Request for Applications (RFA)
South African National Health Research Enterprise: Research in Women, Maternal, Neonatal and Child Health

SAMRC-RFA-GIPD-03-2026

Release Date: 11 August 2026

Closing Date: 16 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 made fundamental contributions to discovery research and have led the development and testing of innovations in both infectious and non-communicable diseases that impact the country. The evidence garnered in our country has impacted the clinical care and management of people the world over. Over many years, South African scientists have contributed immensely to the improvement of health outcomes of mothers, 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 program 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 maternal, neonatal, and child health (MNCH), and women's health conditions of major public health importance. It includes priority areas of relevance to the MNCH sub-programme of 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).

Women, children, and adolescents still face numerous interrelated health challenges, underpinned by poverty, inequality and marginalization, and underfunded health services with challenges to universal quality of care. MNCH is a fundamental human right, a key indicator of a nation's development and prosperity and a critical component of public health that reflects the well-being of societies and the effectiveness of healthcare systems.

Despite overall progress, disparities in maternal, perinatal, and neonatal mortality rates persist in South Africa. Pregnant women die disproportionally more in the public sector due to the increased risk of pregnancy complications arising from poverty and inequitable access to and quality of maternal and newborn healthcare services. The main drivers of maternal mortality in South Africa are obstetric haemorrhage, hypertensive disorders of pregnancy (pre-eclampsia/eclampsia), pregnancy-related sepsis, non-pregnancy related infections, and health system weaknesses such as lack of access to emergency obstetric care and poorly coordinated referral systems. The leading causes of perinatal deaths in South Africa are complications from pre-term birth, followed by intrapartum-related complications, such as birth asphyxia, infections, congenital abnormalities, and stillbirths. Neonatal infections account for between 20 – 30% of all neonatal deaths in South Africa, making it one of the leading causes of under-5 mortality.

Addressing MNCH requires a comprehensive approach that includes access to quality healthcare services before, during, and after childbirth, nutrition, education, and social support. Non-communicable gynaecological conditions (NCGCs) such as uterine fibroids, endometriosis, adenomyosis, polycystic ovary syndrome (PCOS), and chronic pelvic pain, remain systematically under-researched, under-diagnosed, and under-funded. For example, despite being the most common neoplasm in African women and its detrimental impacts on this population, there is a lack of robust epidemiological studies of the prevalence, incidence, and risk factors of uterine fibroids in sub-Saharan Africa. According to the World Health Organization (WHO), endometriosis affects an estimated 10% of reproductive age women and girls worldwide, but there is limited access to diagnosis in many settings, leading to an average time to diagnosis estimated between 4 and 12 years. Despite the condition's significant health, social, and economic implications, the prevalence of endometriosis in women in Africa is unknown. Untreated or late-diagnosed gynaecological conditions compound the risk of adverse pregnancy outcomes such as postpartum haemorrhage, foetal growth restriction, gestational diabetes, pregnancy-induced hypertension, preeclampsia, stillbirths, preterm births, and low birth weight.

The 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 maternal, neonatal and child health, and women's health. 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.

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 at up to R5M per annum or a maximum total of R15M 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 - 3 below, with cross-cutting themes in Table 4. **Any applications that are not responsive to these priority areas will not be considered.**

Table 1: Women's Health Priorities

Thematic area	Research priorities
Epidemiology	• Prevalence studies to quantify the baseline burden of gynaecological and menstrual health conditions (e.g. endometriosis, uterine fibroids, PCOS, chronic pelvic pain) and their direct contribution to adverse maternal and neonatal outcomes.
Diagnostics	• Identification of biomarkers and development of affordable tools for rapid screening and diagnosis of gynaecological conditions (e.g. adenomyosis, endometriosis) at the primary care level. • Development and validation of affordable, locally relevant risk-scoring tools, point-of-care diagnostic tests, portable devices, and clinical decision support tools for early detection of severe anaemia, gynaecological and menstrual health conditions (e.g. endometriosis, uterine fibroids, chronic pelvic pain, menstrual disorders, menopause) at the primary care level and in rural nurse-led clinics.
Treatment and Disease Management	• Development and clinical validation of affordable, non-surgical, scalable, culturally adapted pharmacological and non-pharmacological interventions to treat and manage symptoms of gynaecological and menstrual health conditions (e.g. uterine fibroids, endometriosis, heavy bleeding, PCOS, chronic pelvic pain, menopause).
Prevention	• Evaluation of lifestyle and dietary interventions to reduce the risk and severity of gynaecological and menstrual health disorders in adolescent girls and women.

Table 2: Maternal Health Priorities

Thematic area	Research priorities
Epidemiology	• Research to quantify the burden of multimorbidity, i.e. pregnant women presenting with infectious diseases, non-communicable diseases, and reproductive conditions, and analysis of the health system gaps that hamper quality healthcare service delivery to this population. • Development and validation of approaches, tools, methods, and interventions to improve understanding of the relationship between gynaecological and menstrual health conditions and adverse maternal outcomes in South Africa.
Diagnostics	• Identification of biomarkers and development of affordable tools for rapid screening and diagnosis of placental abnormalities and preeclampsia at the primary care level. • Development of affordable, locally relevant point-of-care diagnostic tests and devices for early detection of severe anaemia, intrapartum haemorrhage, gestational diabetes and hypertensive disorders at the primary care level and in rural midwife-led obstetric units.

	• Development, validation, and implementation of risk-scoring tools, diagnostic algorithms and clinical decision support tools to facilitate detection and management of maternal, foetal, and reproductive conditions by nurse-led rural and peri-urban clinics.
Treatment and Disease Management	• Development and testing of integrated interventions for pregnant women managing HIV and/or TB alongside reproductive morbidities, and non-communicable diseases (addressing drug-drug interactions and co-formulations) to improve maternal health outcomes. • Development and clinical validation of affordable, non-surgical, scalable, culturally adapted pharmacological and non-pharmacological interventions to treat and manage maternal and reproductive conditions (e.g. maternal anaemia, fibroids, endometriosis pain, heavy bleeding, PCOS). • Affordable, locally-relevant innovative interventions to support the treatment and management of high-risk pregnancies.
Prevention	• Evaluation of community- and PHC-level pre-conceptional health interventions (e.g. optimizing maternal nutrition, metabolic screening for PCOS, and micronutrient deficiency correction) prior to pregnancy to reduce subsequent maternal and foetal complications. • Low-cost tools to improve access to healthcare services and health information, and intrapartum monitoring. • Development and validation of affordable, locally relevant risk-stratification and clinical decision-support tools to guide individualized contraceptive method selection in primary healthcare settings.

Table 3: Neonatal and Child Health Priorities

Thematic area	Research priorities
Diagnostics	• Development and validation of affordable methods and tools to detect foetal growth restriction. • Development and validation of affordable, rapid point-of-care diagnostic tests for timely detection of infections (neonatal sepsis and pneumonia), gestational diabetes and preeclampsia. • Development and validation of diagnostic tools for congenital disorders, foetal monitoring, and pregnancy complications at the primary care level and in rural midwife-led obstetric units. • Development, validation, and implementation of risk-scoring tools, diagnostic algorithms and clinical decision support tools to facilitate detection and management of maternal, foetal, and reproductive conditions by nurse-led rural and peri-urban clinics.
Treatment and Management	• Affordable, locally relevant innovative interventions to support the treatment and management of high-risk pregnancies, preterm infants, and newborns with congenital disorders. • Affordable, easy-to-use neonatal resuscitation technologies and training innovations.

Prevention	• Development and field validation of low-cost interventions to prevent neonatal sepsis during home, rural clinic, or hospital deliveries. • Development and validation of affordable risk-prediction tools. • Affordable, scalable methods and interventions to assess and address micronutrient deficiencies, wasting and stunting.

Notes:

- **Existing solutions:** Proposals seeking to evaluate existing and validated innovations that address any of the stipulated priority areas to generate evidence for local adoption and roll-out will be considered for funding.
- **Clinical trials:** Any medium-large clinical studies (studies budgeted at >R15M) 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:** 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 4: Cross-cutting themes

Cross cutting theme	Research priorities
Digital health	Examples include but are not limited to interoperable digital platforms for disease surveillance, diagnostic workflows, patient tracking, treatment monitoring, adherence support, symptom monitoring, linkage to care, remote care, clinical decision support, supply chain management, data-driven decision-making and/or programme monitoring to improve health delivery, disease management and long-term outcomes.
Artificial intelligence	Examples include but are not limited to use of AI and predictive analytics to improve risk stratification, screening, diagnosis, treatment monitoring, adherence support, clinical decision support, programme planning and monitoring and resource allocation.
Genomics and precision medicine	Research using host genomics to support biomarker discovery, predictive risk profiling, screening for genetic disorders, and treatment optimization.

Indigenous knowledge systems	Research on ethically governed, community-engaged and scientifically validated indigenous knowledge approaches that may contribute to the prevention, treatment, and care of women's, maternal, neonatal and child health conditions, as well as adherence support, health literacy and community trust-building.
Mental health and violence prevention	Research addressing the intersections between non-communicable gynaecological conditions, pregnancy, child health, 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-03-2026. **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 **16 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-RFA-GIPD-03-2026
- 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 5.

Table 5: Estimated application and award timelines

Process Stage	Due Date
RFA Release Date	11 August 2026
Application Due Date	16 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 utilising 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 6.

Table 6: 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.	4	Average
		3	Fair

	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	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/organisation 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.