains unchanged from RIGHT 1.0, and it is to alleviate the burden of infectious diseases that affect people in LMICs. RIGHT continues to believe that the disproportionate burden of infectious diseases represents a significant cause of health inequity globally and will continue to focus on efforts to reduce it.

Figure 11

Refinement of programs and strategy from RIGHT 1.0 to 2.0

RIGHT 1.0	RIGHT 2.0
Vision	**Vision** NEW • A world where infectious diseases pose no threat to any community
Mission • Alleviate the burden of infectious diseases that disproportionately affect the people in low and middle-income countries (LMICs)	
Strategic objectives • Develop essential health technologies as global public goods	**Strategic objectives** NEW • Develop essential health technologies as global public goods • Strengthen evidence base for product development with local insights • Train work force in manufacturing essential health technologies
Funding program • Product Development Award	**Funding program** NEW • Product Development Award • Evidence Generation Award • Training Award
Investment criteria • Infectious diseases with a disproportionate burden in low- and middle-income countries (LMICs) • Unmet medical needs for new or improved health products in LMICs • Insufficient commercial incentives to drive R&D innovation • Opportunity to contribute Korea's strengths in R&D	

Figure 12

RIGHT 2.0 vision, mission, and strategic objectives

Strategic Objectives

To achieve its mission, RIGHT will pursue three strategic objectives through three funding programs: PDA, EGA, and TA. The three programs are intended to complement each other in a virtuous cycle such that the R&D efforts lead not only to new health products but also to learning with and from the LMICs partners to ensure that R&D products help solve public health problems sustainably in the local context. Collaboration will be a core value built into the success metrics across all three programs.

Objective #1: Product development will remain a key objective for RIGHT 2.0, with the intent of developing and making funded products available as global public goods. This intent has concrete implications regarding the way R&D is pursued from the start to ensure that the funded products have the technical and operational characteristics necessary to address unmet medical needs and ensure equitable access in LMICs (Figure 13).

The product development objective will be executed through RIGHT's PDA program, a funding program that RIGHT launched in 2018. Through the PDA program, RIGHT will continue to fund the development of vaccines, biologics, therapeutics, and diagnostics for which there are unmet medical needs for new or improved products.

Figure 13

RIGHT's approach to support R&D to develop and make essential medical countermeasures available as global public goods

Key considerations

- Design with global access in mind from the start
  (e.g. target use-case, product characteristics)
- Learn from and with local stakeholders
- Learn the context (e.g. end users' needs and perspectives)
- Plan for integration into the local public health system
- Engage the key stakeholders early
  (e.g. end-users, local governments, regulatory authorities, global procuring agencies)

In particular, RIGHT will continue to prioritize innovation that can improve global and equitable access, including innovative approaches to simplify the production process and reduce the cost of production that can support local production in LMICs and innovation to simplify the operation or treatment regimen that can improve scalability and permit task-shifting to community health workers in LMICs. RIGHT will continue to seek opportunities to leverage Korea's strengths in engineering and process optimization to pursue "best-in-class" that may not be the "first-in-class" but can significantly contribute to global public health and health equity.

RIGHT's global access policy remains integral to ensuring that RIGHT-funded product development results in global and equitable access [11] (Figure 14). As part of its commitment to global access, RIGHT also requires, from its grantees, a commitment to making their products available within the local public health system via public procurement in support of the local governments' disease control programs and priorities. This requirement arises from the recognition that while the private market can improve access to essential medical countermeasures in LMICs, it is often not sufficient to ensure equitable access for marginalized communities, where the burden of infectious disease tends to be greater. Therefore, RIGHT requests its grantees to commit to seeking paths to public procurement to ensure delivery of the funded products within the local public health system in close consultation with the local governments and regulatory authorities in LMICs.

Finally, RIGHT believes that reducing health inequity requires sharing not only material resources but also knowledge to research and develop essential medical countermeasures. RIGHT has been funding technology transfer to Korean organizations under the PDA program and will expand this effort to technology transfer from Korean organizations to organizations in LMICs during RIGHT 2.0.

Figure 14

RIGHT's global access policy

Data access

Transparency & Disclosure
- Commitment to disseminate data from the funded projects as promptly as possible through public-access repositories

Respect & Confidentiality
- §Respect to individuals and communities from or about whom data are collected

Product access

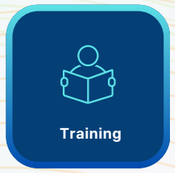
Pricing
- Commitment to set affordable prices for public procurement in the World Bank-defined low-income countries (LICs), and tiered pricing for middle income countries (MICs)

Supply
- Commitment to ensure sufficient supply of the funded products to LMICs

License
- If the grantee decides not to supply to the LMICs, commitment to grant royalty-free, non-exclusive licenses to users operating for the benefit of the public market in LMICs

Strategic Objectives

Objective #2: Evidence generation is intended to ensure that product development efforts are actively guided from the start with the necessary considerations for global and equitable access. Among the necessary considerations are local insights about LMIC contexts concerning the target use case, national regulatory environment, local governments' policies, and priorities relevant to the target disease, all of which critically determine the likelihood of adoption of and equitable access to R&D products. RIGHT believes that the best way to learn about the local context is to learn from the local partners themselves. Therefore, through the EGA program, RIGHT is committed to funding LMIC partners directly to support their efforts in identifying the areas of need and filling critical knowledge gaps to guide local and global R&D efforts to prevent and control infectious diseases that are most relevant to the local context.



Objective #3: Training objective aims to support the training of the LMIC workforce in manufacturing essential medical countermeasures such as VTDs. The training objective was a direct response to a global call during the COVID-19 pandemic for actions to support the regional manufacturing of essential vaccines. The training objective was developed in support of the ROK government's effort in the Global Training Hub for Biomanufacturing (GTH-B). Reports have shown that vaccine inequity is strongly associated with inequity in vaccine manufacturing capabilities [12]. RIGHT believes that persistent global health inequity is rooted in the inequity in the material resources and knowledge for the development and manufacture of essential VTDs. Through RIGHT's TA program, RIGHT will initially fund the training of personnel from LMICs in vaccine manufacturing. Expanding the training scope to include manufacturing therapeutics, biologics, and diagnostics, regulatory science, and clinical trials represent a future opportunity.

Collaboration as a Core Value: RIGHT will continue to strive to foster an exchange of knowledge and skills between Korean and international researchers and developers. RIGHT intends to catalyze and fund collaborations based on the model of co-development and co-creation, whereby an exchange of knowledge and skills complements each other's strengths and weaknesses. For example, Korean partners can contribute their strengths in manufacturing, engineering, and process optimization while learning from international partners in discovery and translational research and the local context in LMICs to guide use-case and product characteristics to be considered during R&D. Collaboration will be an essential element of success metrics across RIGHT's three programs. RIGHT will track its success in catalyzing high-quality collaborations for its grantees.

For the PDA and EGA programs, RIGHT will continue to focus on infectious diseases that show a disproportionate burden of disease or death in LMICs and do not present sufficient commercial incentives for R&D innovation. RIGHT remains convinced that government leadership is crucial in supporting the R&D of medical countermeasures that are essential to public health but may carry high commercial risks and in ensuring that the benefits of public investments indeed serve the public. As a public–private partnership with the ROK government as the largest donor, RIGHT is well-positioned to incentivize innovation to develop essential VTDs as public goods.

Regarding product type, RIGHT will continue to fund the development of new or improved VTDs for which they have unmet medical needs. Additionally, RIGHT 2.0 will aim to expand investments in developing highly effective and affordable biologics, including monoclonal antibodies.

In terms of the product development lifecycle, consistent with the intent of RIGHT's establishment, RIGHT will continue to seek opportunities to channel Korea's strengths in engineering, manufacturing, and process optimization toward the development of VTDs essential for the prevention and control of infectious diseases in LMICs. Specifically, RIGHT 2.0 will fund from the pre-clinical stage at or near the initiation of clinical development up to licensure and WHO PQ (or its equivalent process).

RIGHT will actively seek opportunities to catalyze partnerships between international partners with expertise in discovery and translational research and Korean partners who can contribute to CMC and regional or global supply.

The delivery of funded products remains beyond the funding scope of RIGHT. However, RIGHT will ensure that the pre-clinical and clinical development/validation efforts are aligned with the appropriate use-case and product characteristics recommended by the WHO or other international guidelines, such that there is a clear path to global and equitable access after licensure (Figure 15).

Figure 15

Areas of focus

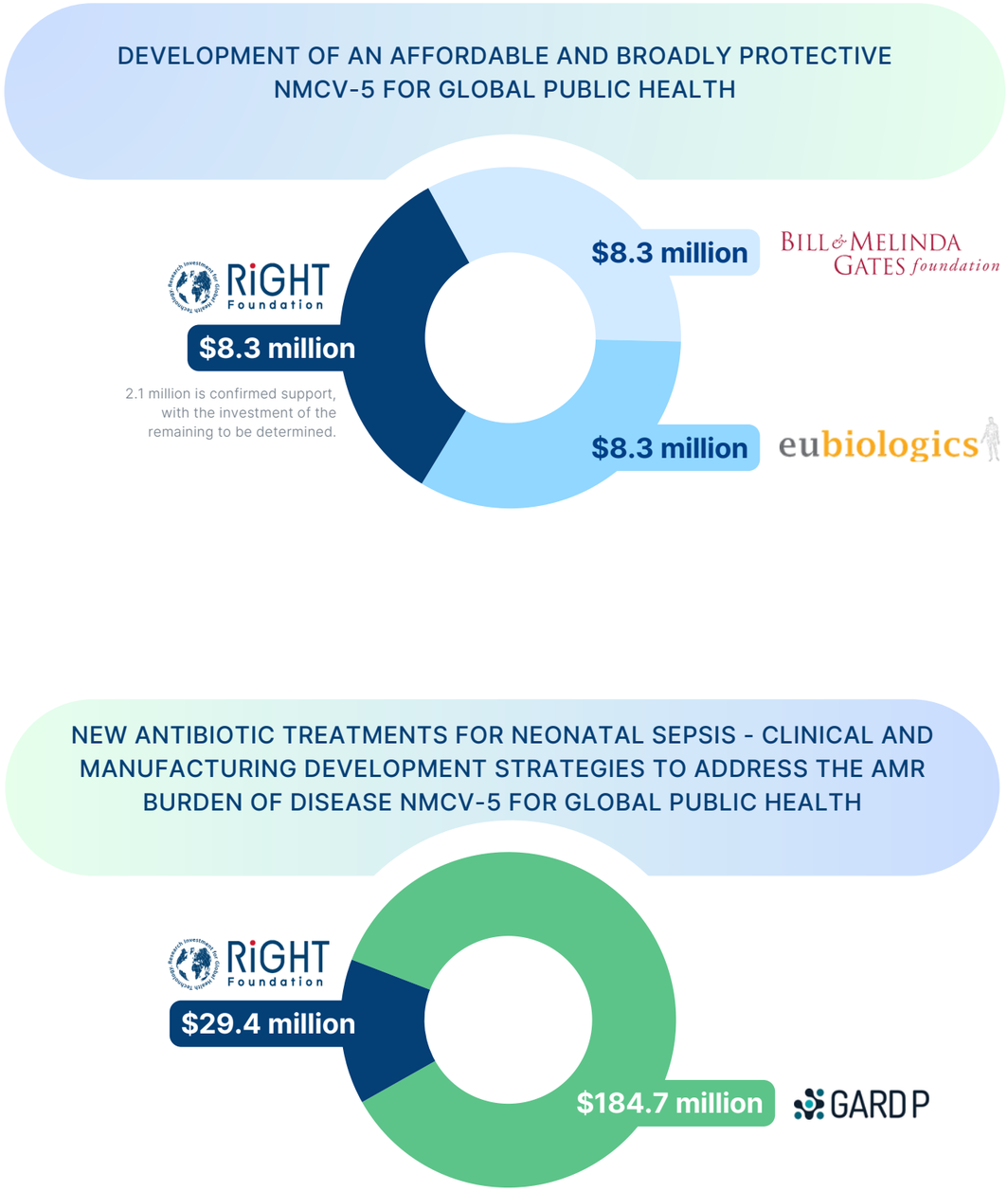
Category	Description
Product types	• Vaccine, therapeutics, biologics, diagnostics
Target diseases	• Infectious diseases that show a disproportionate burden of disease or deaths in LMICs or infectious diseases with a pandemic potential
Development stage	• From or near the initiation of the clinical development or validation phase to regulatory approval and WHO PQ (or equivalent)

Co-funding as a Financing Strategy

Strategic co-funding has been actively sought throughout RIGHT 1.0 in two ways to maximally utilize the available funding to build a robust R&D pipeline. First, RIGHT, as a policy, requests mandatory co-funding of at least 50% of the total requested project cost from all grantees whose project teams include at least one commercial entity. Second, RIGHT actively seeks opportunities for co- or complementary funding with other funders on a scope aligned with RIGHT's investment strategy (Figures 5 and 16). Consequently, RIGHT has been able to leverage a total of 278 billion KRW (~200 million USD) in co-funding by others, with 17 products in the clinical development/validation stage (Figures 5 and 9).

Figure 16

Co-funding as a financing strategy



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QuadMedicine

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Research Investment for Global Health Technology

RiGHT Foundation