2022 ReGRoW: Repurposing Grants for the Rest of the World – Funding for Underserved Researchers in Low and Lower-Middle Income Countries

Description / Background
Proposals are submitted on the Cures Within Reach CureAccelerator platform. Sign up as a Researcher or Clinician at https://app.cureaccelerator.org/registration or log into an existing CureAccelerator account at https://app.cureaccelerator.org/home to submit. Additional submission instructions can be downloaded at this link: https://bit.ly/2R1ISyc.

This Request for Proposals (RFP) is for the Cures Within Reach (CWR) ReGRoW Program, to provide repurposing research grants to underserved researchers and clinicians in low and lower-middle income countries (LMICs), as defined by the World Bank (see https://data.worldbank.org/products/wdi-maps). This RFP is seeking clinical repurposing research to address any unsolved disease facing patients in LMICs. CWR is interested in building capacity for clinical research in LMICs and in finding available and affordable treatments for patients in LMICs through repurposing research.

Grants for up to US$50,000 each will be funded through this RFP.

Repurposing research tests already approved and readily available therapies to determine if they are safe and effective in treating a different indication, thereby improving patient outcomes and quality of life. We are interested in generic drugs, generic devices, nutraceuticals or indigenous therapies that could be repurposed to create "new" treatments for any unsolved disease that:

- Reduce disease symptoms, progression or incidence; or
- Restore function lost to the disease; or
- Reduce or eliminate severe side effects of currently used therapies, thereby improving patient outcomes and quality of life

Repurposing research may also:

- Test combination therapies to increase efficacy, including combining the current disease treatment with a repurposed treatment
- Repurpose therapies approved for use in adults into pediatric indications, or vice versa

Eligible treatments will:
- Be a drug, device, nutraceutical or indigenous medicine
- Be already approved by the FDA, EMA or other regulatory body, or be otherwise safe and readily available for human use
- Be available in generic form in the country where the research will be conducted
- Not be under patent protection anywhere in the world

Eligible projects will:

- Be submitted and conducted by Principal Investigators (PIs) located in LMICs, as defined by the World Bank (see [https://data.worldbank.org/products/wdi-maps](https://data.worldbank.org/products/wdi-maps))
- Address any unsolved disease or medical condition
- Be interventional or screening human clinical trials that treat patients to prevent disease progression and/or improve patient outcomes in unsolved diseases with a repurposed therapy; preference will be given to projects supported by strong scientific evidence or clinical observations
- Be completed in no more than 36 months
- Be submitted in English only via the CureAccelerator platform

Eligible institutions will:

- Be located in LMICs, as defined by the World Bank (see [https://data.worldbank.org/products/wdi-maps](https://data.worldbank.org/products/wdi-maps))
- Have received previous external, third-party clinical research funding from government, NGO, private foundation or other sources
- Have a research Institutional Review Board, Ethics Review Committee or equivalent in place
- Follow the World Health Organization’s or other regulatory agencies’ standards for Good Laboratory Practice (GLP), Good Clinical Practice (GCP) and/or Good Laboratory and Clinical Practice (GLCP)
- Have past or current experience with human clinical research
- Preference will be given to institutions with established collaborations with institutions in high income countries

If you have eligibility questions, or if you have a repurposing idea that impacts patients in LMICs that isn’t an exact fit for this RFP, please contact Clare Thibodeaux, PhD at clare@cureswithinreach.org to discuss fit and/or submission options.

An unsolved disease is one in which one or more of the following are true:

- There is currently no effective treatment
- The current treatment is only effective for a portion of the patient population
- There is a treatment that is effective, but many patients develop resistance to the therapy
- There is a treatment that is effective for the entire patient population, but the treatment is very expensive, and therefore some patients cannot get access to the treatment
- There is a treatment that is effective for the entire patient population with significant side effects, and for some patients the negative side effects outweigh the benefits of the treatment
Repurposing innovation, feasibility of the research plan, relevance to the patient population, potential clinical impact, “value” of the research and the research team are key ranking criteria for a successful proposal submission. Proposals for this RFP will be reviewed, scored and ranked by CWR’s external Grant Review Committee, and the top-rated proposal submissions will be invited to submit a full grant. PIs will be contacted approximately 6-8 weeks following the Proposal submission deadline with a decision.

Even if repurposing is not your area of expertise, you may be able to help! Please circulate this RFP to others who might be able to submit eligible clinical repurposing projects.

Important Funding Information:

All funding amounts must be in US dollars. CWR’s ReGRoW funding partners will provide the usual CWR required 20% institutional funding match for this RFP. Therefore, CWR will be waiving the 20% match requirement for the PI’s institution and will be providing 100% of the REQUESTED PROJECT FUNDING.

Funding Definitions:
Project Funding = total research budget (no set maximum)
Remaining Project Funding = funding needed to reach the total research budget (must be equal to the Requested Project Funding)
Existing Project Funding = Project Funding minus Remaining Project Funding (no set maximum)
Requested Project Funding = funding requested through this RFP (maximum = US$50,000)
Budget Breakdown = breakdown of the Requested Project Funding (maximum total = US$50,000)
Estimated Overall Project Costs = Requested Project Funding (see above)

Up to 20% of the REQUESTED PROJECT FUNDING may be used for Indirect Costs and up 10% of the REQUESTED PROJECT FUNDING may be used for Direct Project Administration Costs. However, the total amount of Indirect Costs and Direct Project Administrative Costs combined may not be more than 20% of the REQUESTED PROJECT FUNDING.

CWR will accept REQUESTED PROJECT FUNDING amounts that are within the minimum and maximum amounts in the Funding Information section below. We do not set an upper limit to the PROJECT FUNDING, or the EXISTING PROJECT FUNDING, but REQUESTED PROJECT FUNDING amounts to CWR are limited to the maximum amount specified in the Funding Information section below.

Proposals may be submitted for which the total PROJECT FUNDING is within the CWR maximum, and for projects that already have EXISTING PROJECT FUNDING from another source and require REMAINING PROJECT FUNDING, when this additional funding from CWR will help speed patient impact.

CWR REQUESTED PROJECT FUNDING must be sole, late or final funding for the project. REQUESTED PROJECT FUNDING from CWR cannot be the first funding raised for a project, unless the REQUESTED PROJECT FUNDING equals the PROJECT FUNDING.
### Diseases/Conditions

<table>
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<th>Any Unsolved Disease</th>
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### Treatments

| Any generic drugs, generic devices, nutraceuticals or indigenous medicines |

### Project Type

- Human Clinical Trial

### Timeline

**Do you have a preference for where the research should take place?**

This research can take place at any accredited research institutions in an LMIC (as defined by the World Bank; see [https://data.worldbank.org/products/wdi-maps](https://data.worldbank.org/products/wdi-maps)) that follow the World Health Organization’s or other regulatory agency’s standards for Good Laboratory Practice (GLP), Good Clinical Practice (GCP) and/or Good Laboratory and Clinical Practice (GLCP). Eligible institutions will also have a research Institutional Review Board, Ethics Review Committee or equivalent in place; have received previous external, third party clinical research funding from government, NGO, private foundation or other sources; and have past or current experience with human clinical research.

**Do you have a preference for where you would like to see patient impact?**

This RFP is open to PIs in any LMIC (as defined by the World Bank; see [https://data.worldbank.org/products/wdi-maps](https://data.worldbank.org/products/wdi-maps)). CWR is interested in building capacity for clinical research in LMICs and in finding available and affordable treatments for patients in LMICs through repurposing research.

We are hopeful that any discovery would be useful anywhere in the world where the repurposed therapy is available.

### Restrictions

There are no other restrictions other than those described above.

### Other Information for Researchers

CWR primarily funds proof of concept clinical trials that can determine whether a repurposed therapy can have a direct and positive impact on patients. Sometimes the clinical trials in our portfolio are open label studies with clinical endpoints that compare to the natural history of the...
disease. Other clinical trials are randomized, blinded and controlled studies. We are open to all clinical trial designs that may create a robust and well-defined outcome that will show reproducible clinical impact.

**Repurposing innovation, feasibility of the research plan, relevance to the patient population, potential clinical impact, “value” of the research and the research team are key ranking criteria for a successful proposal submission.** Proposals for this RFP will be reviewed, scored and ranked by CWR’s external Grant Review Committee, and the top-rated proposal submissions will be invited to submit a full grant. PIs will be contacted approximately 6-8 weeks following the proposal submission deadline with a decision.

PIs have the option to provide a link or web address for a brief video describing their repurposing research idea and the impact it could have on patients. The video should be no more than 5 minutes in length, and 3-minute videos are preferred.

While repurposing clinical trial projects are eligible for this round of funding, we welcome proposals for any research stage / type, which may be considered for future funding opportunities. If you are interested in sharing a preclinical repurposing research idea, please contact Clare Thibodeaux, PhD at clare@cureswithinreach.org.

**Funding Available**

Minimum $25,000

Maximum $50,000

**Funding Description**

See full Funding information in the Research Description section above. All funding amounts must be in US dollars. CWR’s ReGRoW funding partners will provide the usual CWR required 20% institutional funding match for this RFP. Therefore, CWR will be waiving the 20% match requirement for the PI’s institution and will be providing 100% of the REQUESTED PROJECT FUNDING. Up to 20% of the REQUESTED PROJECT FUNDING may be used for Indirect Costs and up 10% of the REQUESTED PROJECT FUNDING may be used for Direct Project Administration Costs. However, the total amount of Indirect Costs and Direct Project Administrative Costs combined may not be more than 20% of the REQUESTED PROJECT FUNDING. CWR will accept REQUESTED PROJECT FUNDING amounts that are within the minimum and maximum amounts indicated above. CWR REQUESTED PROJECT FUNDING must be sole, late or final funding for the project.

Open to co-funding

**Co-Funding Description**

CWR will accept projects that already have funding from another source and require additional funding, when funding from CWR can help speed patient impact. CWR REQUESTED PROJECT FUNDING must be sole, late or final funding for the project, as indicated in the Research
Description. We are open to working with other funders who share our desire to support underserved PIs located in LMICs (as defined by the World Bank; see https://data.worldbank.org/products/wdi-maps) in finding repurposing solutions for patients in LMICs and are interested in these near-term repurposing opportunities.

Due Date for Project Proposal Summary Submissions

June 20, 2022