

2026 ReGRoW: Funding for Underresourced Researchers in Low and Lower-Middle Income Countries



OVERVIEW

This Request for Proposals (RFP) from [Cures Within Reach](#) (CWR) is for our ReGRoW program, providing grants for clinical repurposing trials led by **underresourced researchers and clinicians based in low and lower-middle income countries (LMICs), as defined by the World Bank** (see <https://data.worldbank.org/products/wdi-maps>), to impact LMIC-based patients. CWR is interested in building capacity for clinical research in LMICs while finding available and affordable treatments for patients in LMICs through repurposing research.

While this RFP is accepting clinical repurposing trials addressing any unsolved disease for this RFP, **CWR has a strong preference for trials that address high disease burden** (see <https://ourworldindata.org/burden-of-disease>) whether non-communicable diseases; communicable diseases; maternal, neonatal and nutritional diseases; or injuries.

Repurposed therapies must be approved and/or generally recognized as safe for human use by some regulatory agency, such as the US Food and Drug Administration, European Medicines Agency, Health Canada or Japan's Pharmaceuticals and Medical Devices Agency, and can include **generic drugs, nutraceuticals or indigenous therapies**, as well as combination therapies. These repurposed therapies must be tested in a new indication for which they are not already approved or used widely in clinical practice as standard of care. Repurposed therapies also may be added to current standard of care to improve patient outcomes and/or quality of life.

CWR is accepting budgets of up to US\$70,000 for this RFP (see [Important Funding Information](#) below).

All submissions **must** include ideas and/or plans to engage the community of interest before, during and after the clinical trial. Community engagement must go beyond only patient engagement and include collaborations with community-based organizations (i.e. community health, social services and/or faith-based organizations), community leaders and/or community-led patient groups. **CWR will provide up to US\$8,500 in additional financial support for community engagement**, with at least US\$4,000 required for community engagement.

See the RFP Full Description below for more details. For more information about CWR's funding opportunities generally, visit <https://bit.ly/cwrrfps>. Contact research@cureswithinreach.org with questions.

DEADLINE & HOW TO APPLY

The Letter of Intent (LOI) submission deadline is 11:59pm U.S. Eastern Time on April 10, 2026. CWR has a 2-stage submission process, starting with the brief LOI. Top rated LOIs will be invited to submit a full proposal. Principal Investigators (PIs) will be contacted approximately 6-8 weeks following the LOI submission deadline with a decision.

Full scientific details are not required at the LOI stage. All submissions for this RFP are via CWR's online grant management platform on ProposalCentral (<https://proposalcentral.com>):

- If you are already a ProposalCentral user, log in to your existing account to submit. If you do not already have a ProposalCentral account, create a login.
- Next, navigate to the "Grant Opportunities" tab and search for "Cures Within Reach."
- Use the **Repurposing Research in LMICs** program for this RFP. Click on the "Apply Now" button on the right to begin a submission.
- Once you have started and saved a submission, the draft can be accessed from the "Proposals" tab of your ProposalCentral homepage. **Do not access an existing draft submission via the "Apply Now" button.**
- Complete all the required fields in the ProposalCentral LOI submission form and add any required or optional attachments. Click the "Validate" button in the Validate section of the LOI form to check for any missing required fields or uploads before submitting.
- PIs must add their e-signature in the Signature Page(s) section before submitting. **CWR does not require a signature from an institutional official at the LOI stage.**
- Click the "Submit" button in the Submit section to submit your LOI to CWR.

FULL DESCRIPTION

Background:

If you have a repurposing idea to impact patients in LMICs that isn't an exact fit for this RFP, or if you have eligibility questions, please contact research@cureswithinreach.org to discuss fit or submission options.

NOTE: While CWR is very supportive of clinical trials that validate AI-driven drug-disease matches, CWR will not consider LOI or full proposal applications that are substantially written, either in whole or in part, by natural language processors, large language models or other generative AI technologies. **If significant AI use is detected, CWR may remove an application from funding consideration.**

This RFP is seeking clinical repurposing trials led by **underresourced researchers and clinicians based 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 trials to address any **unsolved disease facing patients in LMICs.**

Our strongest preference is for proof of concept, pivotal, Phase I or Phase IIA clinical repurposing trials supported by strong preclinical evidence, real world evidence, AI/ML drug-disease matching tools and/or clinical observations. CWR may also consider later stage clinical trials that require additional funding. CWR is open to all clinical trial designs (open label, cross-over, dose determination, randomized, blinded, controlled, etc.) that have the opportunity to create robust and well-defined outcomes that will show reproducible clinical impact and/or generate data that can be leveraged into follow-on funding from other sources and additional clinical trials.

While this RFP is accepting clinical repurposing trials addressing any unsolved disease, **CWR has a strong preference for trials that address high disease burden** (see <https://ourworldindata.org/burden-of-disease>) whether non-communicable diseases; communicable diseases; maternal, neonatal and nutritional diseases; or injuries.

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

Repurposed therapies can include **generic drugs, nutraceuticals or indigenous therapies**, as well as combination therapies. Repurposed therapies must be approved and/or generally recognized as safe for human use by some regulatory agency, such as the US Food and Drug Administration, European Medicines Agency, Health Canada or Japan's Pharmaceuticals and Medical Devices Agency, and must be tested in a new indication for which they are not already approved or used widely in clinical practice as standard of care. Repurposed therapies also may be added to current standard of care to improve patient outcomes and/or quality of life.

Eligible Treatments Must:

- Be a drug, nutraceutical or indigenous medicine used in an interventional clinical trial to treat a new disease indication
- 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 Submissions Must:

- Be submitted and conducted by PIs located in LMICs, as defined by the World Bank (see <https://data.worldbank.org/products/wdi-maps>)
- Address any unsolved disease or medical condition, with a preference for addressing high disease burden (see <https://ourworldindata.org/burden-of-disease>) whether non-communicable diseases; communicable diseases; maternal, neonatal and nutritional diseases; or injuries
- Be interventional human clinical trials that treat patients with a repurposed therapy to prevent disease progression and/or improve patient outcomes in unsolved diseases; preference will be given to clinical trials supported by strong scientific evidence or clinical observations
- Be completed in no more than 36 months
- Have all materials submitted in English only via ProposalCentral
- Be led either by a previously funded investigator or by an early-stage investigator who has received little or no extramural research funding to date
 - PIs who have not received extramural funding previously and/or who do not currently have their own lab should **include a Letter of Support from a funded, senior researcher who will act as a mentor** for the proposed research and the investigator
- Not yet have funding (see [Important Funding Information](#) below) or already have funding from another source, when funding from CWR will help improve the chances of success of the project and/or help speed patient impact

Eligible Institutions Must:

- Be located in LMICs, as defined by the World Bank (see <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 (IRB), 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

Community Engagement:

All submissions **must** include high level, general ideas and/or plans to engage the community of interest before, during and after the proposed clinical trial; one or two sentences at a minimum. Full details are not required for the LOI, and LOIs will not be scored on community engagement ideas/plans.

Community engagement is not focused solely on enrollment. Community engagement must go beyond only patient engagement and include collaborations with community-based organizations (i.e. community health, social services and/or faith-based organizations), community leaders and/or community-led patient groups. **CWR will provide up to US\$8,500 in additional financial support for community engagement**, with at least US\$4,000 required for community engagement.

Important Funding Information:

Specific budget definitions for different types of costs can be found in the LOI instructions in the "Download Instructions" section of ProposalCentral submission form.

All funding requests are in US dollars. **CWR is accepting budgets of up to US\$70,000 for clinical repurposing trials**, and CWR is waiving the institutional funding match usually required by CWR for this RFP. Therefore, CWR will provide 100% of the submitted project budget. Up to 20% of the submitted project budget may be used for indirect

costs. A detailed budget is not required at the LOI stage. CWR is also providing **up to US\$8,500 in additional financial support for community engagement**, with at least US\$4,000 required for community engagement activities.

The total budget amount submitted to CWR must be sole, late or final funding required to accomplish the specific aims listed in the LOI. CWR funding cannot be the first funding raised for a project unless it is also the sole funding needed. Below are some general examples:

- The clinical trial will cost US\$70,000 to complete, and the maximum budget amount of the RFP is US\$70,000. This clinical trial is eligible for funding from CWR.
- The clinical trial will cost US\$210,000 to complete, and the maximum budget amount of the RFP is US\$70,000. The PI has already secured US\$140,000 in existing funding / support. This clinical trial is eligible for funding from CWR.
- The clinical trial will cost US\$210,000 to complete, and the maximum budget amount of the RFP is US\$70,000. The PI has already secured US\$0 in existing funding / support. This clinical trial is not eligible for funding from CWR.

CWR is open to working with other funders who share a desire to fund underresourced PIs located in LMICs and are interested in these near-term repurposing opportunities. **CWR will accept projects that already have funding from another source when additional funding from CWR will help improve the chances of success of the project and therefore increase the chance of patient impact.**

If you have eligibility questions due to the budget or funding amount for your project, please contact research@cureswithinreach.org.

LOI Submission and Due Date:

The LOI submission deadline is 11:59pm U.S. Eastern Time on April 10, 2026. Contact research@cureswithinreach.org with any questions/issues about the LOI submission deadline. For more information about CWR's funding opportunities, visit <https://bit.ly/cwrrfps>.

All submissions for this RFP are via CWR's online grant management platform on ProposalCentral (<https://proposalcentral.com>). If you're already a ProposalCentral user, log in to your existing account to submit. If you don't already have a ProposalCentral account, create a login. Next, navigate to the "Grant Opportunities" tab and search for "Cures Within Reach". Submit your LOI using the **Repurposing Research in LMICs** program. Click on the "Apply Now" button on the right to begin a submission. Once a submission your stated and saved, the draft can be accessed from the "Proposals" tab of your ProposalCentral homepage. **Do not access a draft submission via the "Apply Now" button**

Review Criteria and Review Process:

Repurposing innovation, feasibility of the research plan, relevance to the patient population, potential clinical impact and the research team are key ranking criteria for a successful LOI submission. LOIs for this RFP will be reviewed, scored and ranked by CWR staff, external Grant Review Committee (representing research, industry, clinicians, nonprofits, government and the patient/community voice) and/or CWR's Science Advisory Board (SAB) members, and the top-rated LOI submissions will be invited to submit a full proposal. PIs will be contacted approximately 6-8 weeks following the LOI submission deadline with a decision.