Request for Applications (RFA)
South African National Health Research Enterprise: Research in Non-communicable Diseases

SAMRC-RFA-GIPD-02-2026

Release Date: 7 August 2026

Closing Date: 15 October 2026

1. Introduction and Background

The National Health Research Enterprise (NHRE) Programme is an initiative of the South African Medical Research Council (SAMRC) to fill a gap left by the substantial reduction in international funding available to the South African health research ecosystem. The NHRE is supported by funding from the SAMRC, National Treasury, through the National Department of Health, Gates Foundation and Wellcome Trust. It is founded on a shared commitment to retaining the research infrastructure and high-calibre cadre of clinicians and scientists who have led pioneering research and innovation that has been impactful, not just for South Africa, but for the whole world.

The National Health Research Enterprise comprises, inter alia, the publicly funded universities, science councils and associated research institutes in South Africa that have led the development of innovations in prevalent diseases that impact the country and have made fundamental contributions to discovery and non-communicable diseases research. Over many years, South African scientists have contributed immensely to the improvement of health outcomes of infants, people living with HIV and tuberculosis, and people with non-communicable diseases, and to changing global policy, guidelines and disease management.

A robust national health research ecosystem:

- Enables timely responses to public health emergencies.
- Supports evidence-based policy formulation.
- Encourages local innovation and technology transfer.
- Builds global scientific competitiveness.
- Promotes socioeconomic development through knowledge-intensive jobs.

Therefore, it is absolutely imperative to ensure viability and sustainability of the South African health research ecosystem. The vision of the NHRE programme is *to ensure a thriving sovereign, resilient, innovative and impactful national research enterprise that advances public health, drives scientific excellence, and supports sustainable growth*.

The SAMRC will support the NHRE over the next 3 years through a series of Requests for Applications (RFAs) that collectively seek to ensure viability, sustainability, independence and advancement of the health research ecosystem in South Africa as well as retain critical infrastructure and scientific talent. This Request for Applications (RFA) is specifically to support research that addresses priority needs in non-communicable diseases (NCDs) of major public health importance. It includes priority areas of relevance to the Strategic Health Innovation Partnerships (SHIP) programme. Successful applications in these areas may be funded or co-funded by SHIP with funds from the Department of Science Technology and Innovation (DSTI).

South Africa continues to face a substantial and rising burden of non-communicable diseases, including cardiovascular disease, hypertension, diabetes and other metabolic disorders, cancer, obesity, and their associated complications. This burden falls disproportionately on populations already affected by HIV and tuberculosis, producing high levels of multimorbidity that are not well characterized in African populations and are poorly served by care models designed around single conditions. NCDs are the leading cause of death globally and are now among the leading causes of death in South Africa.

The evidence base underpinning NCD prevention, diagnosis and treatment remains overwhelmingly derived from populations of European ancestry. The distinct genetic architecture, risk-factor profiles, disease presentation, progression and treatment responses observed in African populations are therefore

substantially under-described, limiting the validity of imported risk scores, diagnostic thresholds, and treatment algorithms in South African practice. This RFA is intended to support research and innovation that advances prevention, diagnosis, treatment and management in these areas, with a focus on local relevance, equity, translation and sustainability.

2. Funding Opportunity Description

This RFA invites applications from eligible South African researchers and institutions for projects that generate knowledge, evidence, tools, innovations, platforms, interventions or implementation models to address priority gaps in non-communicable diseases. Applications should be aligned with South Africa's health priorities and demonstrate clear potential to contribute to improved health outcomes, strengthened research capacity, equitable access to innovation and public health impact.

Applications should emphasize translational research that integrates laboratory-based, clinical and population-based approaches. The long-term aim is to improve scientific understanding of the distinct features of NCDs in African populations, including disease mechanisms, presentation, progression, prevention and treatment, and to translate that understanding into interventions deliverable within the South African public-sector health system.

Applicants may only submit one proposal as Principal Investigator but may be a co-investigator on other applications. The RFA will support three-year projects up to R5 Million per annum or a maximum total of R15 Million over 3 years. Successful projects should expect to start from approximately March/April 2027. All budgets must be realistic and well-motivated, noting that lower budgets will enable more proposals to be funded.

3. Priority Research Areas

The priority research areas for this RFA are listed in Tables 1-2 below, including cross-cutting themes in Table 3. **Any applications that are not responsive to these priority areas will not be considered.**

The call focuses on two priority programmes: (1) cardiovascular and metabolic diseases, and (2) cancer. Proposals should address people at risk and vulnerable populations, with attention to modifiable, metabolic and environmental risk factors, and should demonstrate potential socioeconomic benefit, ideally through prevention and control strategies that can reduce avoidable mortality and morbidity.

Programme 1: Cardiovascular diseases and metabolic diseases

Table 1: Cardiovascular and metabolic disease priorities

Thematic area	Research priorities
Prevention and early detection	• Research on maternal, early-life and life-course determinants of cardiovascular and metabolic disease risk, and interventions that prevent or delay disease onset. • Evaluation of scalable population-level prevention interventions addressing tobacco use, harmful alcohol use, excess salt intake, unhealthy diets, physical inactivity and obesity. • Research targeting people at elevated risk and vulnerable populations, with attention to modifiable behavioural, metabolic, social and environmental risk factors.
Diagnostics and precision medicine for risk stratification	• Development and application of genomic, pharmacogenomic, biomarker, microbiome and biobank platforms relevant to South African and other African populations to understand disease susceptibility, risk stratification, prevention opportunities, treatment response and disease progression, including polygenic and monogenic contributions to cardiovascular and metabolic diseases. • Development and validation of rapid, affordable, accurate and scalable diagnostics for cardiovascular and metabolic diseases and their complications where key gaps remain. • Research to establish validate or revise locally appropriate diagnostic thresholds, risk equations and screening algorithms for South African populations. • Local validation, manufacturing-readiness and implementation research for point-of-care diagnostics and laboratory-based diagnostic technologies suited to South African settings.
Treatment and disease management	• Research on treatment optimization, including hypertension control, diabetes remission and control, lipid management, heart failure management and the prevention and management of complications (renal, ocular, neuropathic, cerebrovascular and cardiovascular). • Precision medicine research to optimize treatment selection, dosing and reduce adverse effects and tailor interventions, including pharmacogenomic approaches to commonly used cardiometabolic therapies. • Research on multimorbidity and integrated management, including cardiovascular and metabolic disease co-occurring with HIV, TB, post-TB lung disease and mental illness. • Therapeutic and care-model research tailored to underserved and special populations, including children and adolescents, pregnant women, rural communities, older persons and people with co-morbidities. • Evaluation and adaptation research on globally validated therapeutic interventions, technologies and models of care for South African implementation, affordability and local relevance.

Programme 2: Cancer

Table 2: Cancer Priorities: Including Cervical, Prostate, Breast, Colorectal, Lung, Childhood and Heamatological Cancers

Thematic area	Research priorities
Prevention and early detection	• Risk-stratified screening approaches for high-burden and priority cancers. These are Cervical, Prostate, Breast, Colorectal, Lung, Childhood and Heamatological Cancers • Research to scale HPV vaccination and cervical cancer screening, including among women living with HIV. • Research on modifiable, infection-related, occupational and environmental cancer risk factors relevant to South African populations. • Research on care pathways that reduce time to diagnosis and stage at presentation.
Diagnostics	• Research to scale and strengthen pathology and histopathology services, molecular diagnostic tests, AI-enabled imaging and telepathology. • Development and validation of affordable, accurate and scalable diagnostic and staging pathways for priority cancers where key gaps remain. • Local validation, manufacturing-readiness and implementation research for diagnostics suited to South African health service settings.
Molecular profiling and precision oncology	• Expansion of tumor genomics, multi-omics, pharmacogenomics, biobanking, biomarker discovery and inherited (germline) risk screening. • Development of molecular tumor board capacity to support clinically useful interpretation and decision-making. • Research on the distinct molecular features, presentation and progression of cancers in African populations, specifically in priority cancers including HIV-associated malignancies.
Cancer surveillance, care, and treatment	• Strengthening cancer registries and linkage of pathology, treatment, outcomes and population-level data, to support surveillance, research and service planning. • Development of South African and other African cancer cohorts that can support longitudinal research, outcomes assessment and health-service planning. • Research on treatment optimization, treatment effectiveness/outcomes, survivorship, and palliative and supportive care. • Evaluation, adaptation and implementation research on globally validated therapeutic interventions and care models to determine their affordability, feasibility and relevance in South African settings.

Notes:

- **Clinical trials:** Any medium-large clinical studies (studies budgeted at >R15 million) that are proposed must demonstrate confirmed or provisional co-funding.
- **Transformation:** Demonstrated contribution to local capacity development, transformation and gender equity will be advantageous. Examples include training of early-career researchers; leadership

by and/or inclusion of females and/or historically disadvantaged individuals and/or institutions; or focus on products or approaches that address the needs of underserved populations.

- **Product development:** Projects with a product development focus should demonstrate a well thought through plan to progress their proposed solution towards implementation, with clear go/no-go decision points. They should also incorporate innovative approaches that accelerate the development and validation of interventions while reducing local product development costs.

Cross-cutting Themes

Applicants are encouraged to incorporate one or more of the following cross-cutting themes/technologies as part of any of the above-listed priority areas (stand-alone projects on cross-cutting technologies that do not address any of the above-listed priorities are **out of scope** for this RFA).

Table 3: Cross-cutting Themes

Cross cutting theme	Examples
Digital health	Examples include but are not limited to interoperable digital platforms for NCD surveillance, screening and diagnostic workflows, patient tracking, treatment monitoring, adherence support, linkage to care, remote and decentralized care, clinical decision support, supply chain management, data-driven decision-making and/or programme monitoring to improve development and delivery, disease management and long-term outcomes.
Artificial intelligence	Examples include but are not limited to use of AI and predictive analytics to improve NCD drug discovery, risk stratification, screening, imaging and pathology interpretation, diagnosis, treatment monitoring, adherence support, clinical decision support, programme planning and monitoring and resource allocation.
Genomics and precision medicine	Research using human genomics, pharmacogenomics, multi-omics and biomarker discovery to support risk prediction, disease sub-classification, treatment optimization and the development of African population reference resources.
Shared platforms and biobanking	Research that establishes, strengthens or draws on shared national platforms, including biobanks, cohort and registry infrastructure, interoperable data systems and reference datasets, with governance and access arrangements that enable re-use beyond the funded project.
Indigenous knowledge systems	Research that explores ethically governed, community-engaged and scientifically validated indigenous knowledge approaches that may contribute to NCD prevention, treatment, care, adherence support, health literacy or community trust-building.
Mental health and violence prevention	Research addressing the intersections between non-communicable diseases, mental health, gender-based violence, interpersonal violence, trauma, stigma and care engagement, including integrated prevention and support models.

4. Eligibility

This RFA is specifically aimed at supporting the core public research ecosystem in South Africa that focuses exclusively or primarily on conducting health research. However, we recognize the critical contribution of other non-profit research institutions with a similar core business and contribution. This is, therefore, an open call for applications from researchers based at South African public universities, public research entities, science councils, national facilities and other recognized research institutions whose primary purpose is research and training of postgraduate students (Masters and PhD).

The following are not eligible to apply in response to this RFA but may be included as collaborators under eligible institutions: Non-governmental and non-profit entities whose primary purpose is not research and training of postgraduate students; private companies; civil society groups; and non-South African entities. Principal Investigators must be South African citizens or permanent residence holders and must be employed by an eligible South African institution capable of administering the grant.

Applications must demonstrate relevance to the priority areas listed in section 3; scientific merit; feasibility; ethical and regulatory readiness; institutional support; and a clear pathway to scientific advancement, public health impact, policy uptake, product development, and/or implementation.

5. Application Process and Timeline

All applications and supporting documents for this RFA must be submitted online using the following link: **SAMRC-RFA-GIPD-02-2026**. **No applications submitted via email will be accepted.**

All sections of the application must be comprehensively and accurately completed. It is important to include all relevant information and detail that will enable the merit of the application to be evaluated. All applications must be approved by the relevant duly authorized representative of the institution submitting the application through a signed Declaration Form on the proposal template **prior to submission**. Please take note of any institutional deadlines in this regard to ensure that sign-off is obtained by the closing date.

The due date for applications is **15 October 2026, 23:59 (SAST)**. No late, incomplete or unsigned applications will be accepted.

Kindly refer to the SAMRC's General Terms and Conditions of Funding, including allowable and non-allowable costs.

Documents to be uploaded/submitted:

- Completed online application: SAMRC-GIPD-02-2026
- CVs of principal investigator and co-investigator(s)
- Detailed Proposal on SAMRC template (with declaration and designated institutional authority approval signed)
- Detailed Budget on SAMRC template

The estimated timelines for the application and award process are shown in Table 4.

Table 4: Estimated application and award timelines

Process Stage	Due Date
RFA Release Date	07 August 2026
Application Due Date	15 October 2026
Review of Applications	October - December 2026
Notification of Awards	January - March 2027

6. Evaluation of Applications

There will be a two-step review and evaluation process:

1. Internal SAMRC screening for responsiveness to the priority areas and to all the specified administrative and procedural requirements of the RFA.
2. National and/or international peer review to assess the scientific merit (and other review criteria as specified below) of applications found to be eligible and responsive to the RFA.

Internal screening

All submitted applications will be screened by the SAMRC for completeness and responsiveness to the RFA priority areas and administrative requirements/provisions. If the application is found to be incomplete or unresponsive to the provisions described in the RFA, or was submitted after the deadline, the application will not be processed further.

Internal screening will be conducted using the following criteria:

- Was the application received on or before the closing date and time?
- Does the institution/entity and applicant meet all eligibility criteria according to the guidelines?
- Is the application complete, with all sections filled in, and endorsed by the entity's relevant authorized representative?
- Does the application address one or more of the targeted research priority areas?
- Have all the required supporting documents been provided?

Peer Review

Each application that passes the internal screening will be peer reviewed, considering at least the following criteria:

Significance/ Relevance/ Impact **-** relevance of the proposed research to the RFA topic areas; potential of the research to improve scientific knowledge, technical capability, and/or clinical practice in the field; potential of the research to lead to positive health, economic or societal impacts in South Africa or Africa; likelihood that the research will advance basic biomedical concepts, unmet needs in human health, or contribute to healthcare policy or practice or towards the development of important new products such as vaccine, diagnostics or therapies; whether the application challenges and seeks to shift current research or clinical practice paradigms by utilizing novel theoretical concepts, approaches, methodologies, instrumentation, or interventions; the extent to which the results of the project will contribute to health advancements or to solving barriers to progress in the field.

Approach **–** level of innovation of the approach; technology risks; whether the overall strategy, methodology, sample size and analyses are well-reasoned and appropriate to accomplish the specific aims of the project; the extent to which the research builds on existing research, data, expertise, cohorts, etc.

Investigator(s) – size and breadth of the team (single institution/PI versus multi-institutional and multi-disciplinary); experience and record of the PI, co-investigator(s), collaborators, and other researchers; complementarity and synergy between the PI and co-investigators and the extent to which the research is enhanced by the collaboration(s); availability of all necessary expertise to complete the work.

Environment – availability of appropriate and necessary infrastructure, support, equipment, and other physical resources; unique features of the scientific environment, subject populations, or collaborative arrangements.

Capacity Development and Collaboration – presence of a clear plan for capacity development; potential of the project to develop the research capacity of early career and/or previously disadvantaged researchers and/or previously disadvantaged and resource-limited institutions; inclusion of post-graduate students.

Overall scoring of applications will be in accordance with the descriptions in Table 5.

Table 5: Scoring Guideline for Applications

Criterion Strength	Description	Score	Descriptor
High	Applications that are exceptionally strong and well-motivated, meet and/or exceed all criteria, are very novel and innovative with high potential for successful development or implementation of a health solution or advancement of scientific understanding. May have minor or no weaknesses.	10	Exceptional
		9	Outstanding
		8	Excellent
Medium	Applications that are novel and innovative with high potential for successful development or implementation of a health solution or advancement of scientific understanding, but weaknesses in the other criteria bring down the overall impact to medium. and/or Project is moderately novel and/or innovative with moderate potential for successful development or implementation of a health solution or advancement of scientific understanding.	7	Very Good
		6	Good
		5	Satisfactory
Low	Applications that are novel and/or innovative with potential for successful development or implementation of a health solution or advancement of scientific understanding, but weaknesses in the other criteria bring down the overall impact to low. and/or Project is moderately or weakly novel and/or innovative with low potential for successful development or implementation of a health solution or advancement of scientific understanding. and/or Applications that are poorly written and/or have insufficient detail to effectively evaluate their merit	4	Average
		3	Fair
		2	Marginal
		1	Poor

7. Selection of Awardees

The awarding of grants emanating from this RFA will be determined by the SAMRC and relevant steering committee, considering the recommendations from the peer review process. The SAMRC may also consider additional factors, such as institutional diversity and transformation in making its final determinations. Based on the merit of the applications and/or budget limitations, the SAMRC may award fewer or more grants than expected and may elect not to allocate all the available funds to awards from this RFA.

The SAMRC reserves the right to make no awards and re-advertise the RFA if it so wishes or to cancel this RFA altogether. The SAMRC may also phase the awards as required.

8. Additional Important Information

- The SAMRC may seek to verify any information provided by applicants through independent research, or by third parties approved by the SAMRC.
- The SAMRC assumes no responsibility for costs incurred in responding to this RFA or any further invitations or communications.
- The SAMRC reserves the right to amend or withdraw the RFA at any time and/or to make no awards.
- Successful awards may be subject to addressing comments from the peer review and/or Steering Committee and/or negotiation of project plans and budgets.
- Grants will be paid to the institution/organization where the PI is employed, as set out in a funding agreement to be concluded between the parties.
- The SAMRC reserves the right to withhold grant funds until proof of the necessary ethics and regulatory approvals for the project have been provided to the SAMRC. Should the investigators fail to obtain the necessary approvals within a reasonable time period, the SAMRC reserves the right to withdraw the award.
- The SAMRC may use text, video or other visual representation submitted by successful applicants on the SAMRC website or on SAMRC materials for publicity and/or public awareness.

9. POPIA Compliance

As of the 1st of July 2021, the new Protection of Personal Information Act (POPIA) came into full effect (see https://popia.co.za/ for full details on the act). The law is designed to protect how all juristic persons use, store and process data. The SAMRC as a responsible statutory science council complies with POPIA.

The SAMRC will receive personal information through the applications submitted to the SAMRC in response to this RFA. The personal information requested on the application template is necessary for the SAMRC to fully evaluate the application for funding. This information will be shared with local and international external reviewers, local and international funders, the relevant steering committee as well as the SAMRC management for the purposes of processing the application. The SAMRC will process this personal information strictly in accordance with POPIA. The SAMRC undertakes specifically to process the personal information on the basis that (a) it was provided voluntarily and (b) the information will be processed only as far as may be necessary and within the limitation and ambit of the purpose of evaluating the application for funding (i.e., the purpose

for which the personal information was received). The SAMRC confirms that it is lawfully processing the information since the purpose of processing is to seek quality applications for funding which the SAMRC is mandated to do in terms of Section 4 of the SAMRC Act 58 of 1991, thus the SAMRC is fulfilling its legislated and lawful mandate, and strategic objectives as provided for in the SAMRC Act.

By submitting your application to the SAMRC you acknowledge and agree to the use of your personal information as outlined above. Should you not approve of such use of your personal information then please refrain from submitting an application.

10. Enquiries

Kindly address any queries on this RFA to gipd.rfa@mrc.ac.za.