**Institute for Preparedness and Prevention of Pandemics (IP$^3$)** Rapid Response Request for Applications

*Building African Readiness for Filovirus Outbreaks: Addressing Critical Research Gaps for the Bundibugyo Ebola Response*

**Administered in partnership with the South African Medical Research Council**

**RFA Reference: SAMRC-RFA-GIPD-05-2026-IP$^3$**
**RFA Opening Date: 23 November 2026**
**Application Closing Date: 20 January 2027 at 23:59 SAST**
**Maximum Award: R5 million per project**
**Project Duration: 12 months (up to 24 months were justified)**
**Application Submission:** Apply online – IP$^3$ Rapid Response RFA
**Note:** Applications received after the closing date will not be considered.

## Introduction and Background

In May 2026, the Democratic Republic of the Congo (DRC) declared an outbreak of Ebola disease caused by the **Bundibugyo virus (BDBV)**. Unlike Ebola virus (formerly *Zaire ebolavirus*), there are currently no licensed vaccines or approved therapeutics specifically for Bundibugyo virus disease, making this outbreak a major global public health concern. WHO declared the outbreak a Public Health Emergency of International Concern (PHEIC). There has been subsequent spread across 7 provinces in eastern DRC and importation of cases into Uganda, Kenya and Nigeria.

The outbreak is the fastest-growing Ebola outbreak recorded, with transmission continuing across a widening geographic area. It is the second largest Ebola outbreak ever recorded with mortality among diagnosed cases of nearly 50%.

The response is complicated by ongoing conflict and insecurity, population displacement, delayed case detection, incomplete contact tracing, community distrust, and limited diagnostic and laboratory capacity. A substantial proportion of deaths continue to occur outside Ebola Treatment Centres, highlighting persistent challenges in community engagement, surveillance and access to care.

Whilst significant international investment is supporting vaccine trials, therapeutic evaluation and diagnostic development, important operational, implementation and translational research gaps remain. South Africa has internationally recognised strengths in immunology, vaccinology, diagnostics, laboratory science, pharmacology, epidemiology, implementation science, genomics, data science, health systems, legal and regulatory frameworks, community resilience and risk communication research. While many aspects of outbreak response must necessarily be undertaken within affected countries, there are

numerous complementary research questions that can be addressed through laboratory, clinical, translational and operational research undertaken in South Africa.

**Description of funding opportunity**

The Department of Science Technology and Innovation (DSTI) and National Research Foundation (NRF) Institute for the Preparedness and Prevention of Pandemics ($IP^3$) invites applications for rapid response research projects addressing high-priority gaps in the scientific and operational response to the current Bundibugyo outbreak.

The overall amount of funding available is ZAR 10 million. Applicants may only submit one proposal as Principal Investigator but may be a co-investigator on other applications. It is expected that between 4 and 10 proposals may be funded with a maximum of R5 million for an individual project. Support will be provided for a period of one year, but where strongly justified, a two-year proposal may be awarded. There is no minimum budget and proposals with modest budgets will be considered. Successful applicants should expect to start projects from approximately April 2027.

Indirect costs must not exceed 5% of the total proposed project budget. The requested amount must include all direct and indirect costs detailed in the SAMRC budget template and be justified in the SAMRC proposal template. Applicants should provide a budget appropriate to the proposed scope, activities and duration.

The objective of this call is **not** to duplicate large international clinical trials or product development programmes, but rather to leverage South African research strengths by supporting innovative, collaborative projects that address critical unmet needs, strengthen African research capacity, and generate knowledge that can be translated into outbreak response for the ongoing BDBV outbreak and/or for future outbreaks of high-consequence pathogens. Projects should demonstrate strong partnerships with relevant national or international collaborators where appropriate, and should clearly articulate how the proposed work complements, rather than duplicates, existing research activities.

**Priority Research Areas**

Applications are invited in the research themes listed below. Multidisciplinary proposals or those addressing multiple themes will be considered.

Further, projects in other research areas that are developed with partners in DRC to support questions emerging from the local response will be considered including:

i) Providing rapid analytical, methodological and research support to questions emerging from those involved in the response.
ii) Connecting with groups presently implementing innovative responses to support reflection and learning processes that could strengthen response efforts.
iii) Designing new or improved approaches to response efforts.

While this call is in response to the current BDBV outbreak in the Eastern DRC, it is anticipated that research supported through the call will also generate knowledge of relevance to future Viral Haemmorhagic Fever and other outbreak situations.

**Theme 1. Health System Preparedness**

Research addressing how health systems, laboratories and public health programmes can improve preparedness for, and response to filovirus outbreaks. Priority research questions include:

- Research on maintaining essential health services during outbreaks with focus on engagement with private and informal providers, referral and specimen pathways, continuity of routine services, workforce protection, WASH and supportive care diagnostics.
- Timeous recognition of early cases through robust and socially and culturally acceptable surveillance systems.
- Health system leadership, decision-making and use of evidence during outbreaks.

Projects should address a clearly defined operational or implementation research question with the potential to improve outbreak preparedness, inform policy or strengthen operational response. Applicants should explain clearly how the findings could be translated to filovirus-affected settings.

**Theme 2. Social, Behavioural and Community Dimensions of Outbreak Transmission and Response**

Social, behavioural and community factors are integral to outbreak transmission, prevention and response. Research should consider both the factors shaping outbreak dynamics and how response practices contribute to or hinder outbreak management. Priority research questions include:

- Trust in health authorities.
- Trust in medical countermeasures e.g. diagnostic results, vaccines and treatment services.
- Social and behavioural factors shaping exposure, transmission and care-seeking.
- Community perceptions of risk, misinformation and health communication.
- Acceptability of outbreak response measures and practices.
- Community engagement and evidence to inform outbreak policy and response.

Proposals should clearly distinguish between findings that are locally specific and those that may be transferable to filovirus outbreak settings. Where projects seek to address questions directly related to affected communities, meaningful partnership with investigators, responders or community stakeholders in affected countries will be essential.

**Theme 3. Governance: Legal and Ethics Frameworks**

Research on the governance of filovirus preparedness and response, spanning two distinct strands – legal and ethical frameworks. Priority research questions in these domains include:

*Legal Frameworks*:

- Regulatory pathways for the emergency authorisation and deployment of vaccines, therapeutics and diagnostics.

- Legal frameworks governing access to, and cross-border movement of biological samples and pathogen data, including fair benefit sharing.

*Ethics Frameworks:*

- Accelerated and pre-negotiated ethics review, and emergency consent models for outbreak research.
- Ethical inclusion and protection of vulnerable populations, including children, pregnant women and displaced persons.

Projects should address a clearly defined legal or ethics research question with potential to inform policy, regulation or research-ethics practice, and explain how findings could translate to filovirus –affected settings.

**Theme 4: Diagnostics and Laboratory Preparedness**

Research addressing the diagnostic, laboratory and biosafety capabilities needed to support filovirus outbreak detection and preparedness, aetiological testing of clinically suspected cases and patient management as well as conduct bio-surveillance for filoviruses in animals. Priority research questions included:

- Development of non-infectious reference reagents, controls and validation materials for diagnostic research.
- Development and evaluation of decentralised, near-patient or point-of-care testing approaches to detect infections or to detect immunity, including assessing the value of different approaches in pandemic response efforts and future pandemic preparedness strategies.
- Development of diagnostic algorithms combining molecular assays, rapid tests and clinical information.
- Research on sample inactivation, safe handling and transport, and laboratory readiness outside maximum-containment facilities.

Projects are not expected to require direct access to infectious BDBV or BSL-4 facilities. Proposals should clearly explain how the selected experimental materials, model systems or validation approaches are relevant to filovirus preparedness and the further work that would be required before use in an outbreak setting.

**Theme 5: Clinical Countermeasure Readiness**

Research aimed at addressing the clinical pharmacology, formulation, safety and evidence gaps that limit, the availability and effective use of vaccines, therapeutics and post-exposure interventions during filovirus outbreaks. Unmet needs include the availability, efficacy and safety of interventions for paediatric, neonatal and pregnant populations. The available funding is too limited to undertake clinical trials or drug or vaccine development. It could, however, support research focusing on particular aspects (e.g. immunogenicity, pharmacokinetics) relevant to studies and trials funded by other agencies. Priority research questions include:

- Pharmacokinetic and pharmacodynamic studies to inform dose optimisation.

- Development and standardisation of immune-monitoring assays, biomarkers and reference materials for vaccine and therapeutic evaluations.
- Modelling and bridging studies using existing clinical, pharmacological or preclinical data.
- Research to improve the feasibility and delivery of treatment and post-exposure prophylaxis during outbreaks.

Studies do not need to involve patients with, or persons exposed to Ebola Virus Disease to be relevant. Proposals may use established clinical pharmacology units, existing cohorts, healthy volunteers, modelling approaches or other appropriate platforms, but must demonstrate a clear pathway by which the findings could inform filovirus countermeasure use.

**Eligibility**

This RFA is specifically aimed at supporting the core public research ecosystem in South Africa that focuses exclusively or primarily on conducting health as well as translational and operational 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 (master's 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 described research priority areas; 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.

**Application Process and Timeline**

All applications and supporting documents for this RFA must be submitted online through the SAMRC REDCap application portal: Apply online – IP³ Rapid Response RFA. Applications submitted by email will not be accepted. Applicants must ensure that complete submissions are received by the deadline.

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 signed by the Principal Investigator and 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.

**Application guidelines**

Applicants must use the SAMRC proposal and detailed budget templates supplied with the call. The proposal should clearly state the project title, lead institution, principal investigator and co-investigators, primary research theme (and any secondary themes), research question, aims, methods, deliverables, milestones, expected outcomes, and relevance to outbreak preparedness or response.

For proposals involving partners in affected countries, applicants should describe the roles of collaborating institutions and the proposed arrangements for governance, permissions, data or specimen access, capacity strengthening and equitable collaboration, where relevant. Applications should explain how the work complements existing outbreak-response research.

Applicants must include a realistic workplan aligned to the proposed 12-month period or provide a clear justification where a period of up to 24 months is requested. Budget requests may not exceed R5 million per application; there is no minimum funding request. Indirect costs are limited to 5% of the total requested budget.

The signed institutional declaration must be completed by a duly authorised representative of the lead institution. The Principal Investigator is also required to sign the proposal. The proposed work must identify any required ethics, biosafety, regulatory and cross-border approvals. Unless specifically requested, these approvals need not all be in place at submission, but the applicant must explain the approval pathway and anticipated timelines. Award disbursements remain subject to the necessary approvals.

**Online submission guidance**

Applicants should complete all mandatory REDCap fields and upload the requested attachments before submitting. The online form should capture institution and PI details, project title, primary/secondary focus areas, project duration, amount requested and a concise project summary. A submission confirmation and unique application reference should be issued upon successful submission. Applicants are responsible for checking file completeness and institutional authorisation before the closing date.

The due date for applications is 20 January 2027, 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: Apply online – IP³ Rapid Response RFA

• CVs of principal investigator and co-investigator(s)
• Detailed Proposal on SAMRC template (with both PI declaration and designated institutional authority approval signed)
• Detailed Budget on SAMRC template

The timelines for the application and award process are shown in Table1.

Table 1. Estimated application and award timelines

| **Process Stage** | **Due Date** |
|---|---|
| RFA Release Date | 23 November 2026 |
| Application Due Date | 20 January 2027 |
| Review of Applications | Late January–March 2027 (internal screening and peer review) |
| Notification of Awards | April 2027 (indicative, subject to approvals) |

**Assessment of proposals:**
Applications that leverage existing South African expertise, infrastructure or cohorts to address priority research gaps relevant to the current outbreak are strongly encouraged.

There will be a review, evaluation and award selection process as follows:

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.
3. Consideration of peer review recommendations and final award determination by the applicable IP$^3$ Steering Committee arrangements, followed by institutional approvals and contracting.

*Internal screening*
All submitted applications will be screened by the SAMRC and IP$^3$ 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 on the correct templates and signed by the entity's relevant authorized representative and the PI?
- 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; addresses a critical research gap, 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 with respect to Ebola and/or pandemic preparedness in general, or contribute to healthcare policy or practice or towards the development of important new products such as vaccines, 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 and demonstrates a clear pathway to operational or policy impact.

***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,

***Investigator(s)*** – extent of meaningful collaboration with relevant partners in South Africa or other African countries, including, where appropriate, in Ebola-affected areas, size and breadth of the team (single institution/PI versus multi-institutional and multidisciplinary); 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, samples and other physical resources; unique features of the scientific environment, subject populations, or collaborative arrangements.

***Capacity Development and Collaboration*** – strengthening of African scientific leadership and preparedness, 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, building sustainable capacity, shared resources or infrastructure, promote equitable data, sample and research fairness

Overall scoring of applications will be in accordance with the descriptions in Table 2.

Table 2: 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 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 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 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 innovative with potential for successful development or implementation of a health solution or advancement of scientific understanding, but weaknesses in the other criteria or lack of relevant qualification/ skills of the applicant team brings down the overall impact to low. AND/OR Project is moderately or weakly novel and 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 or lack of relevant qualification/ skills of the applicant team. | **4** | **Average** |
| | | **3** | **Fair** |
| | | **2** | **Marginal** |
| | | **1** | **Poor** |

**Selection of Awardees**

The awarding of grants emanating from this RFA will be determined by the IP$^3$ Steering Committee, considering the recommendations from the peer review process. Additional factors, such as institutional diversity and transformation, may be considered in making the final determination of the awards. Based on the merit of the applications and/or budget limitations, the IP$^3$ Steering Committee may approve fewer or more grants than expected and may elect not to allocate all the available funds to awards from this RFA. All awards will require approval from the SAMRC's Executive Management Committee before contracting.

***The SAMRC, in consultation with the IP$^3$ Steering Committee, 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.***

**Additional important information**

- The SAMRC and IP[3] may seek to verify any information provided by applicants through independent research, or by third parties approved by the SAMRC and IP[3].
- The SAMRC and IP[3] assume no responsibility for costs incurred in responding to this RFA or any further invitations or communications.
- The SAMRC and IP[3] reserve 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 and IP[3] reserve the right to withdraw the award.
- The SAMRC and IP[3] may use text, video or other visual representation submitted by successful applicants on their websites or other materials for publicity and/or public awareness.

**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 the IP[3] Secretariat and Steering Committee, local and international external reviewers, local and international funders, 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 and under the collaboration with the UCT/IP[3], 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.**

## Enquiries

Kindly address any enquiries regarding this RFA or application process to: GIPD.RFA@mrc.ac.za and/or IP3.admin@uct.ac.za. Applicants should quote the RFA reference in all correspondence. Technical problems with the application portal should be reported before the submission deadline.