



Research on infectious diseases

Performance audit

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FULL REPORT (FR) 

What we assessed and why

The COVID-19 pandemic highlighted France's lack of preparedness, forward planning and prioritisation in terms of fighting emerging infectious diseases. In the recent past, France has demonstrated a high level of response and funding for certain diseases such as HIV/AIDS, viral hepatitis, tuberculosis and sexually transmitted infections (STIs). For instance, it set up a national agency for research into AIDS and viral hepatitis (the ANRS), which coordinated and funded research into HIV/AIDS. However, France did not manage to show the same level of commitment in terms of combating emerging infectious diseases and was unable to quickly produce a COVID-19 vaccine or prophylactic drug.

What we found

The French infectious diseases research community reacted rapidly to the pandemic. Specific funding for COVID-19 was put in place through calls for projects and other channels in the first few weeks of the outbreak. Almost half of the researchers working on infectious diseases reoriented their work to focus on the new virus. Significant publications were produced, both on fundamental aspects and on more applied research, providing the public authorities with pandemic management information, for example on epidemiological modelling or the effectiveness of specific molecules or treatments. However, as we pointed out in July 2021 in our flash audit on financing public research in the fight against COVID-19, the lack of strategic direction led to thinly spread funding and clinical trials, to the detriment of the most promising projects.

Like other areas of biomedical research, the field of infectious diseases suffers from a lack of direction from the many stakeholders, including ministries and the French national alliance for life and health sciences (AVIESAN), which is responsible for coordinating research operators and establishing a common roadmap.

The multiplicity of research organisations, each with its own information systems and management rules, makes it more complicated to manage research units. Most of these units are under the supervision of several institutions.





The relationship between basic research, clinical research and innovation is still not sufficiently developed. Compartmentalisation still exists, particularly as basic research by the French national research agency (ANR) and clinical research by the hospital programme for clinical research (PHRC) are funded separately. The low attractiveness of research as a career option for people with medical training also plays a part.

What we concluded

In our report, we made the following recommendations for the various stakeholders (specified in brackets):

- ensure the sustainability of public funding for research into infectious diseases (French Ministry of Higher Education, Research and Innovation, French Ministry of Solidarity and Health);
- ensure priority and traceable funding for emerging infectious diseases (French Ministry of Higher Education, Research and Innovation, French Ministry of Solidarity and Health);
- gradually extend the role of the ANRS' successor, the ANRS MIE (Emerging Infectious Diseases), to encompass the entire spectrum of infectious diseases, by entrusting it with funding for calls for projects in both France and the network abroad (French Ministry of Higher Education, Research and Innovation, French Ministry of Solidarity and Health, French Ministry of Europe and Foreign Affairs);
- determine a common strategy and actions by mapping the strengths of French research into infectious diseases that exist abroad (ANRS MIE, French Ministry of Europe and Foreign Affairs);
- reform and strengthen support schemes for research into infectious diseases, in particular by pooling administrative services to increase the effectiveness of research in mixed units (French Ministry of Higher Education, Research and Innovation, French national research agency).