Call for Proposals: Generation of Evidence to Support BDBV Vaccine R&D Decision Making

1. Background

The Coalition for Epidemic Preparedness Innovations (CEPI) is an international coalition of governments, academic, philanthropic, private, public, and intergovernmental institutions whose mission is to accelerate the development of vaccines and other biologic countermeasures against epidemic and pandemic threats so they can be accessible to all people in need. Further information about CEPI and our mission can be found on our website: www.cepi.net.

In May 2026, the outbreak of Ebola disease caused by Bundibugyo virus (BDBV) in the Democratic Republic of the Congo (DRC) and Uganda was declared a Public Health Emergency of International Concern by the World Health Organization, reflecting the seriousness of cross-border transmission, the challenging operating environment, and the risk of further regional spread. The outbreak has emerged in a setting marked by insecurity, population movement, and constrained health-system capacity, all of which increase the complexity of outbreak control and heighten the need for rapid deployment of effective medical countermeasures. BDBV is one of the ebolaviruses known to cause severe human disease, with prior outbreaks reporting case fatality rates in the range of approximately 30–50%, and early supportive care remaining the mainstay of clinical management.

Despite major progress in filovirus preparedness over the past decade, there is currently no licensed vaccine for BDBV and no BDBV-specific vaccine candidate has yet advanced into Phase I clinical evaluation. Licensed vaccines are available for Zaire ebolavirus, and other candidates are being developed for Sudan virus and Marburg virus; however, available evidence suggests that protection is species-specific and that any cross-protection against BDBV is uncertain and, at present, insufficiently demonstrated to support reliance on existing products. This leaves a critical gap in the global countermeasure portfolio at a time when an accelerated and evidence-based response is urgently needed.

Through this Call for Proposals, CEPI prioritizes actionable and robust scientific studies that generate essential data to support vaccine R&D efforts. These activities must complement — not compete with — critical public health response measures, while ensuring data generated is rapidly available to inform outbreak control and prevention strategies.

2. Scope and Objectives

This call for proposals comprises two distinct workstreams:

1) Epidemiology, modeling and analytics; and

2) Immunological and clinical assessment of potential cross-reactive antibodies induced by licensed or investigational vaccines against Zaïre and Sudan (SUDV) ebolavirus in humans.

Applications must be submitted under one selected workstream. Applicants are strongly encouraged to submit proposals that are scientifically robust, operationally feasible, and aligned with the urgent public health needs, specifically strengthening epidemiological evidence of the natural history of BDBV, modelling and forecasting, and evaluating licensed or clinical-stage filovirus vaccines as potential tools for prevention and control.

The scope and objectives of each workstream are described separately below:

Workstream 1: Epidemiology, modelling and analytics

Overall objective: To strengthen the evidence base for the BDBV outbreak response through the generation, integration, analysis, and interpretation of data and modelling outputs that inform decision-making for outbreak operations, vaccine and other medical countermeasure development, clinical trial planning, and longer-term epidemic preparedness. Modelling will ideally be in partnership with DRC based institutions. Modelling including AI methods, where appropriate, and triangulation and multi-modal integration of data will be prioritized.

Proposals may address all or a subset of the following sub-objectives:

- Strengthening real-time epidemic intelligence and epidemiological analyses in BDBV affected countries
- Estimating transmissibility, severity, under-reporting, delays in detection, and other key outbreak parameters with a view to inform clinical trials for vaccines and other medical countermeasures
- Short-term forecasting and scenario modelling to assess potential epidemic trajectories under different intervention assumptions
- Spatial, network, mobility, or individual-based modelling approaches to assess geographic spread and intervention impact
- Modelling and analytics to support short- and long-term vaccine R&D, clinical trial feasibility, vaccine manufacturing, procurement and deployment scenarios, and evaluation of countermeasure impact
- Developing operational dashboards, analytical pipelines, decision-support tools, or epidemic intelligence platforms
- Data engineering, harmonisation, and integration of multiple surveillance or operational datasets
- Creating an open-source analytical infrastructure, reproducible pipelines, and parameter repositories

- Capacity strengthening and technology transfer to national (DRC) or regional institutions (East-Central Africa), including: delivery of structured training on mathematical modelling tools and software (e.g. R, Python-based packages, Shiny dashboards); co-development of context-adapted analytical workflows for disease burden estimation, scenario projection, intervention impact assessment etc.; and formal handover of reproducible, documented pipelines and interactive dashboards to designated counterpart staff, with the aim of enabling autonomous use and maintenance beyond the project period. Supporting drafting of rapid policy briefs, technical reports, and operational interpretation of evolving outbreak dynamics

Project results generated under workstream 1 are expected to contribute or some or all of the following outcomes

- Trial sponsors and regulators have access to robust epidemiological intelligence — including incidence projections, site feasibility assessments (from the epidemiological perspective), and enrolment window estimates — enabling faster trial initiation and more efficient designs.
- Decision-makers at national and international levels have access to timely, evidence-based assessments of the BDBV outbreak dynamics, enabling faster and better-informed operational decisions.
- The research response to the BDBV outbreak is guided by forward-looking scenario analyses and short-term forecasts, shifting planning from reactive to anticipatory
- Modelling of vaccine coverage, procurement and rollout scenarios and countermeasure impact supports strategic decisions and deployment planning, maximizing public health benefit under supply constraints.
- Harmonised data standards, shared analytical pipelines, and open-source infrastructure reduce fragmentation across institutions, accelerating the generation and use of evidence and allow for comparability across different models. This will increase confidence in analytics and modelling that will inform clinical trials. Furthermore, models and methods created will form a foundation for future filovirus outbreaks
- National and regional institutions in DRC and East-Central Africa have the skills, tools, and workflows to lead epidemic analytics independently, reducing reliance on external expertise in future outbreaks and contributing to 100 DM readiness in these countries.

Project duration under workstream 1: Project are anticipated to produce results within 12 months with interim results at 3 months and 6 months to inform the current BVDV outbreak as efficiently as possible.

Workstream 2: Immunological and clinical assessment of potential cross-reactive antibodies induced by investigational or licensed vaccines against Zaïre and Sudan (SUDV) ebolavirus in humans.
Overall objective : Following recent deliberations of the World Health Organization (WHO) Technical Advisory Group on Candidate Vaccine Prioritization (TAG-CVP) in May 2026, one of the conclusions was that of the filovirus vaccines with GMP product currently available (Ebola or Sudan ebolavirus vaccines used alone or in a prime boost immunization strategy), only weak evidence supports the potential for efficacy. This workstream therefore invites applications that can rapidly assess the cross-reactivity of antibodies elicited by EBOV and SUDV vaccines (either separately or in prime boost administrations) by serological evaluation of clinical samples or potentially explore immunization strategies to inform vaccine regimens with existing investigational or licensed vaccines, that could be relevant for critical front line workers.

Proposals for Objective 2a *(Serological evaluation of stored samples of previous human recipients of other licensed or investigational filovirus vaccines, not excluding prime boost regimens and heterologous vaccine regimens, for antibodies cross reactive to BDBV)*, may address all or a subset of the following sub-objectives:

Approaches to be considered:

- Assessment of binding antibody responses to BDBV glycoprotein (GP) using both current and historical BDBV sequences. In addition, assessment could include antibody responses to other filoviruses. Assessment could include assessment of antibody responses to other Filoviruses and further characterization of those antibody responses.

- Assessment of neutralising antibody responses using pseudovirus neutralisation assays incorporating BDBV GP to assess functional antibody activity against BDBV.

- Assessment of neutralizing antibody responses using wild type Bundibugyo ebolavirus.

Comparison of agreement or correlation between any of the assays outlined above.

Proposals for Objective 2b (*Exploration of immunization strategies with the potential to protect critical front-line workers with existing investigational or licensed vaccines*), if supported by preceding serological data, may address all or a subset of the following sub-objectives:

- Clinical trials in populations who have previously received investigational or licensed vaccines against Zaire or Sudan ebolavirus to accelerate evidence generation.

- The proposed clinical trials should generate evidence for the respective vaccine target product profile or label in a way that, if successful, would expand access to and confidence in the relevant vaccine(s) and immunization regimens.

- *Note that proposed clinical trial plans should be designed so as not to interfere with ongoing public health responses in affected countries (eg, Ituri, DRC).*

Project results generated under workstream 2 (objective 2a as well as 2b) are expected to contribute to some or all of the following outcomes:

- Decision-makers at national and international levels have access to immunological and clinical evidence informing immunization strategies with existing investigational and licensed filovirus vaccines in a timely manner, enabling well-informed operational and policy decisions.

- Laboratory testing facilities and clinical trial sites have the capacity and tools to rapidly inform the outbreak response

Project duration under workstream 2 (objective 2a as well as 2b) :

- Projects are anticipated to start within 4 weeks of ethical and regulatory protocol approvals.
- Projects expected to start 6 months or more beyond 01 July 2026 will not be prioritized.
- Serological testing projects are anticipated to produce results within 2 months of project start to inform the current BDBV outbreak as efficiently as possible.

For the applicable workstream(s), CEPI can provide access to standardized assays and reagents through its centralized laboratory networks. CEPI also has access to regulatory networks

through existing partners that are available for the outbreak response. If helpful, CEPI can also provide access to regulatory platform technology and resources, and AI capabilities, through existing partners. Applicants are strongly encouraged to use secondary antibody standards calibrated to the WHO international reference standard in serologic assays assessing the immune response – wherever possible.

3. Eligibility criteria

The funding opportunity through this CfP is open worldwide to all types of non-profit research organisations, for-profit companies, international organisations and foundations, joint R&D ventures, government research organisations, and academic institutions. Applicants must be legal entities, or consortia comprised of legal entities. While CEPI is open to applicants globally, special consideration will be given to proposals from, or partnering with, groups based in Africa. CEPI particularly welcomes applications from researchers, developers, and institutions based in the Global South, as well as from applicants of any geographic base working through meaningful partnerships that build regional research and manufacturing capacity in Africa and other low- and middle-income countries.

Applicants will be assessed against the criteria for their selected workstream and should demonstrate how they meet one or more of them. Applicants who meet multiple relevant criteria within their selected workstream will be prioritised during assessment. Applicants should show clear evidence on how they meet each applicable criterion. In addition to the eligibility criteria, applicants will be required to provide information in the application form across key areas essential for CEPI's eligibility screening and assessment. Applicants must provide complete and accurate responses to enable CEPI to conduct a thorough assessment. Proposals should also demonstrate strong value for money and include clear, time-bound deliverables.

The specific eligibility criteria for each workstream are set out below.

Workstream 1: Epidemiology, Modelling and Analytics:

- Groups with demonstrated filovirus outbreak experience.
- Proposals making appropriate use of available country-level data to support modelling, forecasting, epidemic intelligence, or related analytical objectives.
- Proposals with appropriate data access, governance, and partnership arrangements to deliver the proposed work.
- Proposals incorporating reproducible and sustainable analytical workflows, tools, or data products.
- Proposals incorporating capacity strengthening and technology transfer.

Workstream 2: Immunological and clinical assessment of potential cross-reactive antibodies induced by investigational or licensed vaccines against Zaïre and Sudan (SUDV) ebolavirus in humans.

- Proposals with appropriate quality systems, biosafety and biosecurity measures, data integrity systems, governance, and partnership arrangements to deliver the proposed work.
- Proposals incorporating capacity strengthening and technology transfer.
- Proposals making appropriate use of unique sample sets derived from specific vaccine studies or populations with documented prior informed consent, including clear description of sample

set characteristics and analysis endpoints. Use of international standards for EBOV, SUDV and BDBV, when available, is preferred.

- Any clinical trials proposed for Objective 2b must comply with CEPI's clinical trial policy and follow ICH-GCP and national regulations in the country of study. Clinical Trial Material must be suitable for phase of clinical development and have documented stability.
- Clinical trial plans should be designed so as not to interfere with ongoing public health responses in affected countries (eg, Ituri, DRC).
- Existing safety and immunogenicity data package for any investigational vaccines proposed for clinical trials.
- Clinical trial objectives should be well justified in the context of an overall Clinical Development Plan. Endpoints clearly supporting the objective(s) of the clinical trial and based on sound statistical considerations / sample size calculations OR descriptive endpoints well justified.
- Appropriate assessment of safety and reactogenicity endpoints, including adverse events of special interest. Overall trial design realistic and supportive of the trial objective (e.g. number and scheduling of visits, sampling timepoints, follow-up procedures and duration).
- Realistic Clinical Trial Application (CTA) plans / timelines (also consider import license etc.).
- Time to trial start (first subject recruited) after contracting, ethical and regulatory approvals should be outlined to allow (interim) clinical data to be available before the end of 2026, accompanied by an outline / summary of the analysis plan including expected availability of the primary endpoint analyses, interim analyses, final analyses.
- Recruitment feasible in terms of projected recruitment time / overall trial execution timelines, number of trial sites, country selection etc. (trials conducted in LMICs are of particular interest).

4. Review criteria

Workstream 1: Epidemiology, modelling and analytics

Scientific maturity

- Existing epidemiological, surveillance, mobility, clinical, genomic, or operational data available to support the proposed work.
- Ability to rapidly acquire, generate, harmonise, and analyse data required to address critical evidence gaps and support outbreak response and vaccine and medical countermeasure R&D decision-making.
- Existing analytical tools, models, platforms, dashboards, or pipelines that can be rapidly deployed or adapted.
- Demonstrated use of established modelling, forecasting, epidemic intelligence, or outbreak analytics approaches.
- Ability to generate timely, policy-relevant outputs during a rapidly evolving outbreak.

Partner Capabilities

- Partner capability, experience, commitment and sustainability
- Strong epidemiological modelling and outbreak analytics capabilities.

- Demonstrated experience supporting filovirus outbreaks or other public health emergencies.
- Partner commitment to providing sustainable and cost-effective solutions to countries affected by the BDBV outbreak.
- Experience working with national public health institutes, ministries of health, WHO, or regional partners.
- Demonstrated ability to deliver operationally relevant analyses within outbreak response timelines.

Impact

- If successful, to what extent could the proposed project result in transformational and sustainable impact on BDBV and other filovirus outbreak prevention, preparedness and/or response?
- To what extent will the proposed work strengthen the evidence base for outbreak response decision-making, vaccine R&D, clinical trial planning, or countermeasure deployment?
- To what extent will the proposed work strengthen analytical and modelling capacity in affected countries or regions?
- Could the proposed project generate actionable insights rapidly enough to support the current outbreak response?

R&D Strategy & Feasibility

- How well do the provided preliminary data (if available) support the intended project?
- To what extent do the proposed studies demonstrate the feasibility of the project and address key data gaps?
- Is the proposed project plan feasible and rigorous based on the information provided?
- How well are potential problems identified and alternative methods or approaches addressed?

Personnel & Environment

- How appropriate is the background and experience of key personnel and any partners as a whole for the successful completion of the proposed project? How well do the facilities, infrastructure, computational resources and collaborative arrangements provide the necessary resources for the successful conduct and completion of the project?
- Does the partner(s) have sufficient financial and operational stability for the next 2 years?
- To what extent are the applicant or their partners based in affected countries in Africa, elsewhere in the Africa region, or in the wider Global South?
- To what extent does the proposal incorporate capacity strengthening, technology transfer, or sustainable analytical capability development in affected countries?

Budget (unscored)

- Is the budget appropriate for the proposed project?

Workstream 2: Immunological and clinical assessment of potential cross-reactive antibodies induced by investigational or licensed vaccines against Zaïre and Sudan (SUDV) ebolavirus in humans

(below criteria may apply to workstream 2a, 2b or both)

Scientific maturity

- Key reagents and assays that are already available or can be rapidly established
- Appropriate biosafety and biosecurity procedures and facilities for proposals that require handling clinical specimens from individuals at risk or exposed and using, in the case of live virus neutralisation test, virus strains of EBOV, SUDV or BDBV.
- Access to samples from relevant vaccine studies and populations
- Demonstrated experience in Clinical sample analysis
- Appropriate GCP/GCLP or similar quality systems in place for clinical sample analysis and data integrity

Partner Capabilities

- Partner capability, experience, commitment and sustainability
- Demonstrated track record in clinical trial conduct and experience in clinical sample analysis
- Appropriate GCP/GCLP or similar quality systems in place for clinical sample analysis and data integrity
- Clinical trials must comply with CEPI's clinical trial policy and follow ICH-GCP and national regulations in the country of study.

Impact

- If successful, to what extent could the proposed project result in transformational and sustainable impact on BDBV and other filovirus outbreak prevention, preparedness and/or response?
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Personnel & Environment

- How appropriate is the background and experience of key personnel and any partners as a whole for the successful completion of the proposed project?
- How well do the facilities, infrastructure, computational resources and collaborative arrangements provide the necessary resources for the successful conduct and completion of the project?
- Does the partner(s) have sufficient financial and operational stability for the next 2 years?
- Are applicants or their partners in Africa or the Global South?
- To what extent does the proposal incorporate capacity strengthening, technology transfer, or sustainable analytical capability development in affected countries?

Budget (unscored)

- Is the budget appropriate for the proposed project?

5. Applicant guidelines and review process

In order to apply, the applicant will need to be set up as a CEPI Portal User. This will give the applicant the option to submit a full application, follow the status of the proposal, and check in on project data if receiving funding from CEPI. To be set up as a Portal User please click on the 'Register Now' button on the page to complete the Registration form. Please provide as much detail as possible in your message for the team to review your registration request and grant you access to submit a full application.

Once CEPI has granted access to submit a full application, the applicant will receive an auto-generated email from CEPI, with a link to log in and create a password. Once logged in, the homepage contains useful links to guidance on how to use the new CEPI Portal and how to submit the application.

Step 1: For submissions to be accepted, applications must be submitted via the portal and fulfil all the following criteria:

Submission content (follow instructions in the application template and include the below):

- Provide summary of data available to inform on proposed study design
- Provide a high-level budget estimate (given the short turnaround time detailed budgets are not required at this point in time)
- Ownership/Freedom to operate (FTO) status and tentative IP model (public domain, open/non-exclusive license, retained ownership with equitable access commitments)
- Where relevant, availability of data-sharing arrangements, permissions, or partnerships necessary to deliver the proposed work

Step 2: All applicants that advance to the due diligence stage may be requested to submit the additional documents specified below:

- Project plan
- Detailed budget template with budget narrative
- Signed letters of support for all partners confirming their agreement to participate in the proposed projects and agreeing with the content of the proposal (PDF file)

It is the responsibility of the applicant to ensure that all requested documents are submitted and to contact CEPI in advance of the submission deadline in case there are any issues regarding the application submission process. Any costs incurred by applicants in the development and submission of proposals to this call for proposals will not be reimbursed by CEPI.

Award Conditions: Funding must reflect the proposed activities and agreed conditions of the award decision made by CEPI. CEPI's commitment to enabling equitable access through all CEPI-supported programmes is a cornerstone of its mission. Specifically, for awards made under this announcement, equitable access outcomes will be focussed on the goals of responding to the PHEIC. These may include but are not limited to:

Stage of Funded Work	Equitable Access Outcomes
Clinical sample analysis	• Open access publication and pre-print of results within 6 months from the study completion • Data available to inform global and regional decision-makers and policymakers • Open sharing of detailed methods, study protocols and assay standard operating procedures with CEPI and relevant partners • Individual-level immunological results, along with key metadata, to be shared with CEPI.
Clinical	• Data sharing as outlined for pre-clinical work • Willing to make product(s) available to LMICs in a timely and affordable manner • Willing to prioritize CEPI vaccine projects in a rapid response to an outbreak • Open to considering working with regional partners and/or manufacturers • Willingness to cooperate with CEPI to develop future products for a Disease X pathogen that are accessible to low-income and middles income countries (LMICs)
Epidemiology, Modelling, Analytics	• Open access publication of results • Models sharing with CEPI and relevant partners • Output data available to inform global and regional decisions • Capacity strengthening and knowledge transfer • Reuse and adaptation of modelling outputs by affected country partners • Engaging with relevant WHO Collaboratory communities of practice

Through its role as a funder of R&D for pandemic preparedness, CEPI will work with key stakeholders, including the awardee, to enable equitable access to a reserve of investigational vaccines ready for use in a clinical trial setting during an outbreak using an unbiased allocation and distribution process, in accordance with CEPI's Equitable Access Policy and CEPI's principles for maintenance and use of a clinical trial ready reserve.

If you have specific questions regarding the equitable access policy, please contact CEPI at innovations.cfp@cepi.net

6. Review and due diligence process timeline

CEPI will assess whether received applications fulfill the published eligibility criteria of the call and then will send the eligible proposals to internal and independent external experts for review. All reviewers who participate in the review process will be evaluated for any potential conflicts of interest and will be required to sign non-disclosure agreements.

Applicants may be invited for interviews when required to ensure that any outstanding questions are resolved prior to concluding the full review. Proposals and budgets will be subject to a cost challenge undertaken in the context of the applicant's projects and CEPI's policies and cost guidance.

Contract arrangements will be initiated along with technical and financial due diligence and pursued to recommendations for funding to the Board. For the candidates not proceeding to due diligence CEPI will seek to communicate this as early as possible.

CEPI will publicly announce each award when the partnering agreement has been signed. Applicants whose proposals do not advance to contract will be notified confidentially of the outcome of the process in a timely fashion

7. Terms and Conditions

- This CfP and any of the information contained in it does not constitute an offer or invitation on the part of CEPI to enter into an agreement. Any prospective Awardee shall be required to enter into an agreement with CEPI.

- The information in this CfP is provided by CEPI. It does not purport to be comprehensive and has not been independently verified. While it has been prepared in good faith, no representation, warranty, assurance or undertaking (express or implied) is or will be made. All and any such responsibility or liability is expressly disclaimed by CEPI.

- CEPI will not in any circumstances be liable for any costs, expenditure, work or effort incurred by a respondent in carrying out enquiries in relation to, proceeding with, or participating in, this CfP.

- CEPI reserves the right to:
    - withdraw or change the requirements of this CfP from time to time without giving notice;
    - seek clarification or documents in respect of proposals;
    - disqualify any respondent that does not submit a proposal in accordance with the instructions in this CfP;
    - disqualify any respondent that makes any misrepresentation in relation to its proposal; and
    - choose not to make any award, not enter into an agreement, or may make only a a partial award as a result of the CfP.

- CEPI will retain the intellectual property rights in the published CfP materials. Respondents will retain ownership of all intellectual property rights contained in their proposal. By submitting a proposal, respondents agree to grant to CEPI a non-exclusive, worldwide, royalty-free license to use, reproduce, and analyse the submission for the purposes of evaluating proposals and improving our CfP process, including enhancing our internal systems and tools.

- Respondents should note that CEPI is permitted to disclose the confidential information contained within a proposal to:
    - third parties who may be involved in the assessment of the proposals; and
    - CEPI's investors to facilitate oversight and monitoring over CEPI's activities, provided that they are bound by appropriate confidentiality obligations.

- Any personal data included in a proposal shall be processed by CEPI in accordance with CEPI 'External Privacy Notice' found here:: https://cepi.net/cepi-external-privacy-notice

  CEPI maintains the following research-related policies to provide further guidance to its research partners on:
  - Clinical trials (including transparency requirements)
  - Equitable access policy
  - Scientific integrity/open access policy
  - Biosecurity Policy (including nine requirements)
  - GxP Quality and Compliance Expectations

  Other policies/guidance which CEPI partners must comply with are designed to support CEPI partners on general administrative issues and ensure investor requirements and industry best practices include:
  - 3rd Party Code of Conduct
  - Cost guidance

- CEPI technical resources on Biosecurity and biosafety
- European Union regulatory bodies rights of review and audit plus acknowledgement of EU funding

CEPI policies and relevant guidance are published on https://cepi.net/navigating-cepis-third-party-code-your-guide-compliance

8. Technical and administrative questions

Technical and administrative questions about this call for Proposals should be directed to CEPI Secretariat (innovations.cfp@cepi.net). A summary of frequently asked questions and answers (FAQs) will be posted on CEPI's website.