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The Real Story of Remdesivir

Remdesivir, an experimental COVID-19 treatment, has benefited significantly from public funding. **Based off publicly available data, Public Citizen estimates that taxpayers are contributing at least $70.5 million to develop remdesivir.**[1] The real number is likely higher. We trace the story below.

I. Federal scientists helped discover remdesivir's potential.

(Taxpayer support: at least $34.5 million)

In 2015, federal scientists screened a thousand compounds from a Gilead library in search of a molecule to target Ebola virus. After identifying a remdesivir precursor, U.S. Army scientists worked with the corporation to "refine, develop and evaluate the compound."[2] The government partnership was "critical to the successful identification of [remdesivir]."[3] A team led by federal scientists found that remdesivir was active against coronaviruses, "suggesting the potential for wider medical use."[4]

In addition to providing in-kind support, the Department of Defense funded Gilead directly. A 2017 government report notes that DOD "is cost sharing with Gilead Biosciences [sic] for continued development of this product."[5] So far, DOD has given Gilead $34.5 million.[6] The National Institutes of Health (NIH) has also led two Ebola remdesivir trials, likely supported by millions of taxpayer dollars.[7] This laid the groundwork for the current response.

II. The NIH funded university researchers to study remdesivir's effects against coronaviruses.

(Taxpayer support: at least $6 million)

As part of its nearly $700 million investment in coronavirus research, the NIH awarded University of North Carolina researchers a $6 million grant to accelerate the development of remdesivir.[8] NIH researchers also made significant advances. Federal scientists found that remdesivir could reduce lung damage in monkeys with an earlier coronavirus, as well as the new coronavirus.[9]

III. National governments are running COVID-19 remdesivir clinical trials.

(Taxpayer support: at least $30 million)

Public funding is supporting many clinical trials across the world. The World Health Organization, a European consortium, and Chinese public institutions all began remdesivir trials.[10] In the U.S., the NIH is running a trial that will cost at least $30 million this fiscal year alone.[11] Taxpayers are taking significant risk. If remdesivir proves safe and effective, they should not have to pay twice.

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[1] We draw on Knowledge Ecology International's Briefing Note prepared by Kathryn Ardizzone, https://www.keionline.org/RN-2020-1.
[2] https://www.usamriid.army.mil/press_releases/Travis%20ID%20Week%20FINAL.pdf
[3] Dustin Siegel et al., Discovery and Synthesis of GS-5734 for the Treatment of Ebola and Emerging Viruses, J Med Chem (2017).
[4] HHS, Public Health Emergency Medical Countermeasures Enterprise Strategy and Implementation Plan (2017)
[5] *Id.*
[6] OTA: W911QY1690001 ($33.3 million) and W911QY1630001 ($1.2 million).
[7] NCT03719586 and NCT02818582
[8] Public Citizen, Blind Spot (2020), https://www.citizen.org/article/blind-spot/. For remdesivir specifically, see https://tinyurl.com/yd2ckoaf. The NIH also awarded university researchers a $37.5 million grant to help develop treatments for coronaviruses, including remdesivir, among other projects. https://tinyurl.com/ybyq4grb.
[9] https://tinyurl.com/sl2q638 and https://tinyurl.com/y9oartxq
[10] SOLIDARITY, INSERM (2020-000936-23), Chinese studies (NCT04252664, NCT04257656.)
[11] https://tinyurl.com/yakvqcja (NIH email correspondence with Wall Street Journal reporter).