

COUNTRY PROFILE

France

EDCTP participation

France in EDCTP

(2003-present)

France in EDCTP: key figures

Since 2003, institutions from France have contributed to EDCTP-funded research through sustained participation, project coordination, and wide international collaboration.



110

Projects involving French institutions



50

French **institutions involved** in EDCTP-funded projects



61

Collaborating countries with French entities through EDCTP-funded projects



30

Consortia-based **projects coordinated** by French institutions



€73.4 M

EDCTP funding attributed to French entities



368

International partner institutions collaborating with French entities*

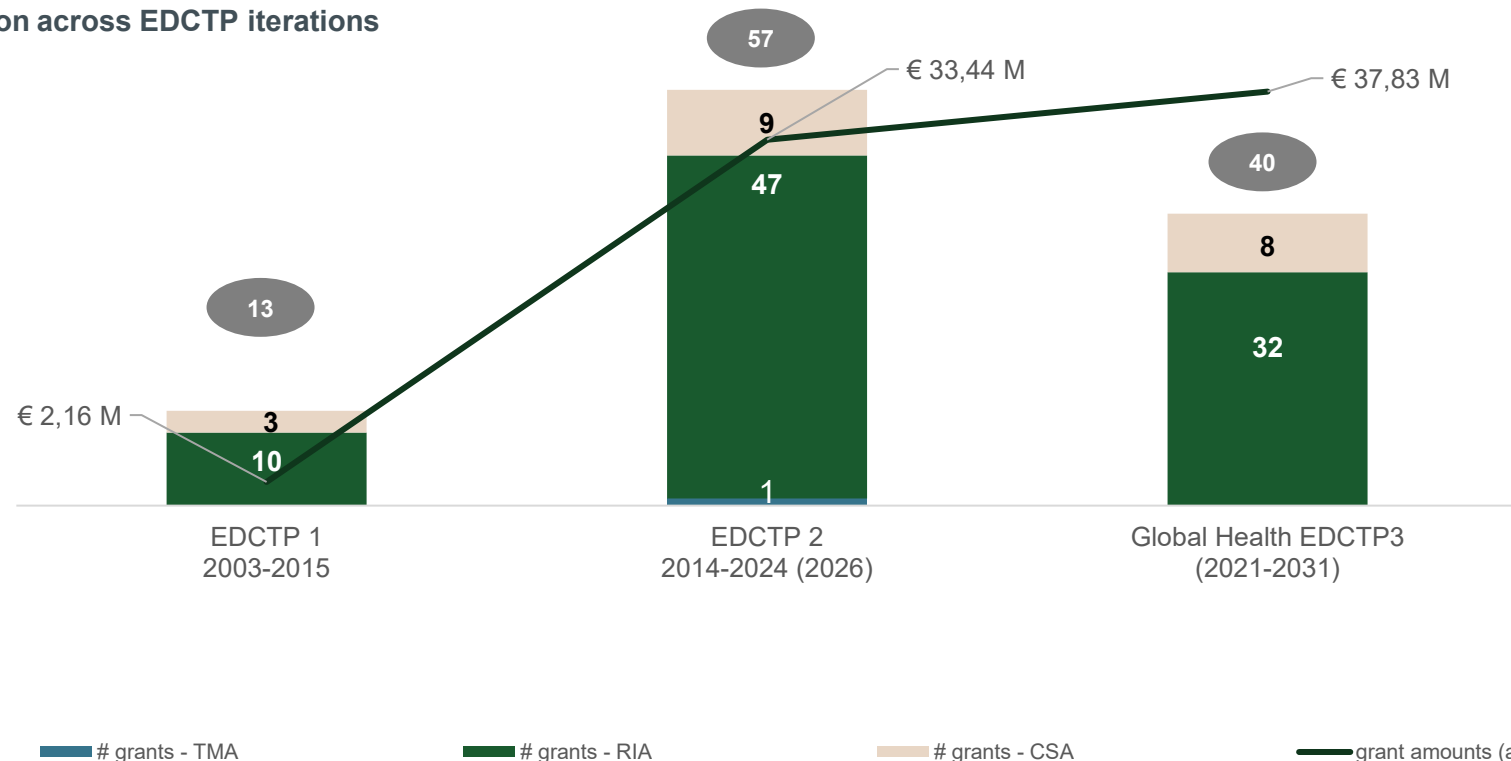
M = million

**Distinct non-France-based institutions participating in EDCTP-funded projects that include at least one French entity*

France in EDCTP: participation over time

Participation expanded sharply from EDCTP1 to EDCTP2 and remains strong under Global Health EDCTP3, which has already surpassed EDCTP2 in grant funding.

France's participation across EDCTP iterations



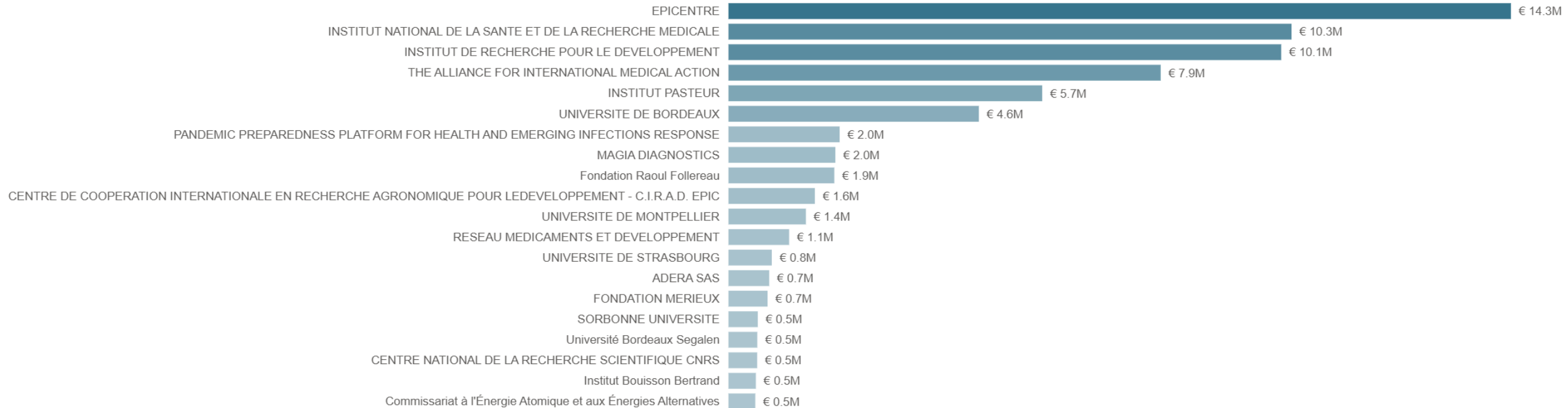
M = million

TMA = Training and Mobility Action; **RIA** = Research and Innovation Action; **CSA** = Coordination and Support Action. EDCTP1 used 10 original funding categories, which were regrouped here under TMA, RIA and CSA equivalents for over-time comparability. In Global Health EDCTP3, CSAs may include fellowship components, but not direct individual fellowship grants as under the TMA model in EDCTP 1 and 2

France in EDCTP: participating organisations

Since 2003, EDCTP funding to France has reached a broad institutional base, led by Epicentre, INSERM, IRD, ALIMA, and Institut Pasteur.

Top 20 France-based entities by EDCTP funding



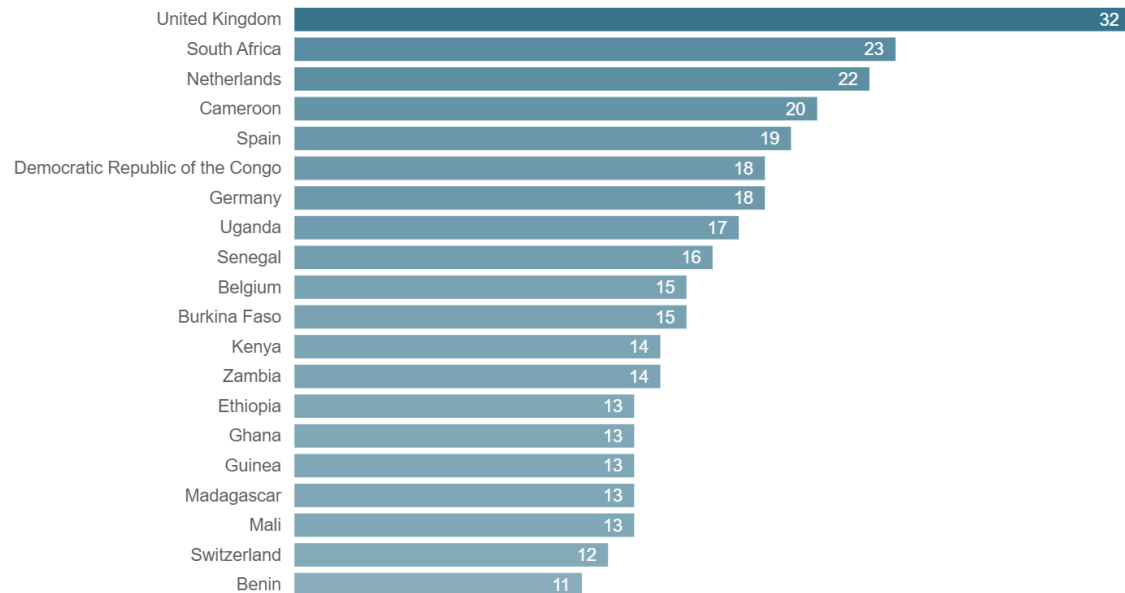
M = million

France in EDCTP: international collaboration

Since 2003, France has built a broad collaboration network spanning Europe and Africa, with especially strong recurring links to African partner countries.

61 collaborating countries: **37** in Africa | **16** in Europe | **8** in other world regions

Top 20 partner countries by number of collaborating French institutions



Geographical spread of France's EDCTP collaboration links



France in EDCTP country rankings

Across the full period since 2003, France ranks **7th** by grant funding received and **2nd** by number of participating organisations.

Top 20 countries by EDCTP grant amounts

Country	Value	Rank
South Africa	€ 216.9 M	1
United Kingdom	€ 184.6 M	2
Uganda	€ 111.2 M	3
United Republic of Tanzania	€ 95.1 M	4
Kenya	€ 84.1 M	5
Germany	€ 74.5 M	6
France	€ 73.4 M	7
Netherlands	€ 58.6 M	8
Spain	€ 58.3 M	9
Burkina Faso	€ 51.3 M	10
Mozambique	€ 49.8 M	11
Switzerland	€ 44.3 M	12
Zambia	€ 42.7 M	13
Ghana	€ 42.3 M	14
Mali	€ 38.0 M	15
Senegal	€ 35.4 M	16
Gabon	€ 33.0 M	17
Ethiopia	€ 32.0 M	18
Democratic Republic of The Congo	€ 32.0 M	19
Belgium	€ 30.1 M	20

Top 20 countries by number of participating organisations

Country	Value	Rank
United Kingdom	57	1
France	50	2
South Africa	50	2
Uganda	48	3
Spain	43	4
Kenya	42	5
Germany	37	6
Nigeria	36	7
Netherlands	34	8
Italy	33	9
United Republic of Tanzania	31	10
Ethiopia	29	11
Switzerland	25	12
United States	24	13
Cameroon	19	14
Rwanda	18	15
Belgium	17	16
Burkina Faso	16	17
Ghana	16	17
Democratic Republic of The Congo	15	18

France's wider contribution to EDCTP

Beyond project participation, France supports EDCTP through financial contributions and aligned in-kind activities that support EDCTP objectives.

€4.9 M in-cash contribution

France's contribution to the EDCTP Association, 2018-2025

€189 M aligned in-kind investments

Value of France's in-kind activities aligned with EDCTP Programme objectives (since 2014)

Aligned in-kind activities

Additional research & innovation support:

- Funding schemes address emerging infectious diseases, including Ebola, Lassa fever, and Marburg; integrated One Health research in trypanosomiasis, leishmaniasis, and Chagas disease; operational research on HIV, HPV, and related cancers. Support also strengthens research management and infrastructure, fostering North-South and South-South collaboration.

Training, Skills & Ecosystem Development:

- Initiatives strengthen African health institutes, laboratory diagnostics, epidemic surveillance and research, including AMR. For instance, FELTP is building One Health capacity across 10 West African countries, while AFROSCREEN strengthens genomic surveillance in 13 African countries. VITROME focuses on vector-borne diseases, zoonoses and their arthropod vectors, including supporting the *Institut de recherche pour le développement (IRD)* in Dakar to conduct research on malaria and emerging diseases.

Impact example: delivering critical innovations for sleeping sickness

French organisations contributed to the development and accessibility of two innovative, life-saving medicines, helping bring sleeping sickness closer to elimination in Africa.

The Story

Fexinidazole Winthrop and **Acoziborole Winthrop** are major advances in treating human African trypanosomiasis (HAT), or sleeping sickness. Fexinidazole, the first all-oral treatment, was supported by EDCTP-funded ***DiTECT-HAT*** and ***HAT-R-ACC*** projects. Acoziborole offers the first single-dose oral treatment. Both were developed by **DNDi and Sanofi**, with contributions from Epicentre France, MSF France, and the Research Institute for Development (IRD).

What Changed

Together, these treatments account for over 70% of current treatment options, replacing toxic, invasive, and logistically demanding therapies. EDCTP-funded ***FEX-g-HAT***, ***ACOZI-KIDS*** and ***STROGHAT*** projects are further supporting access, safety in children, pharmacovigilance, and large-scale “screen-and-treat” approaches.

Why It Matters

Simpler, more accessible treatments are bringing HAT elimination closer. **Both medicines are provided free of charge by Sanofi to patients** through a WHO-coordinated donation programme, with Fexinidazole included in the **WHO Essential Medicines List since 2019**.

EDCTP's contribution included:

- ✓ support to the clinical development of medicines and diagnostics, implementation and access, and paediatric formulation of a medicine for HAT.
- ✓ support to capacity development and networks

[Study Details | NCT03974178 | Fexinidazole in Human African Trypanosomiasis Due to T. b. Rhodesiense | ClinicalTrials.gov](#)



WHO
Essential Medicine



EMA positive
opinion



Impact example: transforming HIV care

French institutions played a key role in demonstrating that breastfeeding can be safely supported for infants of mothers living with HIV, and advancing a better treatment for HIV-associated cryptococcal meningitis.

The Story

French research institutions - including Institut Pasteur, CNRS, Université de Paris, and the Necker-Pasteur Center among others - contributed to the EDCTP-funded **AMBITION-cm** trial that yielded a new regimen for HIV-associated cryptococcal meningitis. The ANRS and WHO co-led the **Kesho Bora trial**, generating critical evidence that an antiretroviral (ARV) effectively reduced mother-to-child HIV transmission during breastfeeding.

What changed

AMBITION-cm showed that a single high dose of **liposomal amphotericin B** is as effective as the traditional week-long regimen for HIV-associated cryptococcal meningitis, while being simpler to administer and causing fewer side effects. It is now the WHO-recommended therapy. Kesho Bora demonstrated that **three-drug ARV therapy during late pregnancy and breastfeeding** safely reduces HIV transmission, without requiring mothers to stop breastfeeding.

Why it matters

These advances simplify care, save lives and expand access to effective HIV treatment and prevention. Safer breastfeeding is particularly important in settings where formula feeding may be unaffordable or unsafe due to limited access to clean water and sanitation.



WHO-
recommended

EDCTP's contribution included:

- ✓ support to the clinical development of the new medicines and their policy uptake by WHO.
- ✓ support to capacity development and networks

[Single-Dose Liposomal Amphotericin B Treatment for Cryptococcal Meningitis | New England Journal of Medicine](#)

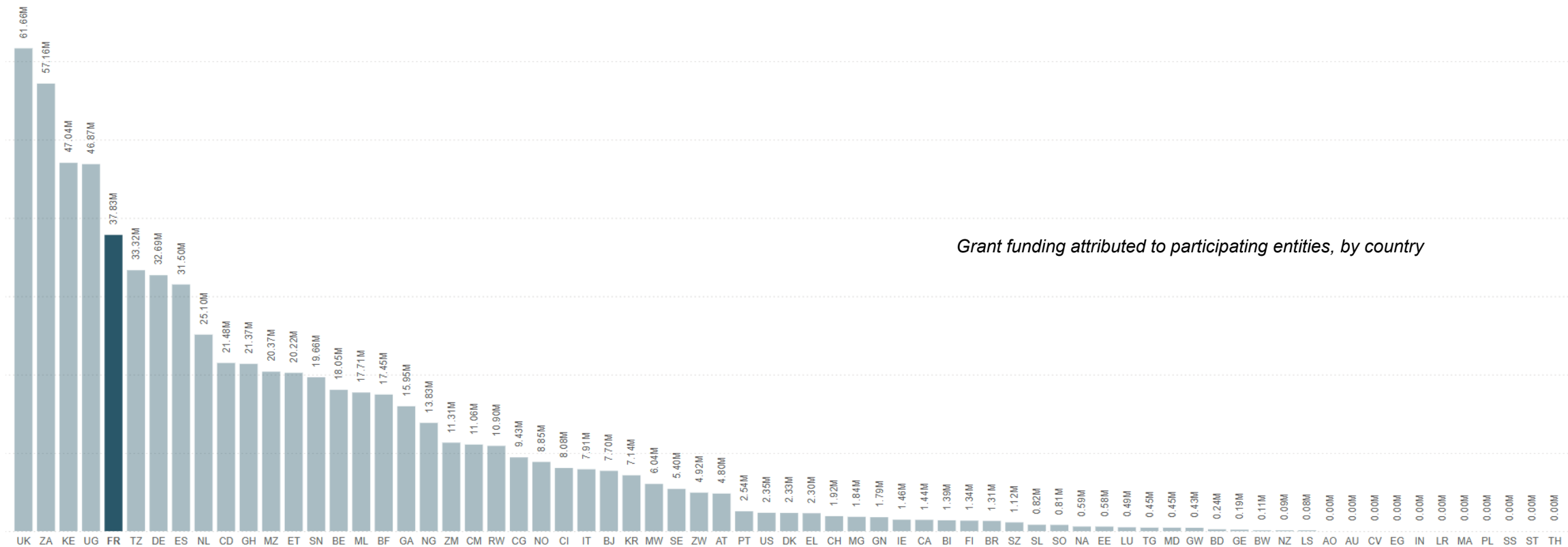
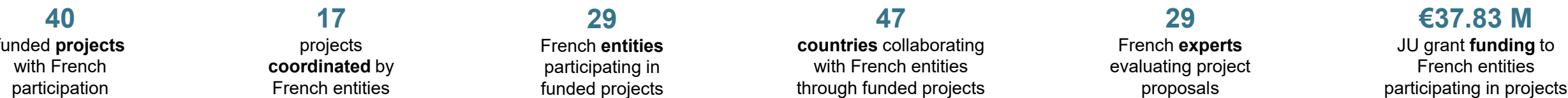


France in Global Health EDCTP3

(2021-present)

France in Global Health EDCTP3: key figures

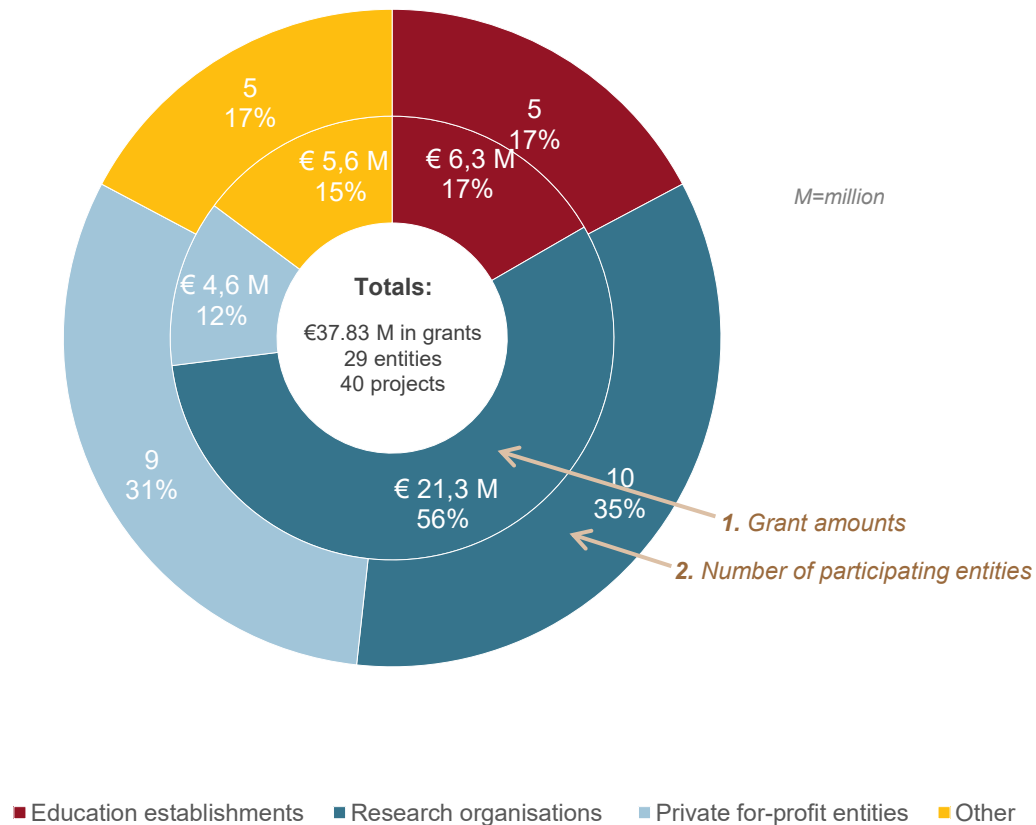
Since 2021, France has been one of Global Health EDCTP3’s most active participants, with strong coordination roles, broad international collaboration, and substantial grant funding.



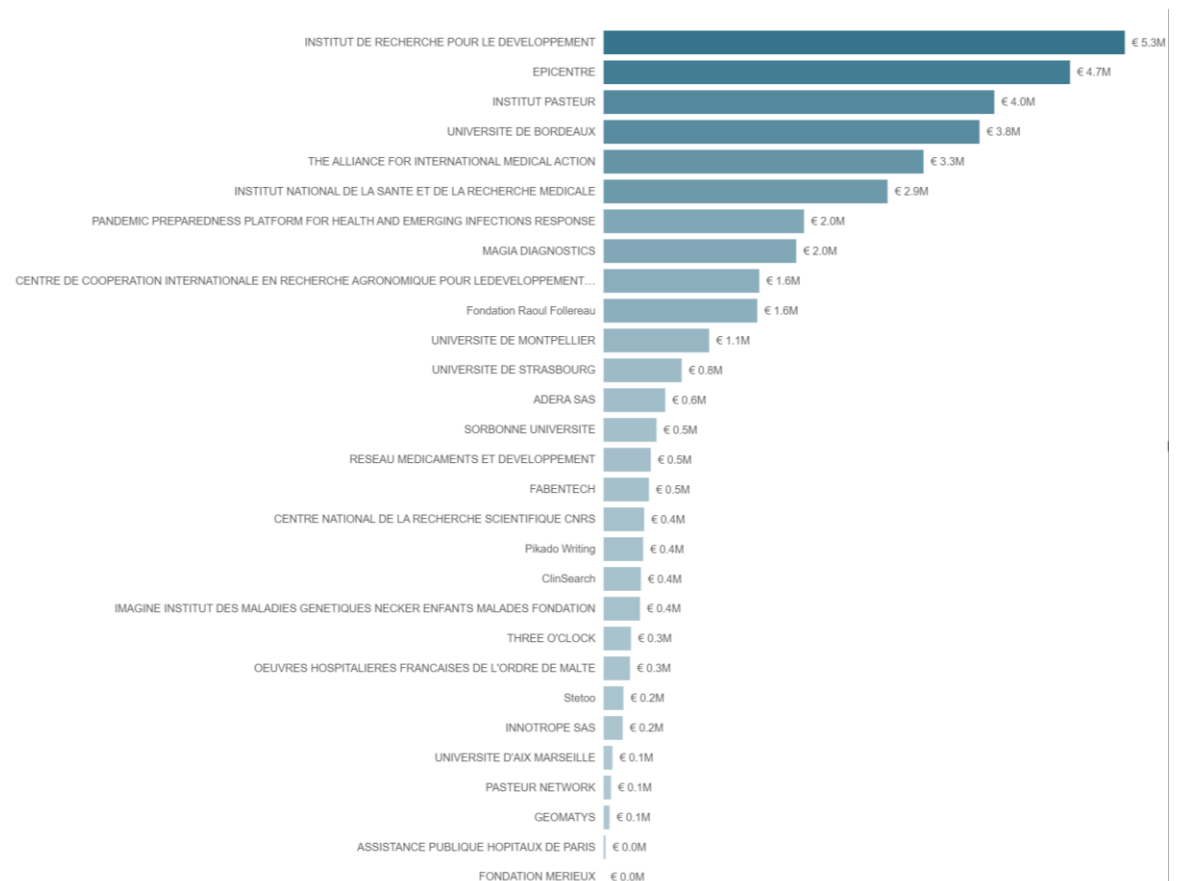
France in Global Health EDCTP3: key figures

France's current participation combines a diverse institutional base with funding concentrated in research organisations.

French participating entities by type



French participating entities by grant amounts



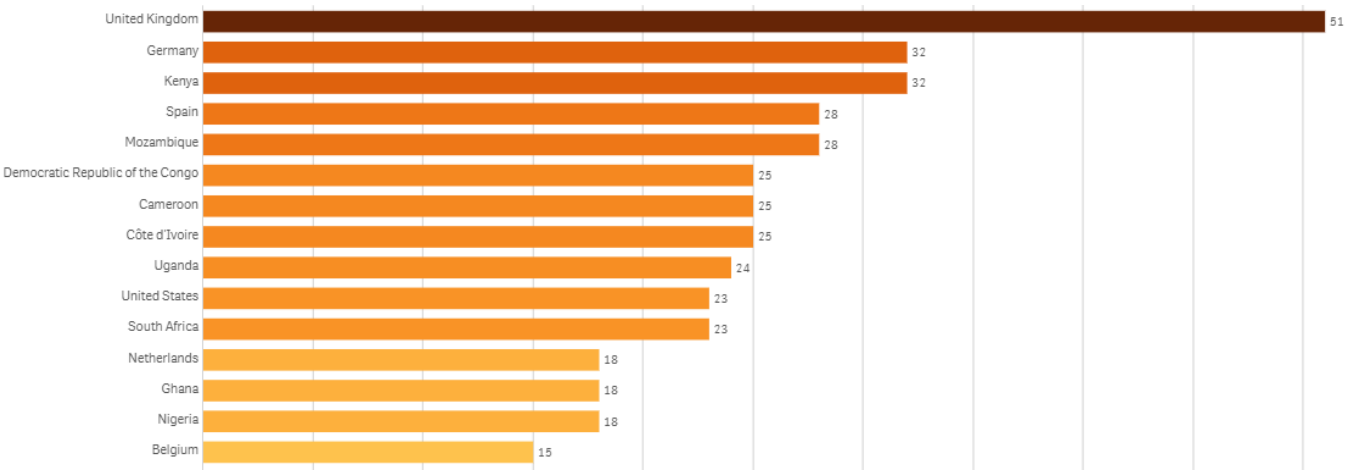
France in Global Health EDCTP3: collaboration network

Since 2021, French entities have collaborated with partners in 47 countries across Europe, Africa, and beyond through Global Health EDCTP3.

Geographical distribution of France’s collaboration links



Top 15 collaborations with France in funded projects (number of links)



Governance and advisory input

France contributes actively to Global Health EDCTP3's strategic direction and oversight.

ADVISORY

1 French organisation represented in the Global Health EDCTP3 Stakeholders' Group

Dr Maryline Bonnet (representative)

Stakeholders' Group
French National Research Institute for Sustainable Development (IRD)

Ms Veerle Lejon (alternate)

Stakeholders' Group
French National Research Institute for Sustainable Development (IRD)

GOVERNANCE

3 French representatives in the General Assembly and Governing Board

Prof. Karine Lacombe

Global Health EDCTP3 Governing Board,
vice-chairperson

EDCTP Association General Assembly, chair
Sorbonne University, Inserm

Prof. Yazdan Yazdanpanah

EDCTP Association General
Assembly, member

ANRS Emerging Infectious Diseases

Dr Sheyla Mejia Gervacio

EDCTP Association General
Assembly, member

Ministry of Higher Education,
Research, and Innovation, France



Since
2014



France has been part of
the EDCTP Association

Project highlight: EBO-PEP

A French research institute coordinates a project evaluating monoclonal antibodies for Ebola post-exposure protection.

The challenge:

- Ebola outbreaks have high mortality, putting close contacts of infected patients at greatest risk.
- Current vaccines are not immediately protective; monoclonal antibodies are not yet fully evaluated.

Expected impact:

- Establish a rapid-response, multi-country trial infrastructure to evaluate monoclonal antibody post-exposure prophylaxis during Ebola outbreaks.
- Generate evidence and preparedness systems to strengthen outbreak response capacity and improve protection for high-risk contacts.



Coordinator:

Institut National de la Santé et de la Recherche Médicale, France

Scientific leader:

Institut National de Recherche Biomedicale du Zaïre, DRC

Countries: **France, DRC, Spain, Guinea, Côte d'Ivoire, Senegal**

Funding: **€3,435,775**

Project length: **2024 – 2027**

<https://ebo-pep.com/?lang=en>

https://www.global-health-edctp3.europa.eu/projects/ebo-pep_en



Project highlight: PfVIMT

A French research institute coordinates the development of an innovative transmission-blocking malaria vaccine.

The challenge:

- RTS,S and R21 malaria vaccines show moderate efficacy and do not target later stages of parasite development.

Expected impact:

- Develop and test a combination malaria vaccine (Pfs230D1 + R21) in phase II and III trials to assess safety and transmission-blocking efficacy using a direct skin feeding assay.
- Generate the evidence needed to support an application for regulatory approval.



Coordinator:
**Institut de Recherche pour le Développement,
France**

Scientific leader:
**Université des Sciences, des Techniques et des
Technologies de Bamako, Mali**

Countries: **France, Mali, Ghana, Burkina Faso, UK,
Tanzania, Benin, Kenya, India, US**

Funding: **€15,028,272.50**

Project length: **2025 – 2030**

https://www.global-health-edctp3.europa.eu/projects/pfvimt_en



Project highlight: ELDORADO

A French university coordinates a trial evaluating whether doravirine-based HIV treatment can reduce long-term complications.

The challenge:

- Dolutegravir-based HIV treatment is widely used but is associated with long-term metabolic adverse effects.
- Doravirine may offer a safer alternative, but direct comparative trial evidence is still lacking.

Expected impact:

- Conduct a multicountry clinical trial in sub-Saharan Africa comparing dolutegravir- and doravirine-based HIV treatments in newly diagnosed adults.
- Assess virological, metabolic, cardiovascular, mental health, and quality-of-life outcomes, alongside cost-effectiveness to inform treatment policy decisions.



Coordinator:
Université de Bordeaux, France

Scientific leader:
**Institut de Recherches Médicales et d'Études des
Plantes Médicinales, Cameroon**

Countries: **France, Cameroon, UK, Mozambique,
Côte d'Ivoire, Thailand, Brazil**

Funding: **€5,164,865**

Project length: **2025 – 2029**

<https://anrs.fr/en/scientific-research/research-projects/eldorado-trial/>
https://www.global-health-edctp3.europa.eu/projects/eldorado_en

Project highlight: IMPACTING

A French research organisation coordinates a project mapping climate-driven changes in disease vectors to improve outbreak prediction and prevention.

The challenge:

- Climate change is spreading disease vectors.
- Mapping future high-risk areas is vital to prevent vector-borne deaths.

Expected impact:

- Sample the environment in Cameroon, Kenya, and Mozambique to map vector species distribution and model climate-driven changes.
- Identify and evaluate commensal-based approaches to control the transmission of vector-borne diseases.
- Involve communities to co-develop vector surveillance and vector control strategies.



Coordinator:
**Centre de coopération internationale en
recherche agronomique pour le
développement (CIRAD), France**

Countries: **France, Kenya, Mozambique,
Cameroon, Portugal**

Funding: **€6,153,640.63**

Project length: **2025 – 2029**

<https://impacting-project.eu/>
[https://www.global-health-
edctp3.europa.eu/projects/impacting_en](https://www.global-health-edctp3.europa.eu/projects/impacting_en)

Project highlight: Decide-TB

A French university coordinates a project refining and testing TB treatment-decision algorithms for children.

The challenge:

- Most childhood tuberculosis cases go undiagnosed.
- Diagnosis is challenging due to non-specific symptoms.

Expected impact:

- Organise a cluster randomised trial in Mozambique and Zambia to evaluate the effectiveness of two TB treatment decision algorithms for detecting TB more reliably in children.
- Support implementation in participating countries.
- Provide evidence to inform WHO guidance.



Coordinator:
Université de Bordeaux, France

Countries: **France, South Africa,
Zambia, Mozambique, UK, Germany**

Funding: **€5,299,965**

Project length: **2023 – 2027**

<https://decide-tb.com/>
https://www.global-health-edctp3.europa.eu/projects/decide-tb_en

Project highlight: ACT-CHIK

A French research institute coordinates a project advancing a new chikungunya vaccine for use in Africa.

The challenge:

- Chikungunya is spreading in sub-Saharan Africa, likely underdiagnosed, and causing increasing health and economic burden.
- Limited availability of safe, widely approved vaccines restricts prevention, especially for children.

Expected impact:

- Conduct safety and immunogenicity trials of the MV-CHIK vaccine across Kenya, Nigeria, and Rwanda.
- Prepare for vaccine deployment by assessing manufacturing transfer to Africa and developing a regulatory licensing pathway.



Coordinator:
Institut Pasteur, France

Scientific leader:
University of Rwanda, Rwanda

Countries: **France, Rwanda, Senegal, South Korea, Brazil**

Funding: **€15,299,931.75**

Project length: **2026 – 2030**

https://www.global-health-edctp3.europa.eu/projects/act-chik_en

Project highlight: PvSeroRDT

A French research institute coordinates a project evaluating a new diagnostic test for *Plasmodium vivax* malaria.

The challenge:

- *Plasmodium vivax* causes over 500,000 malaria cases a year in sub-Saharan Africa.
- It is hard to detect, and its treatment, *primaquine*, can be dangerous for people with G6PD deficiency.

Expected impact:

- Evaluate whether the PvSeroRDT test works in the field and identifies infected but asymptomatic individuals.
- Identify a pathway to regulatory and policy approvals to facilitate its uptake by countries.
- Boost the diagnostics manufacturing sector in Africa.



Coordinator:
Institut Pasteur, France

Scientific leader:
Institut Pasteur de Dakar, Senegal

Countries: **France, Senegal, Ethiopia, Madagascar, UK, Switzerland, Australia**

Funding: **€4,062,395.23**

Project length: **2025 – 2030**

https://www.global-health-edctp3.europa.eu/projects/pvserordt_en



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