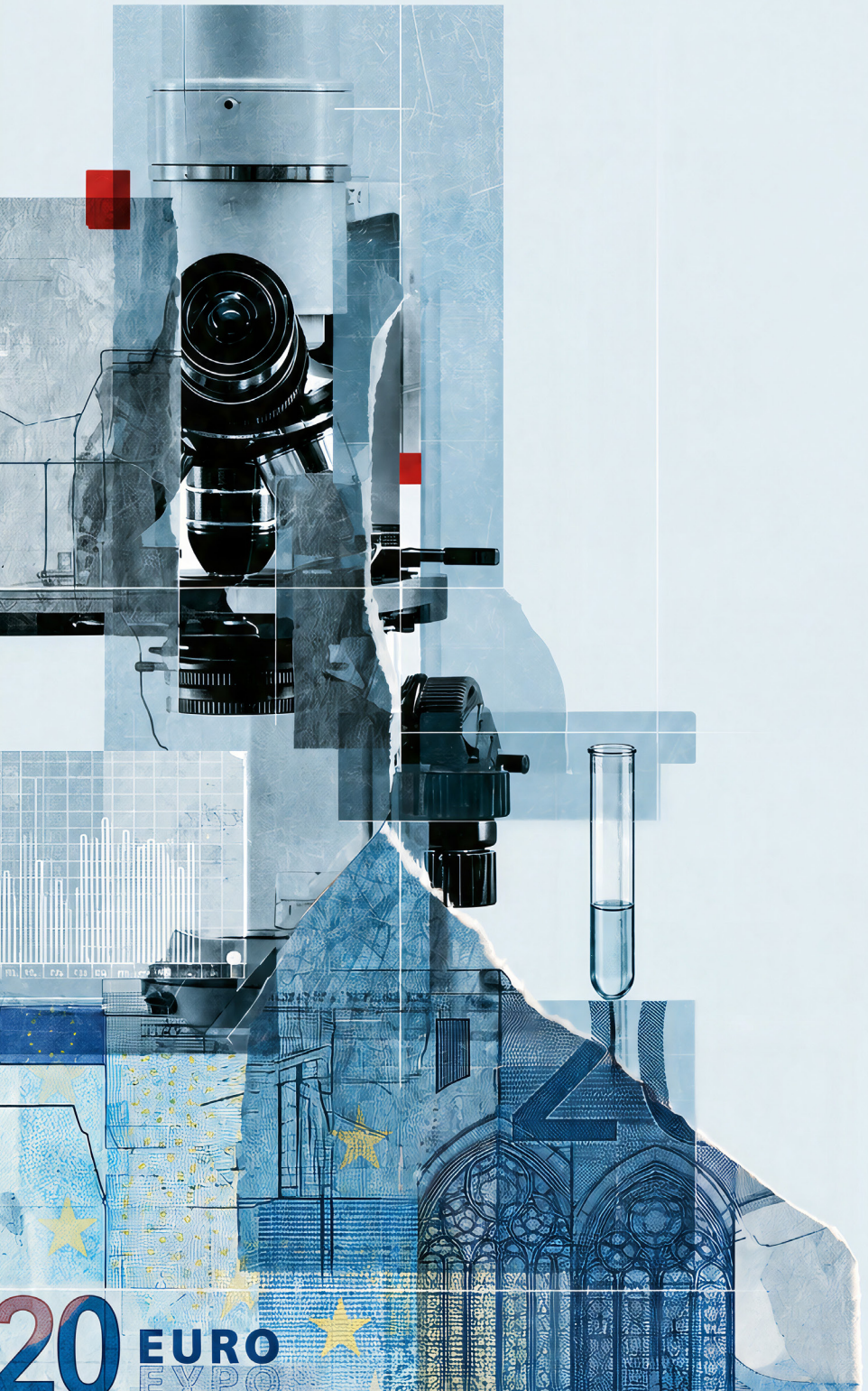
Research funding for **Long COVID and ME/CFS** in Germany

November 2026



ME CFS
Research Foundation

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Summary

This report provides an overview of publicly funded research and healthcare initiatives related to Long COVID and ME/CFS in Germany. The data fills an important information gap and enables the assessment of the funding priorities set to date. The aim of the report is to support funding allocation under the *National Decade against Post-Infectious Diseases* and beyond by providing a knowledge base that did not previously exist in this form.

Until 2020, there was virtually no public funding for ME/CFS in Germany. Since the emergence of COVID-19, scientific and societal attention to post-infectious diseases — particularly Long COVID and ME/CFS — has noticeably increased. During this period, funding initiatives have been introduced at federal and state levels and expanded over the years.

The report analyses 259 joint or single projects receiving a total of 292 million euros over the period 2020—2029. The analysis includes projects receiving direct funding from the federal government, state governments, the Innovation Committee at the GBA as well as the DFG, which have been announced or implemented up until September 2026. The report conveys the distribution of funding by source and the allocation of funds by diseases, research types and interventions.

Results

There are considerable gaps in interventional clinical research and basic research. Only 7% and 20%, respectively, of the identified projects focus on these types of research, which are essential for uncovering disease mechanisms and developing biomarkers and treatments. The majority of projects fall into the categories of healthcare research and measures (42%) and observational clinical research (40%). Projects can be assigned to more than one category, so that percentages may sum to more than 100%.

Treatments are investigated in only a few projects. Only 5% of funded projects investigate drug-based interventions (accounting for 9% of the identifiable funding). Device-based treatments are investigated in 4% of projects. 68% of all projects do not investigate any interventions. The remaining projects focus on healthcare provision, exercise, behaviour and psychotherapy.

ME/CFS receives markedly less attention than Long COVID. 84% of funded projects cover Long COVID, compared with 39% addressing ME/CFS. Some projects cover more than one condition and are therefore included in both percentages.

Current research funding amounts to only around 0.1% of the annual societal cost of Long COVID and ME/CFS. This figure indicates that a funding gap remains, even after accounting for all public funding already spent or announced, including the 500 million euros pledged over ten years under the *National Decade against Post-Infectious Diseases*.

Funding for Long COVID and ME/CFS lacks transparency. Only 209 million of a total of 292 million euros in funding (71%) could be attributed to specific projects. For the remaining 83 million euros (29%), it was not possible to determine how these funds are distributed across the identified initiatives.

Recommendations

Our recommendations are based on a dataset analysed comprehensively in this form for the first time: 1) Funding gaps in basic research and interventional clinical research should be urgently addressed. 2) Greater emphasis should be placed on research into drug-based treatments and 3) on ME/CFS as a distinct condition (separate from Long COVID). 4) To support a more targeted approach to research into post-infectious diseases, greater transparency is required regarding the nature and scope of projects already being funded. This report represents a first step towards that goal.

Introduction

Lack of an overview of funding measures

Myalgic encephalomyelitis/ chronic fatigue syndrome (ME/CFS) and post-COVID syndrome or Long COVID cause considerable health, social and economic burdens. These conditions often lead to severe limitations in physical and cognitive capacity, as well as in everyday life, employment and social participation. There is a substantial unmet need for medical care, nursing care and social support. In total, around 1.4 million people in Germany were living with Long COVID or ME/CFS in 2025. The annual societal cost of both conditions amounted to over 64 billion euros (Daniell et al., 2026). To drive down the long-term cost, effective treatments are needed, which are currently not available.

Despite the considerable burden of the disease, ME/CFS has been inadequately addressed in research and healthcare policy for decades. Until 2020, there was virtually no public funding available. Since the emergence of COVID-19, scientific and societal attention to post-infectious diseases — particularly Long COVID and ME/CFS — has noticeably increased in Germany. The COVID-19 pandemic has highlighted the long-standing gaps in research into the pathophysiology, diagnosis, and treatment of ME/CFS, as well as the care of those affected.

The current state of funding for research and healthcare addressing Long COVID and ME/CFS in Germany is unclear. Since 2020, both the federal government and state governments have initiated funding measures for both conditions. Information, for example, on funding amounts, types of research supported and interventions being investigated, is scattered across the various funding bodies, their diverse sources and databases, parliamentary documents and public announcements, making it difficult to gain a comprehensive overview. Against this backdrop, funding gaps, for example, in relation to biomarker or treatment development, have not, to date, been quantifiable on the basis of concrete data.

Funding landscape in Germany

On behalf of the central government, the Federal Ministry of Research, Technology and Space (BMFTR) and the Federal Ministry of Health (BMG) provide research funding for Long COVID and ME/CFS in the form of specific funding programmes. In addition, public bodies and organisations that receive structural or institutional support also provide funding for, or directly conduct, research into post-infectious diseases. These include, for example, the Innovation Committee at the Federal Joint Committee (GBA), the Robert Koch Institute (RKI), the Network of University Medicine (NUM) — including its sub-project, the National Pandemic Cohort Network (NAPKON) — and the German Centres for Health Research (DZG). The latter are largely funded by the BMFTR, but also receive funding from individual state governments.

In addition, non-university research institutions are involved in research into Long COVID and ME/CFS, such as the Helmholtz and Leibniz Associations, which are funded by both the federal government and state governments. The German Research Foundation (DFG) also facilitates research into post-infectious diseases with federal and state funding. At the state level, ministries and senate administrations responsible for health and research, as well as state parliaments, provide direct funding for research and healthcare related to Long COVID and ME/CFS.

In addition to public institutions or publicly funded organisations, private organisations in Germany also facilitate research into Long COVID and ME/CFS. Organisations such as foundations provide funding specifically for ME/CFS research, albeit on a much smaller scale than public funding. Pharmaceutical industries and biotechnology companies in Germany currently play next to no role in research into post-infectious diseases. Furthermore, the limited information available to the public makes private research funding difficult to quantify and prevents its systematic analysis.

National Decade against Post-Infectious Diseases

The *National Decade against Post-Infectious Diseases* sets out a new chapter in Long COVID and ME/CFS research in Germany. Between 2020 and 2025, funding initiatives for research into both conditions were often fragmented, equipped with comparatively modest financial resources, and initiated without coordinated objectives by the federal and state governments. The *National Decade* now offers the opportunity to set forth a targeted research agenda designed to help understand the causes of these conditions, develop treatment options and, as a result, improve the provision of healthcare nationwide.

As part of the *National Decade*, the BMFTR is to invest a total of 500 million euros (50 million euros annually) over the ten-year period 2026—2036 in research into post-infectious diseases, primarily ME/CFS and Long COVID (BMFTR). This investment has the potential to position Germany as one of the world's leading research hubs for these conditions. By prioritising the issue at a policy level, the country is clearly distinguishing itself on the international stage.

In view of the growing attention to post-infectious diseases and their prioritisation in research policy, the field of Long COVID and ME/CFS research in Germany is expected to expand considerably over the coming years. Following the initial need for a general increase in funding, the launch of the *National Decade* highlights the need to assess funding priorities to be set: not only the amount of funding available matters, but also how the financial resources available are deployed in a targeted manner.

Aims and contents of the report

This report provides a first overview of the funding allocated to Long COVID and ME/CFS research and healthcare to date, in particular by the federal government and state governments. It aims to create greater transparency regarding the funding landscape and sources, as well as the concrete use of funds. By identifying existing research needs, the report is intended to support the funding allocation under the *National Decade* and beyond. The report thereby fills an information gap regarding Long COVID and ME/CFS research in Germany, where no comparable overview of public funding by disease has been available to date (unlike, for example, provided by the National Institutes of Health (NIH) in the USA). A systematic overview of funded projects, which is as comprehensive as possible, provides an important source of information for needs-based funding allocation.

This report takes into account research and healthcare projects on Long COVID and ME/CFS funded by federal and state government grants, as well as projects funded by the Innovation Committee at the GBA and the German Research Foundation (DFG). Funding from other organisations is not included (see the chapter on limitations). The projects included are joint or single projects in the fields of basic research, clinical research and epidemiological research, as well as funding for healthcare research and measures. They include, for example, research projects on the development of biomarkers and diagnostics, treatment trials, research infrastructures such as registries, biobanks and networks, or the provision of healthcare services.

The identified projects and their associated funding programmes were categorised, as far as available information permitted, by funding level (e.g. federal or state government), funding amount, disease, research type, and intervention. The aim is to highlight which types of research and interventions are being funded to date and to what extent. The report hence also identifies existing funding gaps. Building on this, the report includes recommendations for working towards a needs-based allocation of future funding. It is also intended to provide a basis for monitoring and contextualising funding for Long COVID and ME/CFS research going forward — in particular within the framework of the *National Decade*.

Approach

Enquiries to state governments

For this report, data was collected on funds allocated to research and the provision of healthcare for Long COVID and ME/CFS in Germany from 2020 onward. The data was collected through two approaches: standardised enquiries to relevant institutions and analysis of publicly available sources.

First, between January 2025 and August 2026, ministries and agencies responsible for health and research in each of Germany's 16 federal states were asked to provide information on funding for research and healthcare measures announced or initiated since 2020. The enquiries followed a standardised format and focused specifically on Long COVID and ME/CFS joint or single projects, both implemented and planned, in the areas of basic, clinical, and epidemiological research as well as healthcare. Excluded from these enquiries were the states' budgets for routine healthcare funding (e.g. for university hospitals). Table 1 provides an overview of the responses received from the state governments contacted.

Enquiries to research institutions

In addition, in August 2026, 18 research institutions were approached, including seven of the eight DZG relevant to research on post-infectious diseases: the German Centre for Cardiovascular Research (DZHK), the German Centre for Infection Research (DZIF), the German Centre for Neurodegenerative Diseases (DZNE), the German Centre for Lung Research (DZL), the German Centre for Diabetes Research (DZD), the German Centre for Mental Health (DZPG) and the German Centre for Child and Adolescent Health (DZKJ).

The organisations surveyed also included the non-university research organisations Helmholtz Association, Leibniz Association, Max Planck Society and Fraunhofer Society, as well as the NUM and its sub-project NAPKON. All institutions were asked what proportion of their available funding was specifically allocated to research on Long COVID and ME/CFS. Due to various constraints, projects conducted by these research institutions could not, with a few exceptions, be included in this report (see the chapter on limitations).

General research

In addition to direct enquiries to state ministries and research institutions, publicly available information on funding provided by the BMFTR, the BMG and Innovation Committee at the GBA was taken into account. No direct enquiries were made to the federal government or the Innovation Committee, as information on projects funded by these institutions is generally available in sufficient detail through topic-specific websites and in documents published by the German Bundestag. The investigation also examined projects with a specific focus on Long COVID or ME/CFS that receive funding from the DFG.

The review also incorporated publicly available funding announcements, project descriptions, annual reports and press releases from federal and state ministries, as well as research institutions, universities and hospitals. Where possible, this information was cross-checked against details provided in direct responses from state ministries and other sources. A selection of publicly accessible sources is included in the annex.

Creation of the database

The database comprises a list of joint or single projects, each of which has been thoroughly reviewed, categorised, and classified on the basis of the available information. Project-level classifications include the conditions investigated (ME/CFS (including non-COVID-associated ME/CFS), Long COVID, post-vaccination syndrome), project duration, funding amount, type of research (basic research, clinical research (observational or interventional), epidemiological research, and healthcare research and measures), and the interventions studied (drugs, dietary supplements, device-, exercise- or behaviour-based interventions, psychotherapy, and healthcare). Each project was also assigned to the corresponding funding programme and source of funding. The data reflect the current state of knowledge based on the information available (see the chapter on limitations).

Sources of funding

Overview

In this chapter, the data are first analysed by funding sources, i.e. the institutions providing the funding. It describes how the identified funds are distributed across these different sources and outlines the types of research supported by each. The dataset comprises 259 individual projects, consisting of joint or single projects funded directly by the federal government (156 projects), the Innovation Committee at the GBA (13 projects), state governments (79 projects) and the DFG (11 projects). The vast majority of these projects span several years. Figure 1 shows the resulting number of ongoing projects in each year for the period 2020—2026.

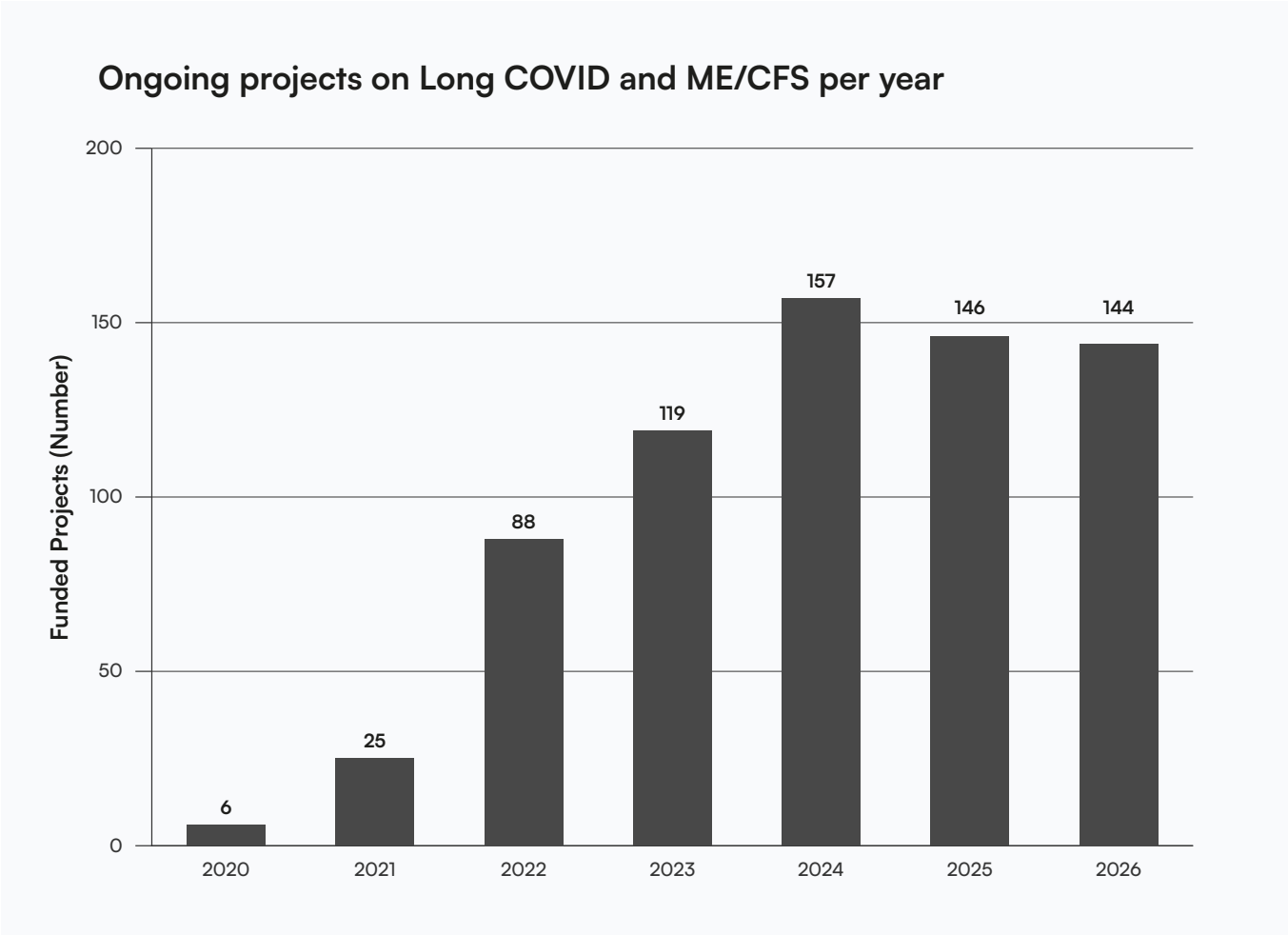


Figure 1: Number of ongoing funded projects per year. Includes projects on Long COVID, ME/CFS, and post-vaccination syndrome announced or implemented until September 2026 (n = 259).

Through the funding measures implemented by the BMG and BMFTR, the federal government is the largest source of funding in the field of post-infectious diseases. Between 2020 and 2026, a total of around 118 million euros in funding for Long COVID and ME/CFS research was allocated by the BMG (67 million euros) and the BMFTR (51 million euros). During the same period, the Innovation Committee at the GBA spent around 18 million euros. The governments of the federal states allocated around 70 million euros between 2020 and 2026.

These figures are based on the total funding allocated under all identified funding programmes, rather than the sum of the amounts allocated to individual projects (with the exception of DFG-funded projects, for which no funding totals could be determined). An analysis of the funding amounts at the level of joint or single projects is presented in the following chapter on the use of funds.

The figures included here represent the total sum of funding disbursed on average per year.

To calculate the annual average, the total funding available under each funding programme was first divided equally across the total duration of the projects funded under that programme. Subsequently, for each calendar year, the funding amounts for all active projects in that year were then added together. For each year, the total amount is therefore the sum of the funding from all programmes that were implemented in that year, grouped by funding institution (Figure 2). The estimated average annual funding may therefore differ from the amounts actually spent by the respective institutions, which could not be reliably determined due to a lack of information.

Based on the calculated average figures, a total of 206 million euros was invested in research and the provision of healthcare for Long COVID and ME/CFS by the federal and state governments, as well as the Innovation Committee at the GBA during the period 2020—2026. Figure 2 does not take into account an additional 86 million euros allocated to projects already underway to continue their work during the period 2027—2029. If these funds are included, the total funding amounts to around 292 million euros for the ten-year period 2020—2029.

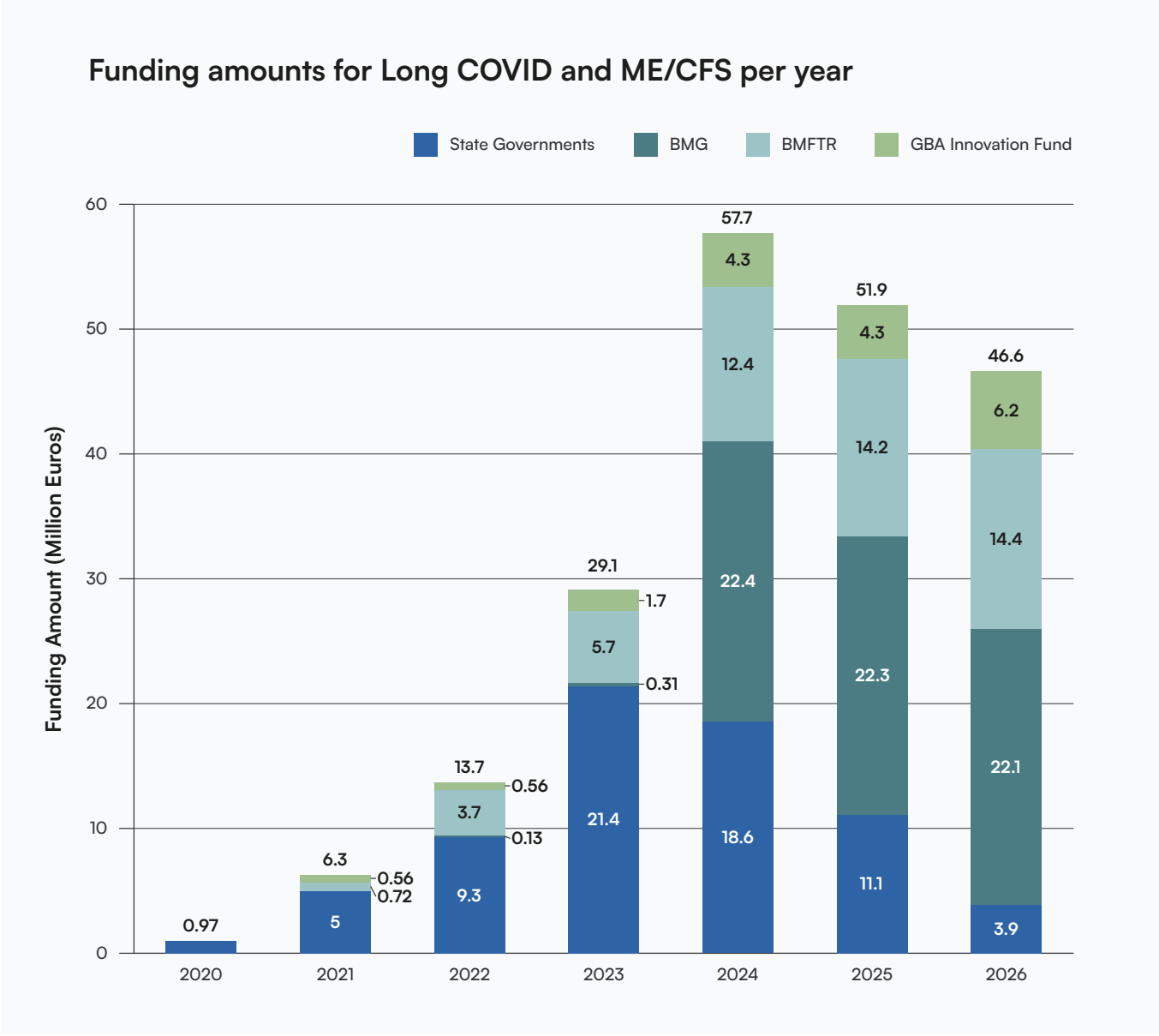


Figure 2: Funding amounts per year provided by federal and state governments as well as the Innovation Committee at the GBA for the implementation period 2020—2026 (million euros). Includes funding for Long COVID, ME/CFS, and post-vaccination syndrome announced or implemented until September 2026. Average amounts can deviate from actual amounts spent annually.

Federal government and GBA Innovation Fund

Based on the data compiled for this report, the BMG makes a total of around 119 million euros available for funding measures over the entire period 2020—2029 (of which an estimated 67 million euros is allocated in 2021—2026), for example as part of topic-specific funding measures (BMG). The Innovation Committee at the GBA provides approximately 29 million euros (of which an estimated 18 million euros is allocated in 2021—2026), likewise under specific funding programmes (GBA). The BMFTR provides a total of around 72 million euros in direct funding (of which an estimated 51 million euros is allocated in 2021—2026) (BMFTR). Figure 3 provides an overview of the total funding amounts made available by the federal ministries and the Innovation Committee at the GBA for the approval period 2021—2029.

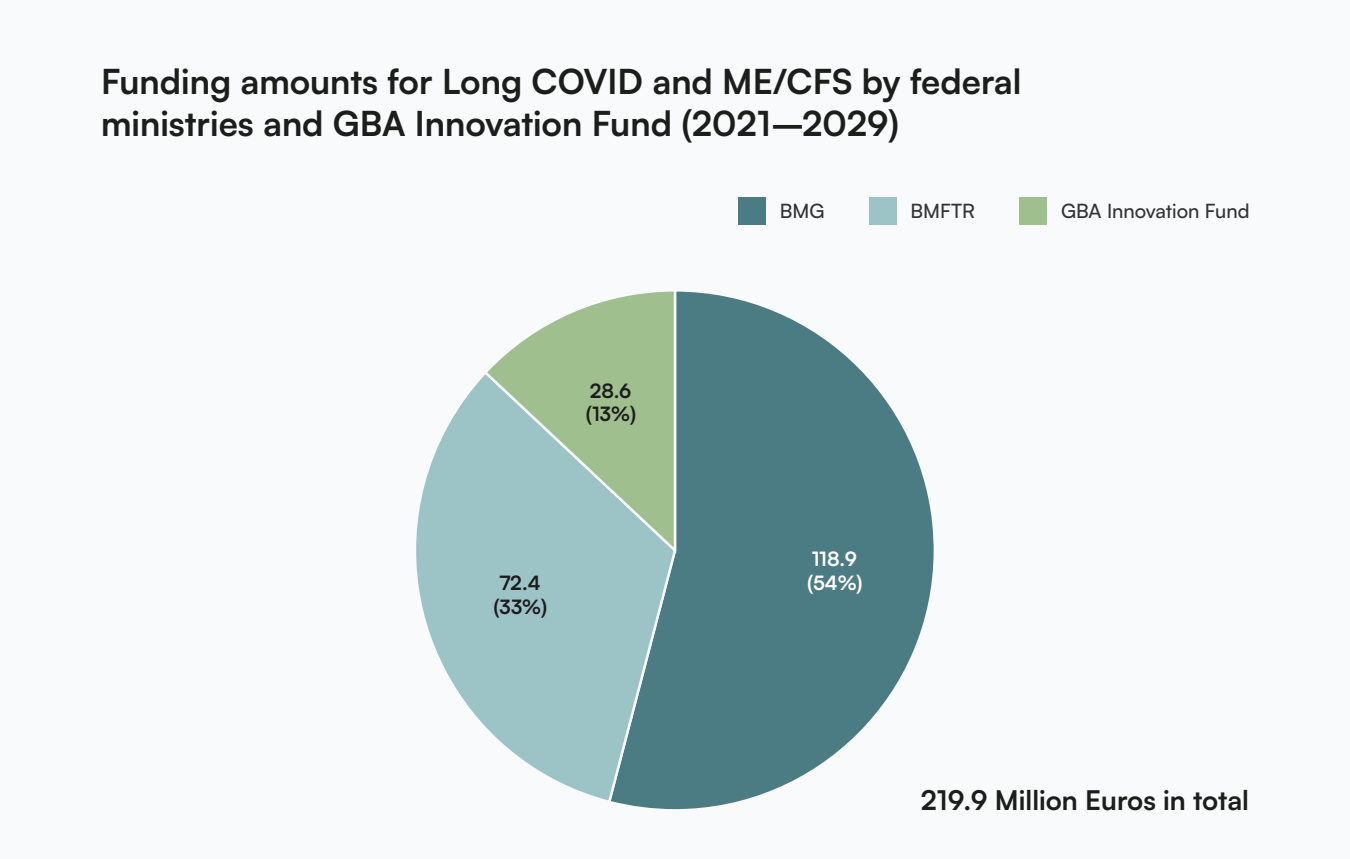


Figure 3: Funding amounts provided by the federal ministries and GBA Innovation Fund for the approval period 2021—2029 (million euros). Includes funding for Long COVID, ME/CFS, and post-vaccination syndrome announced or implemented until September 2026.

The joint or single projects funded by the BMG are primarily research projects that address healthcare research. The funded projects, in part, also cover aspects of basic and clinical research. A total of 55 funded projects by the Ministry were identified, of which 35% were classified as epidemiological research, 20% as clinical research and 11% as basic research. 67% of the projects involve funding for healthcare research and measures. In some cases, projects cover more than one type of research. A detailed breakdown of the funded projects by research type can be found in the chapter on the use of funds.

Single projects or sub-projects within joint projects funded by the BMG are therefore relevant not only to healthcare or epidemiology, but also to understanding the underlying disease mechanisms and developing biomarkers, diagnostic methods, and treatments. Examples include sub-projects within the PEDNET-LC consortium, focusing on, among other things, magnetic resonance imaging (MRI) of the brain or genetics, as well as the genomLC and PERCOLATE projects.

All 13 projects funded by the Innovation Committee at the GBA focus on healthcare research and interventions, with 76% of the projects also addressing epidemiological issues. Two projects were also classified as clinical research (CFS_CARE and WATCH) and one project as basic research, specifically as research on method development (POSH).

The BMFTR's funding primarily focuses on basic and clinical research. The emphasis is on furthering the understanding of disease mechanisms, biomarkers

and diagnostic methods. Funding is also provided for both observational clinical research and randomised controlled trials aimed at developing treatments. A total of 101 projects receiving funding from the BMFTR were identified. Of these, 63% were classified as clinical research, around 37% as basic research and nine projects as epidemiological research. Eight projects were classified as healthcare research and measures. Here too, single projects may address several types of research. BMFTR funding for institutions such as the DZG or the NUM, which may potentially flow indirectly into research into post-infectious diseases, was not taken into account (see the chapter on limitations). Exceptions are the NUM-based projects RAPID_REVIVE and RAPID_ELAPSE, as well as PRISM, which were added to the dataset.

According to figures released by the federal government in July 2026, around 44.2 million euros of the total 500 million euros to be allocated by the BMFTR under the *National Decade against Post-Infectious Diseases* have already been spent or earmarked for the period 2026—2028 (German Bundestag, 2026). This comprises nine projects or funding programmes, including the so far two funding phases of the National Clinical Studies Group (NKSG), the joint projects IMMME, EpiPAIS, and PRISM, and projects under a Computational Life Sciences funding programme, the programme for funding interdisciplinary consortia to investigate ME/CFS pathomechanisms, and the programme for the development and testing of new approaches to data analysis. These seven out of nine joint projects or funding programmes assigned by the government to the *National Decade* were included in the database, along with all their respective individual sub-projects. The VirusDual and VIROTEC projects, which are also part of the *National Decade* allocation, were classified as only indirectly relevant to Long COVID and ME/CFS; consequently, they were not included in the database for this report. Furthermore, the two calls for proposals announced under the *National Decade* for the funding of projects on clinical trials and interdisciplinary consortia investigating pathomechanisms were not taken into account, as no information on their funding amounts or implemented projects was available at the time of writing.

State governments

During the early stages of the COVID-19 pandemic between 2020 and 2023, and even before the federal government took action, some federal states already introduced initial funding measures for research into and the provision of healthcare for Long COVID and ME/CFS. Since the expansion of federal funding in 2024, average annual funding from the state governments has declined noticeably (Figure 2).

Over the entire period 2020—2029, state governments provide a total of around 72 million euros in funding (of which an estimated 70 million is allocated in 2020—2026). State funding thus accounts for one quarter of the total funding provided by the federal government, state governments and the Innovation Committee at the GBA over the entire period. The funding disbursed or earmarked by the state governments is distributed across eleven of Germany's 16 federal states (Figure 4). In terms of funding amounts, Lower Saxony (around 19 million euros under the COFONI network), Baden-Wuerttemberg (total of around 16 million euros) and Bavaria (total of around 14 million euros) are among the largest state-level funders. Funding from the other eight states ranges from 0.15 to around 6 million euros per state.

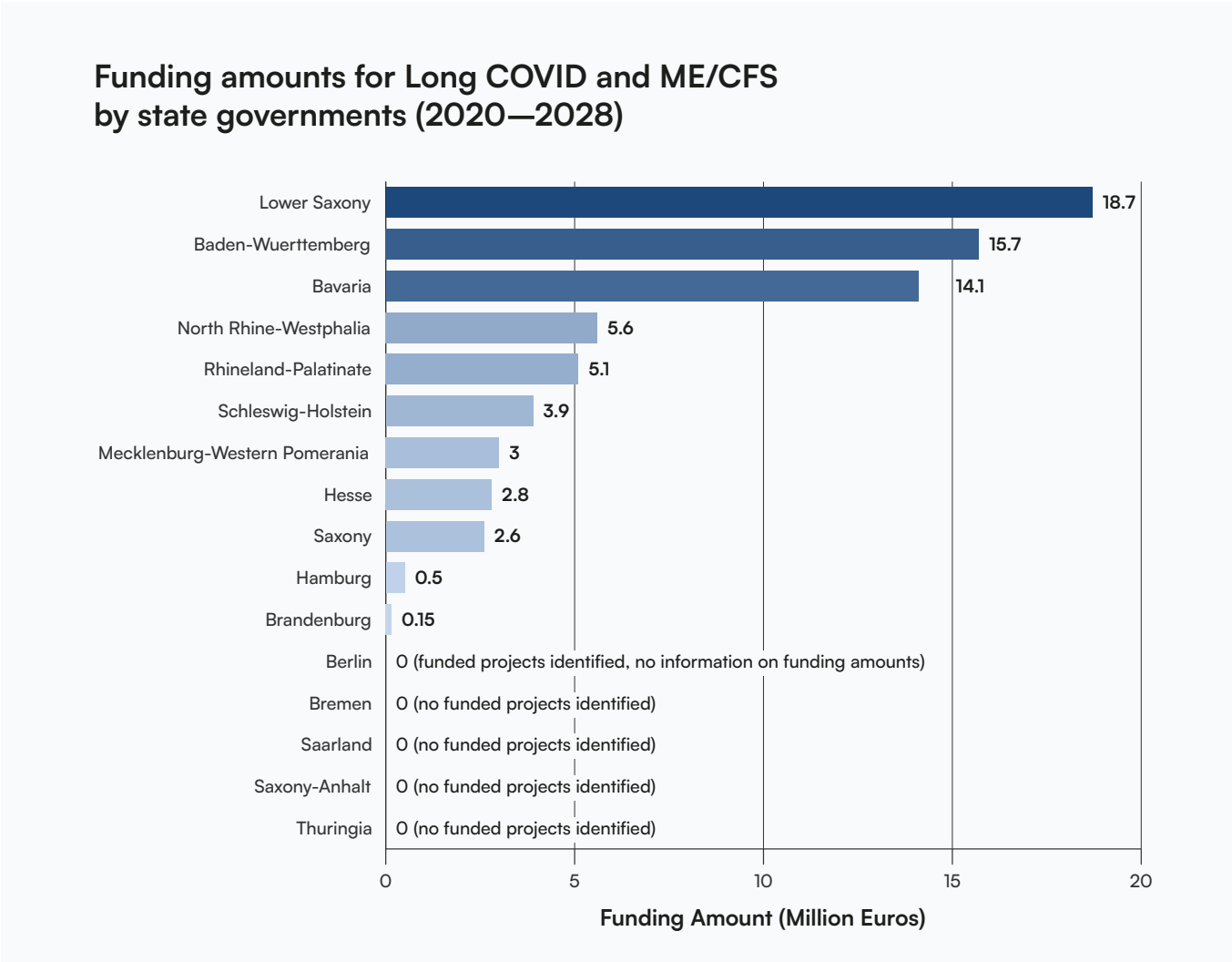


Figure 4: Funding amounts provided by state governments for the approval period 2020—2028 (million euros). Includes funding for Long COVID, ME/CFS, and post-vaccination syndrome announced or implemented until September 2026.

Whilst no funding figures could be determined for the State of Berlin, funded projects were included in the database without their respective funding amounts. Research into Long COVID and ME/CFS funded by the state of Berlin is being carried out at the Max Delbrück Centre, a member of the Helmholtz Association that receives both state and federal funding. The share of state funding allocated to research into post-infectious diseases at this non-university research institution could not be quantified (see the chapter on limitations). Additionally, no information is available on funded projects or funding amounts for Bremen, Saxony-Anhalt, Saarland and Thuringia.

When adjusted for population size, Lower Saxony continues to lead the way among the states, with 234 euros in funding spent per one hundred inhabitants. It is followed by Mecklenburg-Western Pomerania (190 euros), Baden-Wuerttemberg (140 euros), Schleswig-Holstein (132 euros) and Rhineland-Palatinate (124 euros) (Figure 5).

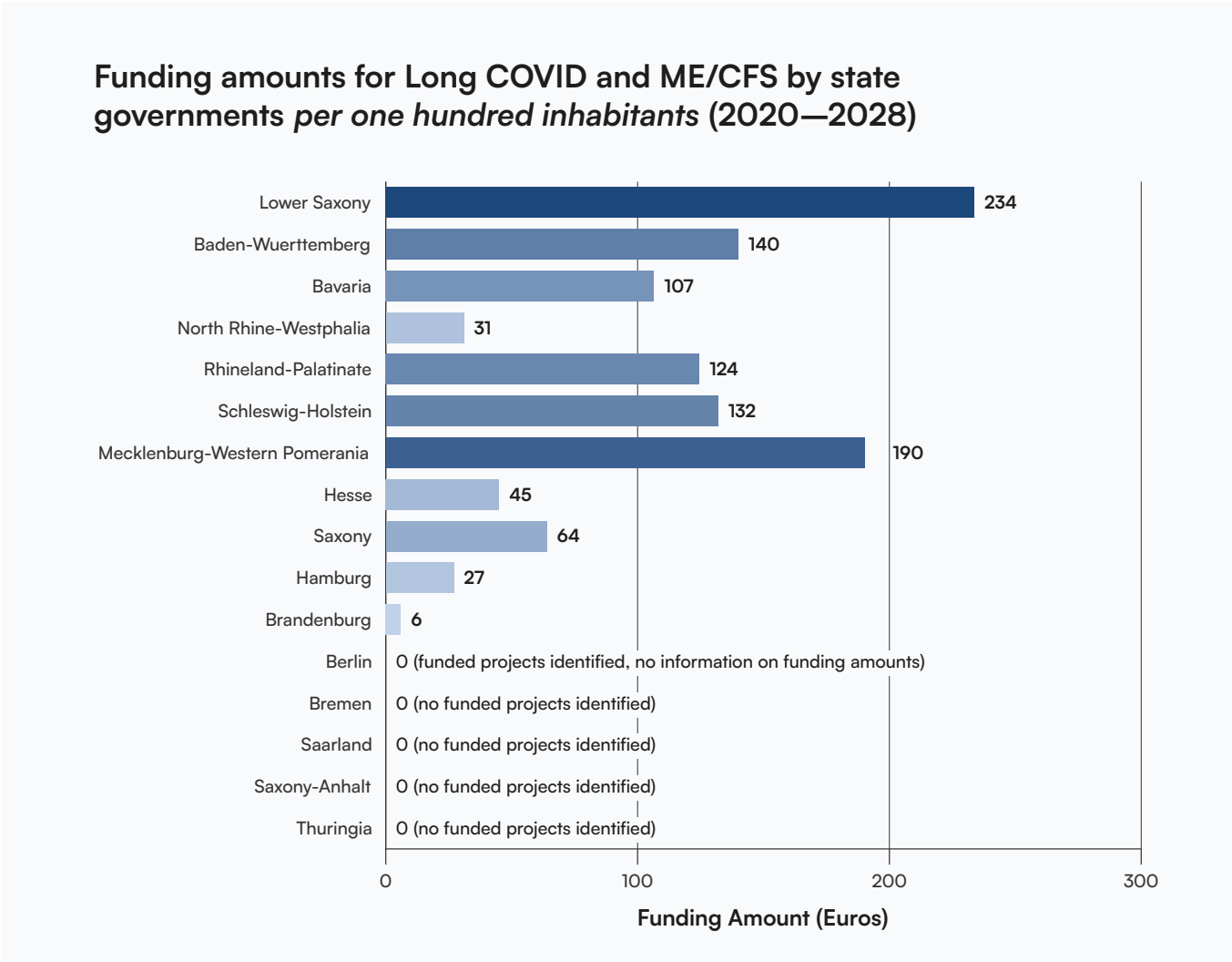


Figure 5: Funding amounts provided by state governments per one hundred inhabitants for the approval period 2020—2028 (euros). Includes funding for Long COVID, ME/CFS, and post-vaccination syndrome announced or implemented until September 2026.

Of the 79 funded projects identified across the twelve state governments (including Berlin), 70 could be classified by research type. Of these, 49% were classified as clinical research, 20% as epidemiological research and only around 7% as basic research. 63% of all projects deal with healthcare research and measures. These include, for example, the SEVEN-PCS pilot project in Baden-Wuerttemberg, the establishment of five post-COVID outpatient clinics in Rhineland-Palatinate and the DiReNa platform in Brandenburg. Here, too, single projects may encompass multiple types of research or measures. For nine of the 79 funded projects no sufficient information was available to assign a research type.

DFG

In addition to projects funded by the federal and state governments and the Innovation Committee at the GBA, the database includes eleven projects funded by the DFG focusing on research into Long COVID or ME/CFS. A systematic search using the GEPRIS database revealed that six of the eleven identified projects fall under the category of clinical research, two under basic research and one under epidemiological research. Additionally, two of the eleven projects fall within healthcare research. No information on the funding amounts awarded could be determined for any of the DFG-funded projects.

Use of funds

Overview

This chapter analyses the distribution of the identified joint or single research projects across different diseases, research types and interventions, in terms of both funding amounts and the number of projects. Single projects may cover more than one disease, research type and intervention (as a result, the percentage figures below add up to more than 100%).

When examining the projects by funding amount, it should be noted that around 83 million euros of the total 292 million euros identified for 2020—2029 could not be attributed to individual projects due to a lack of project-level information. This means that for 29% of the total funding, it was not possible to determine how the funds are distributed across diseases, research types or interventions. The funding amounts presented below therefore cover only 209 million euros (71% of the total funding amount) and 196 projects (75% of all 259 projects). Furthermore, nine of the total 259 projects could not be assigned to research types due to insufficient information. Consequently, the analysis by research type covers 97% of all identified projects.

Diseases

All 259 joint or single projects were assigned to one or more diseases: ME/CFS (including non-COVID-associated ME/CFS), Long COVID and/or post-vaccination syndrome.

There is a clear focus on funding for Long COVID. In total, 84% of the projects analysed address Long COVID, compared with only 39% addressing ME/CFS. 11% of all projects (also) cover post-vaccination syndrome in their research or healthcare provision (Figure 6). Based on the available information, only one project (ACCESS) could be clearly classified as researching ME/CFS that did not develop in connection with COVID-19. All other funded projects dealing with ME/CFS show a focus on post-COVID ME/CFS, even though non-COVID-associated ME/CFS is also part of these projects. For the purposes of this analysis, all forms of ME/CFS (COVID- and non-COVID-associated) have hence been grouped together.

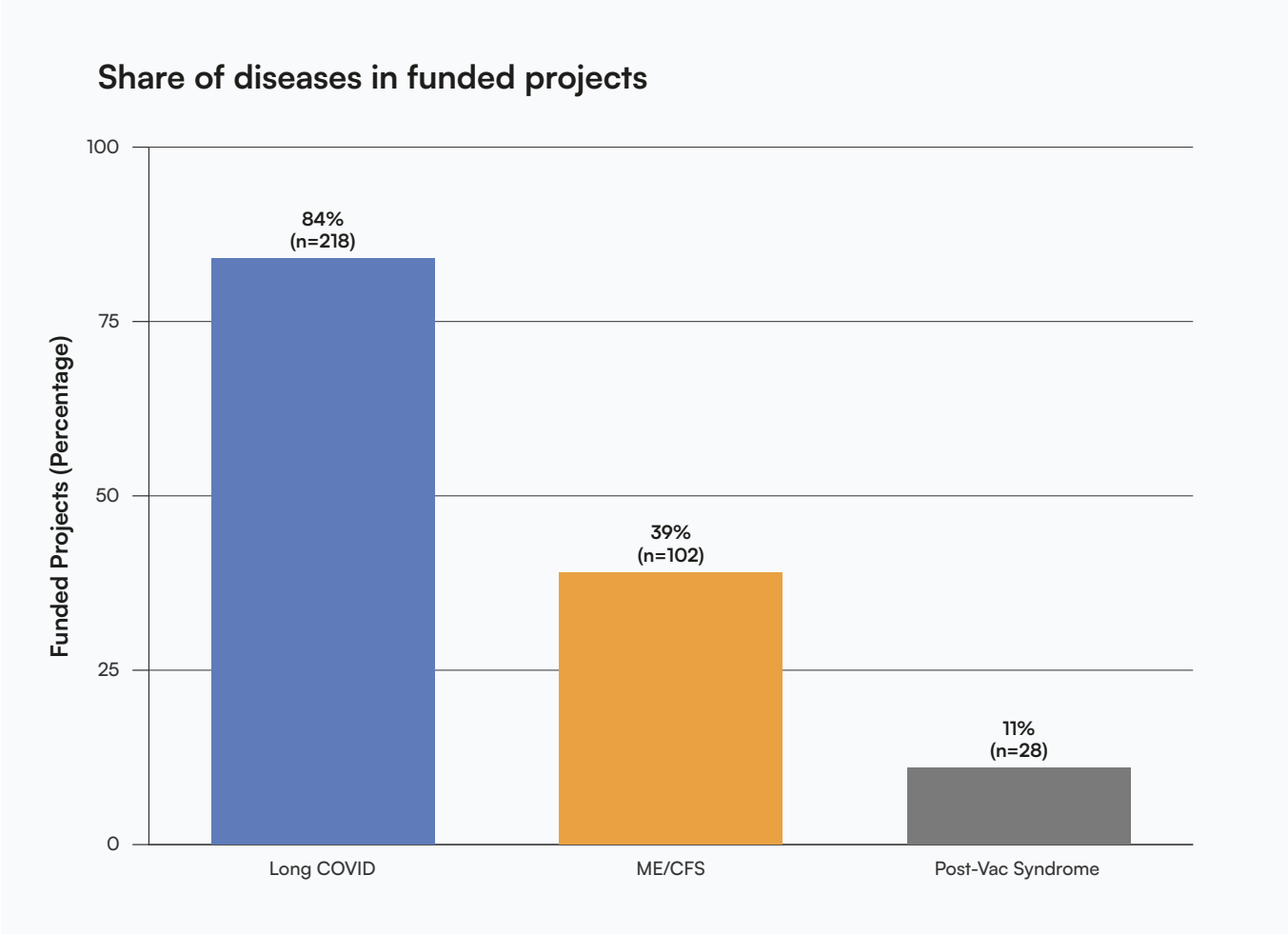


Figure 6: Share of diseases in number of projects (percentage). Includes projects on Long COVID, ME/CFS, and post-vaccination syndrome announced or implemented until September 2026 (n = 259). Individual projects can cover multiple diseases at the same time.

For 196 of the total of 259 projects collected, the corresponding funding amounts (209 out of 292 million euros) could be determined. Analysis of these 196 projects shows that funding for ME/CFS research or healthcare provision totals around 94 million euros — around half the 178 million euros allocated to Long COVID (Figure 7). Around 11 million euros were allocated to projects investigating post-vaccination syndrome. Here, too, individual projects may address more than one disease, meaning that the funding totals cannot be interpreted cumulatively.

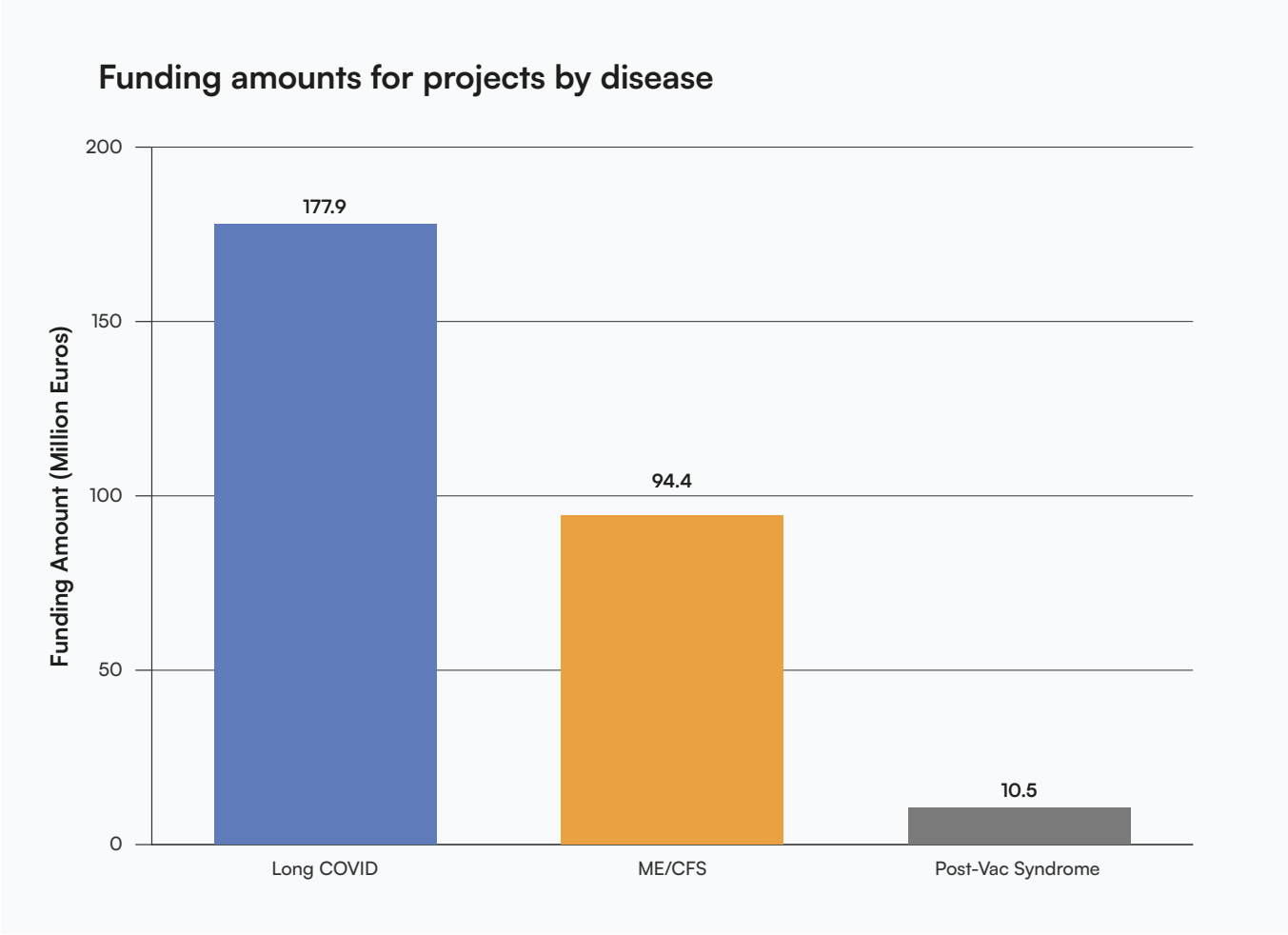


Figure 7: Funding amounts for projects by disease (million euros). Includes projects on Long COVID, ME/CFS, and post-vaccination syndrome announced or implemented until September 2026 (n = 196 projects or 209 of a total of 292 million euros). Individual projects can cover multiple diseases at the same time.

Research types

Information on the type of research conducted was available for 250 projects (nine of the total of 259 projects could not be categorised). As individual projects were assigned to more than one research type, the percentages shown here also add up to more than 100%. The research types include clinical research (subdivided into observational and interventional study types), basic research and epidemiological research. The definition of research types is based on a publication in *Ärzteblatt* (Röhrig et al., 2009). Projects were also assigned to the category 'healthcare research and measures'. Healthcare measures include, for example, funding for outpatient clinics that do not appear to involve any research activities.

The classification of research types and measures represents the best possible approximation, based on the available information, of the research and healthcare activities actually carried out within the projects included in the database. It draws from extensive research and publicly available project descriptions. However, some descriptions lack sufficient detail to distinguish clearly between categories and they reveal multiple strands of research (see the chapter on limitations). When interpreting the classifications, it should also be borne in mind that projects classified as clinical or epidemiological research may, in practice, also partly address issues relevant to healthcare provision. Results of this research may therefore also provide direct insights for improvement of medical care.

Overall, 47% of the projects analysed were classified as clinical research (Figure 8). This high proportion of clinical research is primarily characterised by observational research (e.g. diagnostic or prognostic studies, as well as non-randomised therapy or case studies). Interventional clinical research accounts for 15% of clinical research projects, or 7% (17 projects) of all 250 funded projects analysed. 21% of the projects were classified as epidemiological research (e.g. on prev-

alence, disease progression or risk factors, as well as comparisons of sociodemographic or clinical characteristics) and 20% as basic research (e.g. biochemistry, cell or genetic studies, and animal models). 42% of the evaluated projects relate to healthcare research and measures (e.g. piloting care models or providing funding and structural support for outpatient services).

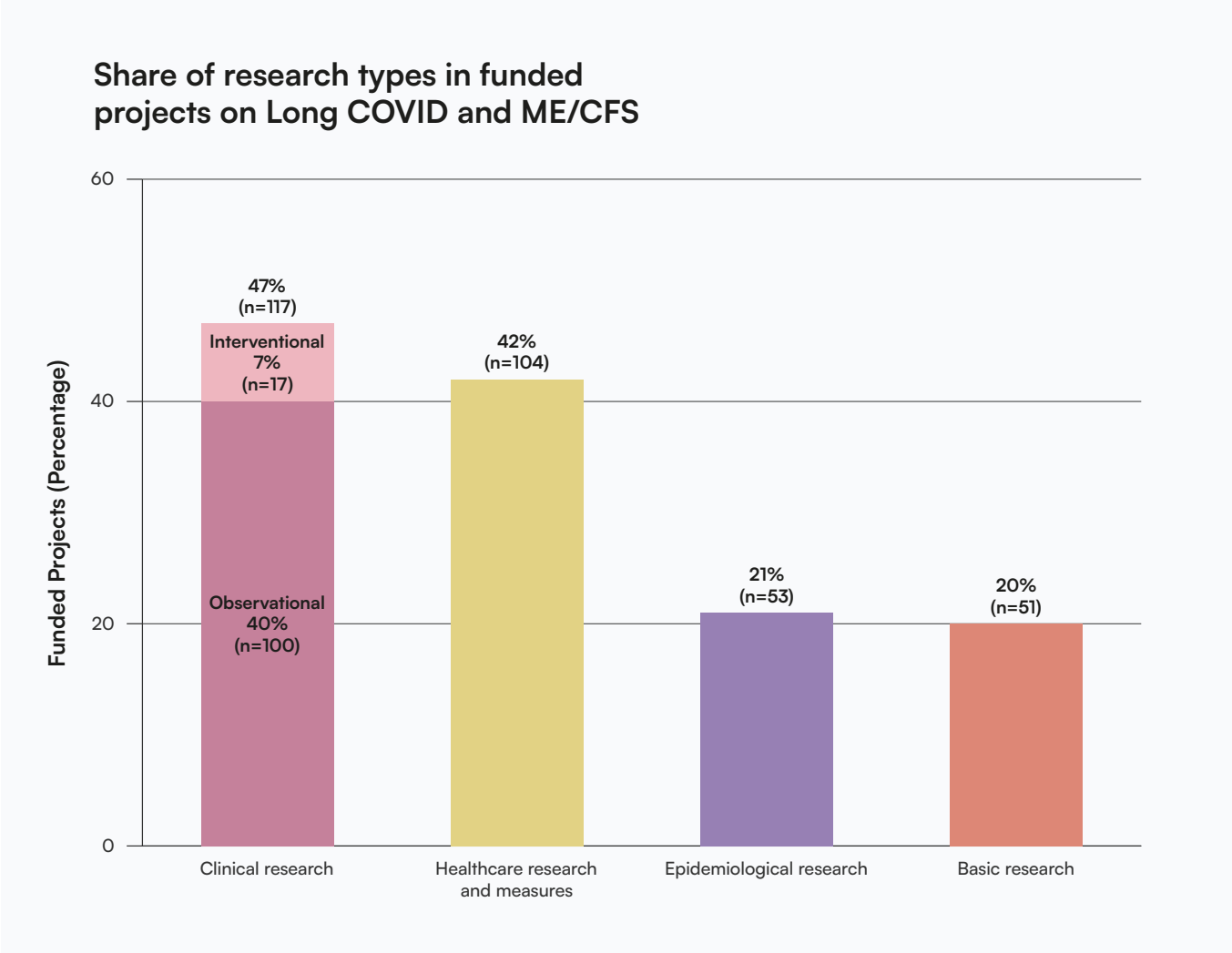


Figure 8: Share of research types in number of funded projects (percentage). Includes projects on Long COVID, ME/CFS, and post-vaccination syndrome announced or implemented until September 2026 (n = 250). Individual projects can cover multiple research types at the same time.

Among the 196 projects for which funding information is available, the largest share of funding — around 123 out of 209 million euros — is allocated to healthcare research and measures (Figure 9). These projects focus on healthcare provision, healthcare research, or both. Observational and interventional clinical research together receive a total of nearly 78 million euros, of which about 16 million euros are allocated to interventional clinical research, particularly Phase II clinical trials. Epidemiological research is funded with around 63 million euros. About 34 million euros are allocated to basic research projects.

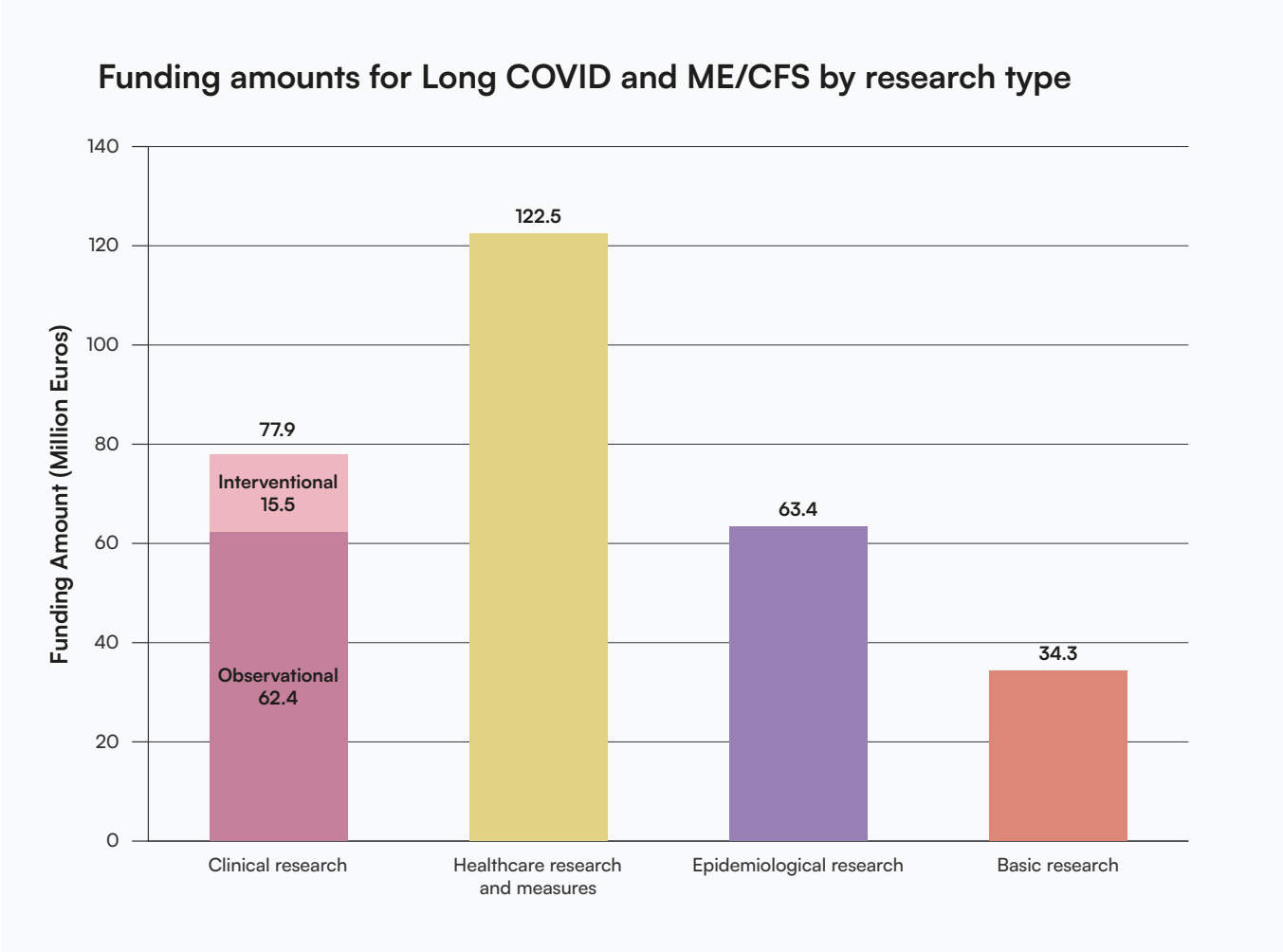


Figure 9: Funding amounts for projects by research type (million euros). Includes projects on Long COVID, ME/CFS, and post-vaccination syndrome announced or implemented until September 2026 (n = 196 projects or 209 of a total of 292 million euros). Individual projects can cover multiple research types at the same time.

Interventions

In addition to analysing projects and funding amounts by disease and research type, their distribution according to interventions was also reviewed to assess the current state of research into and healthcare provision for Long COVID and ME/CFS. As projects can deal with several interventions at the same time, the percentages shown add up to more than 100%.

All 259 funded projects were examined to determine whether their research or healthcare activities involved an intervention. Interventions taken into account include drugs, dietary supplements, devices, exercise, behavioural approaches, psychotherapy or healthcare provision. Here, the term 'intervention' refers to the treatment or care approach being investigated or delivered, rather than to the type of research or the study design (see distinction between interventional and observational clinical research in the previous section).

Interventions were identified in one third of all 259 projects (Figure 10). The focus of these interventions is on healthcare provision (18% of all projects, or 56% of all projects dealing with interventions). This intervention category includes, among other things, the scientific evaluation of individualised treatment plans, training programmes, telemedicine solutions and interdisciplinary diagnostic approaches, including differential diagnosis, in outpatient, inpatient, and rehabilitation settings, for example as part of the PAIS Care Berlin, CONFIDENCE or IDV Post-COVID projects.

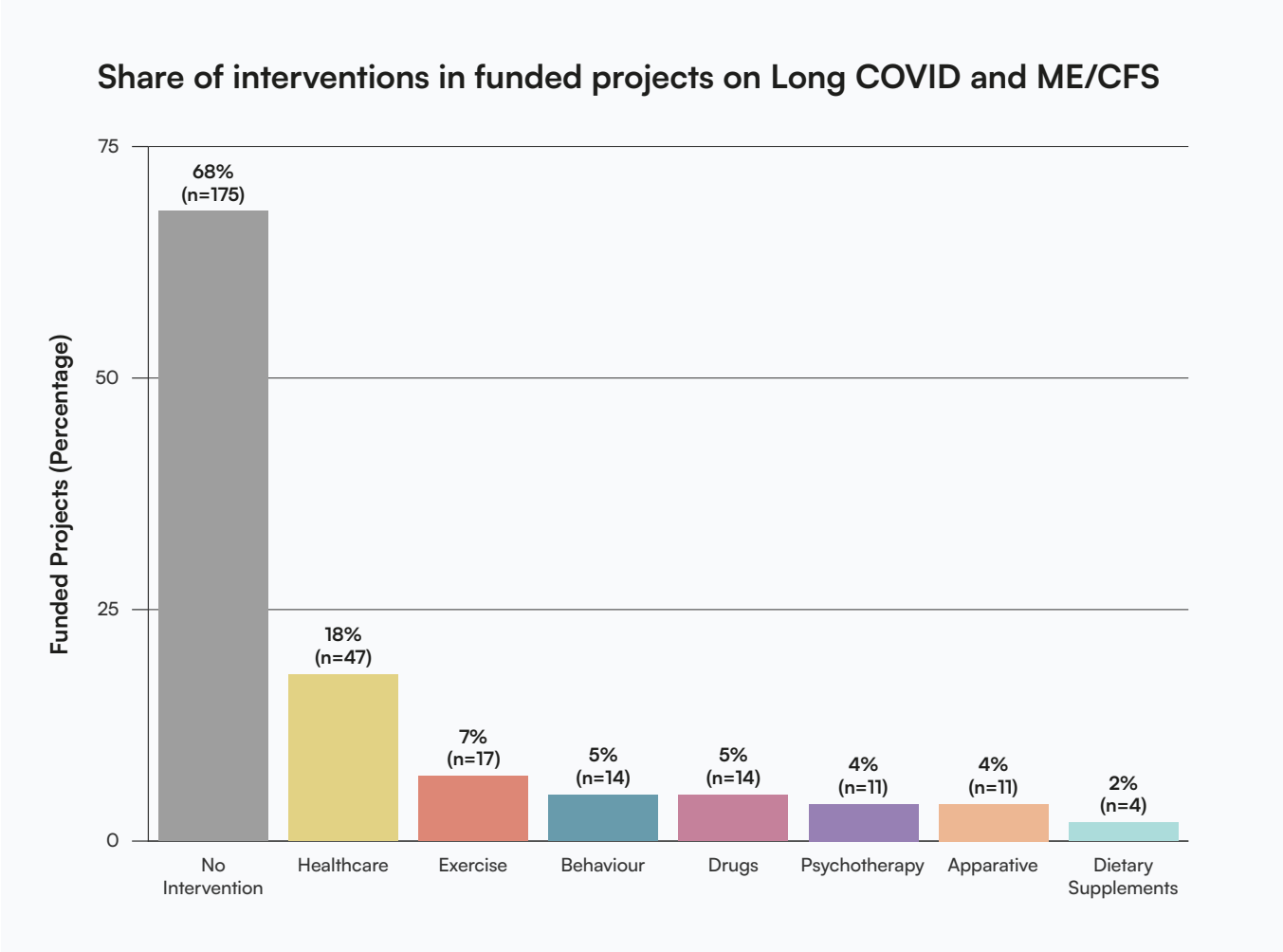


Figure 10: Share of interventions in number of funded projects (percentage). Includes projects on Long COVID, ME/CFS, and post-vaccination syndrome announced or implemented until September 2026 (n = 259). Individual projects can cover multiple interventions at the same time.

Drug-based interventions were identified in 14 projects, representing only 5% of all 259 evaluated projects. These include, for example, funding from the Bavarian State Government for the unCOVer study, the BMFTR funded studies reCOVer and PreVitaCOV as well as the RAPID sub-studies, as well as studies within the NKSG, such as PIONEER_PAIS on B-cell depletion. Device-based interventions were identified in 4% of all projects, corresponding to eleven projects. These include, for example, NKSG studies on the efficacy of hyperbaric oxygen therapy (HBOT) and immunoadsorption (IA-PACS-CFS), as well as studies on immunoadsorption funded by the state governments of Lower Saxony (EXTINCT) and Rhineland-Palatinate (IAMPOCO).

Exercise-based interventions were identified in 7% of the projects (e.g. WATCH), whilst behaviour-based interventions were identified in 5% (e.g. ErgoLoCo). In 4% of all funded projects, psychotherapy was among the interventions examined (e.g. PsyLoCo).

Among the 196 projects for which funding amounts could be determined, the majority of funding (103 million euros) was allocated to projects without any specific intervention (Figure 11). By contrast, 79 million euros were allocated to projects that apply or investigate healthcare provision as an intervention. Projects involving drug research (particularly in the form of interventional or observational clinical research), received a total funding amount of around 18 million euros. This corresponds to approximately 9% of the total 209 million euros in funding recorded at the individual project level for the period 2020—2029. Funding measures involving exercise-based interventions were allocated 15 million euros, and those involving behaviour-based interventions 14 million euros. Projects involving psychotherapy as an intervention received a total of around 12 million euros. 1 million euros were allocated to projects investigating dietary supplements.

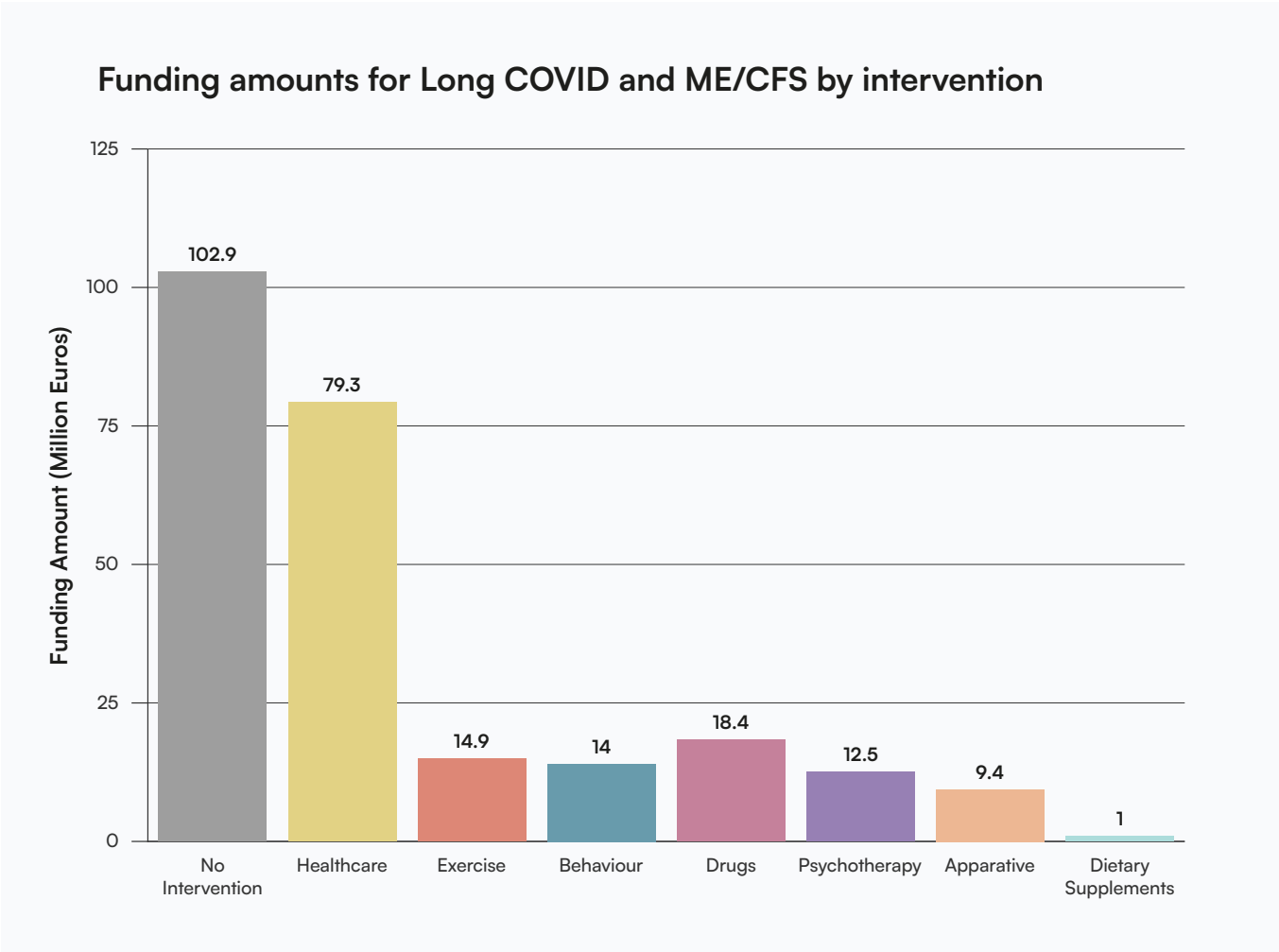


Figure 11: Funding amounts for projects by intervention (million euros). Includes projects on Long COVID, ME/CFS, and post-vaccination syndrome announced or implemented until September 2026 (n = 196 projects or 209 of a total of 292 million euros). Individual projects can cover multiple interventions at the same time.

Discussion and recommendations

This report provides the first aggregate overview of public funding for projects conducting research and implementing healthcare for Long COVID and ME/CFS in Germany. The analysis covers funding allocated for the period 2020—2029 and examines the distribution of projects and funding amounts across diseases, research types, and interventions. The findings provide a basis for assessing the current state of public research funding and developing recommendations for future funding priorities.

Close the funding gaps

Observational clinical research and healthcare research and measures account for the majority of all funded projects, with 40% and 42% respectively. By contrast, only 20% of all projects cover basic research, and just 7% involve interventional clinical research. Based on project numbers, these findings suggest a funding gap for basic research and interventional clinical research. Yet, these types of research are essential for the development of biomarkers and treatments, and for elucidating the underlying disease mechanisms. The aim should therefore be to fund considerably more research projects in these areas.

The funding gap in basic research and interventional clinical research is also evident in the funding amounts identified. Of the 209 million euros in total funding allocated to 196 projects identified (out of 259 projects in total), only 16% (34 million euros) goes towards basic research and 8% (16 million euros) towards interventional clinical research. The current funding gap in biomarker and treatment development should therefore be closed as quickly as possible, also in terms of the level of funding made available, to pave the way for better diagnostic and treatment options for these severe diseases.

Even taken as a whole, the 292 million euros allocated to date across all research types over a ten-year period (2020—2029) is disproportionately low relative to the societal cost of Long COVID and ME/CFS, which amounts to around 64 billion euros annually (Daniell et al., 2026). The additional 500 million euros earmarked for the *National Decade against Post-Infectious Diseases* over ten years will not fundamentally alter the scale of this disparity, as the following rough calculation illustrates: If public funding institutions were to maintain their current level of funding roughly at 2026 levels — and if BMFTR funding under the *National Decade* were increased to 50 million euros annually — total annual public research funding would amount to around 80 million euros from 2027 onwards. This funding amount corresponds to only around 0.1% of the annual societal cost of both diseases. In addition to the aforementioned funding gap in biomarker and treatment research, a substantial absolute funding gap would therefore remain when measured against the cost.

This funding gap makes it all the more important to allocate the limited funding strategically and in a targeted manner, prioritising scientifically sound, promising approaches and clinically relevant biomarker and treatment research over broad-based research without clear priorities.

Future funding initiatives should prioritise the investigation of hypotheses about disease mechanisms that are already supported by evidence from ME/CFS research and which have, in some cases, been replicated in Long COVID. The German National Academy of Sciences' current statement on post-infectious diseases identifies, among other things, autoimmunity and chronic inflammation, endothelial and microvascular dysfunction, dysautonomia, impaired mitochondrial function, changes in the microbiome, as well as viral persistence and reactivation, as key areas for further research (Leopoldina, 2026). These areas should be specifically assessed for their diagnostic and treatment relevance. In doing so, consideration should be given to both the heterogeneity and the multifactorial aetiology of the diseases, which may require different treatment approaches depending on the underlying pathological mechanism.

Focus on drug research

The data show that research into drug-based (5%) and device-based (4%) interventions accounts for only a small proportion of funded projects on ME/CFS and Long COVID. Only 9% of the funding (18 million out of 209 million euros) could be attributed to drug research. Yet, effective and widely available drug treatments are regarded as a key means of increasing recovery rates and lowering the disease burden and, consequently, reducing the societal cost of both conditions in the long term (Daniell et al., 2026).

Symptom-oriented healthcare models remain indispensable, but so far their impact on the course of these diseases has been very limited. They are no substitute for the development of disease-modifying treatments that target the underlying biological causes. The development of causal treatment approaches, alongside the identification and validation of suitable biomarkers and the development of diagnostic methods, must therefore be pursued with considerably higher priority than has been the case to date.

In view of the historical research deficit, the guiding principle of the *National Decade* should be to save as much time as possible in the development of drug treatments and their translation into standard clinical practice. This requires a consistent and coordinated approach to conducting basic and clinical (as well as translational) research in parallel, for example by funding clinical trials and projects investigating pathomechanisms, as already announced within the framework of the *National Decade*.

Furthermore, investigating substances already authorised for other indications, in the context of so-called 'drug repurposing', can help identify both response markers and disease subgroups, as well as enable the testing of existing pathophysiological hypotheses. This approach should, however, complement — and not replace — the development of new substances. Ultimately, the success of the *National Decade* will be measured largely by whether the research it funds leads to substantial advances in the development of drug treatments that deliver lasting improvements in the course of the disease, quality of life, and social participation for people living with Long COVID and ME/CFS.

Strengthen ME/CFS research

Relative to the number of cases (757,000 Long COVID and 657,000 ME/CFS cases in 2025, according to Daniell et al., 2026), the data reveal an imbalance in favour of Long COVID research and healthcare. Long COVID was the subject of research or healthcare in 84% of all funded projects, whereas ME/CFS was identified in only 39%. Projects focusing solely on ME/CFS that did not develop as a result of COVID-19 account for a negligible proportion.

Funding amounts, too, reveal an unequal distribution between the two diseases: the 94 million euros identified for ME/CFS fall considerably short of the 178 million euros allocated to Long COVID. A similar pattern is evident in research funding provided by the NIH (Bonuck et al., 2026). Furthermore, Long COVID research often entails inadequately characterised cohorts and overly broad inclusion criteria. The resulting heterogeneity substantially limits the interpretability of results and the comparability between studies (Goxhaj et al., 2026).

Despite the high disease burden, virtually no research funding was available for ME/CFS in Germany until the emergence of COVID-19. Whilst the COVID-19 pandemic and the emergence of Long COVID have led to increased awareness of ME/CFS, the research deficit accumulated over decades has not been overcome. In ME/CFS, the *National Decade* therefore faces a disease for which gaps in research and healthcare have scarcely been addressed to date. Greater consideration of ME/CFS within Long COVID research alone (as one of the manifestations of Long COVID) is not sufficient to remedy this historical deficit. Future funding priorities should therefore include a clear focus on research into ME/CFS as a distinct clinical condition. Greater consideration should be given to pre-pandemic cases and, more generally, to ME/CFS arising from infections other than COVID-19 as well as other triggers.

To ensure the efficient use of resources, funding programmes and research projects on Long COVID and ME/CFS should build on existing evidence from ME/CFS research on pathomechanisms and promote stratification by factors such as triggers, clinical features and disease severity. ME/CFS diagnostic criteria (Hoffmann et al., 2024), which have been developed and validated over decades, and the cardinal symptom of post-exertional malaise (PEM) (Soares et al., 2026), should be systematically taken into account.

Create transparency around research funding

More transparency in research funding is a key prerequisite for ensuring that future investment in Long COVID and ME/CFS research is targeted in line with actual needs. The existing information gaps could not be fully resolved within the scope of this report, despite the comprehensive information research underpinning it. The funding total of 292 million euros identified should therefore be regarded as an approximate figure. Furthermore, only 71% of this total could be systematically allocated to the identified projects and categorised accordingly. For the remaining 29% of the funding (83 million euros), information on the specific use of the funding is lacking.

The limitations of the information available to date are particularly evident when it comes to identifying funding in connection with institutionally or structurally funded organisations, specifically the DZG, NUM (including NAPKON), non-university research institutions and the DFG. For the most part, projects funded by these organisations could not be systematically identified, categorised, and included in this report. At the federal state level information is also sometimes lacking on individual projects within funded joint projects and their respective funding amounts.

To bring greater transparency to the research landscape on post-infectious diseases, consideration should be given to establishing a centrally coordinated and publicly accessible data and information platform (e.g. similar to that of the NIH or the ME/CFS Research Register). In addition to providing information on overarching categories such as research types, diseases and funding amounts, such a platform could map the substantive and methodological focus of ongoing and completed research projects and thereby serve as a basis for future funding decisions. The platform could help assess the expected gains in knowledge from new projects in relation to those from ongoing or completed projects, and enable existing research gaps to be addressed in a more targeted manner (particularly within the context of funding allocation under the *National Decade*).

Limitations

Missing information and transparency

The data presented in this report were obtained from a variety of sources and are subject to several limitations that should be considered when interpreting the analyses. Limitations relate to the completeness of the data collected, the scope of the identified projects, and the assignment of funding amounts to different diseases. The database, created for the first time for this report, should be regarded as the best possible reconstruction of the information currently available.

At the level of **state governments**, responses were not received from all institutions contacted. No information is available for Thuringia. For each Bremen, Hesse, Mecklenburg-Western Pomerania, Lower Saxony, Saxony, and Saxony-Anhalt, responses were received from only one of the two ministries contacted (Table 1). For these states, and where the information provided was incomplete (e.g. missing data on the amount of funding at the project level), publicly available sources were consulted to supplement the data. Even with this additional research, it was not possible to obtain all the missing information. Consequently, it cannot be guaranteed that the database includes every funding measure initiated by federal and state governments. Furthermore, certain analyses, such as those relating to total funding amounts, could only be performed for a subset of the identified measures. Although all of the funding could be identified at the level of the funding programmes, it was not possible to attribute 29% of the entire amount to specific projects.

At the time of writing, responses had been received from eight of the 18 research institutions contacted. For the seven **DZG** centres approached, it was not possible to obtain data on the nature and scope of their research. Responses from the DZG indicate that research activities relating to Long COVID or ME/CFS are not centrally tracked, either in terms of their specific content or their budgetary allocation. However, a dedicated working group on post-infectious diseases has been established at the DZG, which is also involved in the implementation of the *National Decade* (DZG). Furthermore, dedicated funding for this topic has been announced for the 2027—2028 funding period (DZG Innovation Fund).

Regarding the four **non-university research institutions** (Helmholtz Association, Leibniz Association, Max Planck Society, and Fraunhofer Society), it was likewise not possible to obtain reliable information on research projects relating to Long COVID or ME/CFS. Feedback from these organisations indicate that, as with the DZG, information on the nature and scope of research funded through institutional resources is not recorded centrally or comprehensively. Responses to additional inquiries sent to individual research centres within these associations and societies were not available at the time this report was completed.

Furthermore, for both **NUM and NAPKON**, it remains unclear what proportion of the total BMFTR funding allocated to these institutions was ultimately made available for research on Long COVID and ME/CFS. Since its establishment in 2020, the NUM has played an important role in COVID-19 research in Germany. It received 390 million euros in funding across the first two funding periods (2020—2021 and 2022—2025), during which it implemented 31 individual projects (NUM). The network's funding was recently extended until 2030, and a dedicated working group for post-infectious diseases was established. As a NUM sub-project, NAPKON collected data and biosamples from COVID-19 patients in different healthcare settings between 2020 and 2024, making these resources available for research into conditions such as Long COVID and, in some cases, ME/CFS (NAPKON). The research projects that used these NAPKON-derived data were funded through other sources. Due to a lack of detailed information, it was not possible to reliably determine the nature and scope of the NUM projects conducted to date that specifically focus on Long COVID or ME/CFS. For this report, only the adaptive platform trial RAPID (including its sub-studies RAPID_REVIVE and RAPID_ELAPSE) and the NUM expansion project PRISM were taken into account. Similarly, research into post-infectious diseases within the National Cohort (NAKO) health study could not be included, as complete information regarding its nature or scope was not available (NAKO).

In summary, research institutions in Germany that receive institutional or structural funding play an important role in research on post-infectious diseases. However, the nature and scope of their research activities, such as specific project details or funding amounts, are difficult to ascertain and cannot be presented with a high degree of reliability. Consequently, the activities of these institutions have, for the most part, not been included in this report. Greater transparency on how these research institutions use their funds would contribute substantially to a better understanding of the field and to the shaping of future research policy on post-infectious diseases.

Challenges in classifying data

A notable limitation concerns the classification of funded projects into joint projects or single projects. For the purpose of this report, joint projects, that is groupings of several single projects within a larger collaborative project, were disaggregated into their constituent single projects whenever sufficient and distinct information was available. Consequently, the total number of projects (259) should be understood as a minimum figure. It comprises both joint projects, which may, in practice, consist of single projects for which no further details are publicly available, and clearly identifiable single projects.

Another limitation concerns the allocation of funding amounts. Although sufficient information is available to present the total funding amounts in the context of the overarching federal and state government funding programmes (Figure 2), it is not always possible to determine precisely how much funding was allocated to individual projects within these programmes. In several cases, information on the specific amount granted to individual projects is missing. Consequently, the analyses of funding amounts presented in the chapter on the use of funds cover only 75% of all identified projects.

Furthermore, analysing the use of funds becomes difficult where multiple funding sources are combined or where mixed financing is involved. This applies, for instance, to projects funded through multiple funding programmes, by different public institutions, or through institutional funding. In practice, particularly in the case of joint projects, it is sometimes impossible to attribute the funding amount clearly to the research of a single disease, especially where a project addresses multiple diseases, research questions, or indications at the same time. This should be kept in mind when interpreting the analyses presented in this report.

Reliability of available data

It is often difficult to reliably distinguish between funding that has been approved, funds that have actually been spent, and the funding volume initially announced for a project. In practice, only part of the amount initially announced by a funding body may ultimately be used, and this cannot always be determined from publicly available sources. Accordingly, both the total funding amount and the number of projects, should be regarded as approximate values.

In the process of creating the database, available information was used to determine as precisely as possible which diseases each identified project address. However, identifying research relevant to, for example, ME/CFS, based solely on the title of a project is not always straightforward. For instance, research projects might be listed under terms like “Post-COVID,” “Long COVID,” “post-infectious diseases,” or “ME/CFS,” even though they focus only partially, or to a very limited extent, on these conditions. Conversely, projects with a broader research scope may generate findings relevant to conditions like ME/CFS, even where ME/CFS is not explicitly identified as a focus of the research.

Annex

General sources of information

- Bundesministerium für Forschung, Technologie und Raumfahrt. Long-COVID, Post-COVID und ME/CFS: Forschen — verstehen — besser behandeln.
- Bundesministerium für Forschung, Technologie und Raumfahrt. Nationale Dekade gegen Postinfektiöse Erkrankungen.
- Bundesministerium für Gesundheit. BMG Initiative Long COVID.
- Bundesministerium für Gesundheit. Zwei Förderschwerpunkte: “Versorgungsforschung zu Long COVID” und “Modellprojekte für erkrankte Kinder und Jugendliche mit Long COVID”.
- Deutscher Bundestag. Drucksache 21/3713. Umgang mit Myalgischer Enzephalomyelitis/Chronischem Fatigue-Syndrom, Long-COVID und anderen postviralen Erkrankungen unter der aktuellen Bundesregierung.
- Deutscher Bundestag. Drucksache 21/7275. Nationale Dekade gegen Postinfektiöse Erkrankungen.
- Deutsche Zentren der Gesundheitsforschung. Postakute Infektionssyndrome.
- Gemeinsamer Bundesausschuss (GBA). Versorgung bei Long-COVID, Post-COVID, ME/CFS und ähnlichen Erkrankungen.
- Leopoldina Nationale Akademie der Wissenschaften. Postinfektiöse Erkrankungen.
- Nationales Pandemie Kohorten Netz. Post COVID im Fokus.
- Netzwerk Universitätsmedizin.

Table 1: Overview of sources of information on the level of state governments considered for this report. Listed sources are institutions from which responses to direct enquiries have been received.

State government	Source of information
Baden-Wuerttemberg	Ministerium für Wissenschaft, Forschung und Kunst Ministerium für Soziales, Arbeit und Gesundheit
Bavaria	Bayerisches Staatsministerium für Wissenschaft und Kunst Bayerisches Staatsministerium für Gesundheit, Pflege und Prävention
Berlin	Senatsverwaltung für Wissenschaft, Gesundheit und Pflege
Brandenburg	Ministerium für Wissenschaft, Forschung und Kultur Ministerium für Arbeit, Soziales, Gesundheit und gesellschaftlichen Zusammenhalt
Bremen	Die Senatorin für Gesundheit, Frauen und Verbraucherschutz
Hamburg	Behörde für Wissenschaft, Forschung, Gleichstellung und Bezirke Behörde für Gesundheit, Soziales und Integration
Hesse	Hessisches Ministerium für Familie, Senioren, Sport, Gesundheit und Pflege
Mecklenburg-Western Pomerania	Ministerium für Soziales, Gesundheit und Sport
Lower Saxony	Niedersächsisches Ministerium für Wissenschaft und Kultur
North Rhine-Westphalia	Ministerium für Kultur und Wissenschaft Ministerium für Arbeit, Gesundheit und Soziales
Rhineland-Palatinate	Ministerium für Wissenschaft, Weiterbildung und Gesundheit
Saarland	Ministerium der Finanzen und für Wissenschaft Ministerium für Wirtschaft, Innovation, Digitales und Energie
Saxony	Sächsisches Staatsministerium für Wissenschaft, Kultur und Tourismus
Saxony-Anhalt	Ministerium für Arbeit, Soziales, Gesundheit und Gleichstellung
Schleswig-Holstein	Ministerium für Allgemeine und Berufliche Bildung, Wissenschaft, Forschung und Kultur Ministerium für Justiz und Gesundheit
Thuringia	No information

ME CFS
Research Foundation

